State initiatives - driving change

Clinical Excellence Commission
Lorraine Lovitt
May 2014
Leadership and co-ordination, Integrating with key partners

Persons, families & carers

Local Health Districts/Networks & Falls Co-ordinators

External Agencies

Residential Aged Care
Weekly sessions for 7 weeks - multidisciplinary

Facilitates strategies to enhance self efficacy in falls risk

- over 280 programs to be delivered across NSW in 2014.

(Stepping On © Clemson & Swann)
Collaboration

Falls Forum in Coffs Harbour - 2012

Think tank - how do we engage care workers in falls prevention?

Consultation with Lindy Clemson
The Home Care Enhanced Stepping On Program

A collaborative pilot project to enhance independence, health and well being

Lorraine Lovitt, NSW Falls Prevention Program, CEC
Pam Johnson, Health Promotion MNCLHD
Rosemarie Honoré, HCS Upper MNC
HCS clients

“Just having someone checking up on me, and knowing that someone else had an interest in what we were doing. Otherwise we’re on our own much of the time, so seeing someone asking you what you've been doing and caring what you've been doing and whether you feel better about yourself is a good thing.”

“I showed her (my exercises)…”she said that was fantastic, but told me to build up numbers gradually and to try to change something every day. That helped change my mindset - change my ways, don't race up the tiled hallway, or use the light when getting up in the middle of the night.”
HCS Workers – focus interviews

- providing a *new set of skills* that are useful to *all* clients
- creating a *fresh set of eyes* to spot hazards in the home
- turning care workers into ‘*Falls Prevention*’ *ambassadors*
- increased care worker perception of *self worth*
“Suddenly, you're a resource person”

“We weren’t there to tell them what to do, but more to support them and you know the stuff that they’d been learning, if they wanted to be proactive with it then we were there to support them with trying to encourage them to do their exercises.”

“And look at their environment, to see if their environment was safe and things like that.”

(Instead), it was making them aware that in your daily chores, whether it's standing at the ironing board…standing at the sink, waiting for the kettle to boil, there are things that you can actually be doing rather than standing stationary doing nothing.”
www.activeandhealthy.nsw.gov.au

- 600 exercise program providers
- 1277 exercise programs (that includes balance and strength exercises)
- on average 1600 visitors to the site per month

Find an exercise program

All programs include balance and strength exercises to help prevent falls
NSW Falls Prevention Network

- over 1300 members
- average 1600 visits per month to the site
- Rural forums

FALLS LINKS

Volume 8 April Falls issue  Newsletter of the NSW Falls Prevention Network

Welcome

Special Edition Falls Links Newsletter
This newsletter highlights some of the activities that occurred in NSW Local Health Districts throughout April 2013 as part of April Falls Day/Month 2013.

We thank all staff who actively participated in April Falls Day/Month activities in hospital, community and residential care services in their local health districts.

http://fallsnetwork.neura.edu.au

Inside this issue

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"This year's special focus for April Falls Day/Month was on Staying Active and Healthy to prevent falls."
The intention of the Standard 10 is to:

Reduce the incidence of patient falls and minimise harm from falls.
CEC falls prevention flyers for patients and consumers

Ontario Modified STRATIFY (Sydney Scoring)

Falls Risk Assessment and Management Plan (FRAMP)

eLearning modules

eMR
Paediatrics – Suite of resources

### Falls Risk Screen: eMR

#### Humpty Dumpty Falls Prevention Program™

**Preventing falls, enhancing safety.**

### Falls Assessment Tool

**The Humpty Dumpty Scale - Inpatient**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Criteria</th>
<th>Score (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Less than 3 years old</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3 to less than 7 years old</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>7 to less than 13 years old</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>13 years and above</td>
<td>1</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Neurological Diagnosis</td>
<td>4</td>
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<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>MR#:</td>
<td></td>
</tr>
<tr>
<td>Acct#:</td>
<td></td>
</tr>
<tr>
<td>D.O.B.:</td>
<td></td>
</tr>
</tbody>
</table>

Falls risk screen: eMR
Posters

**Don’t Let Me Fall**

Falls can happen anywhere, anytime, especially in hospital

Help us keep your child safe by:
- Keeping side rails on cots or beds up at all times
- Closely supervising your child
- Informing your child’s nurse if you need to leave the ward

Sadly, a fall from even the shortest distance can lead to serious injury.

For more information on falls and children, please visit: [www.kidsafe.nsw.gov.au](http://www.kidsafe.nsw.gov.au)

**Keep Me Safe**

Falls can happen anywhere, anytime, especially in hospital

Children love to explore their surroundings.
Always closely supervise your child.

Sadly, a fall from even the shortest distance can lead to serious injury.

For more information on falls and children, please visit: [www.kidsafe.nsw.gov.au](http://www.kidsafe.nsw.gov.au)
Post fall incident reporting - IMS

Fall incident reporting & analysis:

- Ward level & feedback to staff
- Facility level
- LHD level
Medicate right to stay upright

Falls Prevention®
is everyone’s business
Port Macquarie- Hastings Council, Port Macquarie Base Hospital, Mid Nth Coast LHD.
Quality Systems Assessments

NSW April Falls Day in 2014 “Medicate right to stay upright”

- focus on improving awareness of the role of medication management in reducing the risk of falls.
- self-assessment show 56% of units review the current medications of patients identified as at risk of falling
- more work can be done to ensure that medication reviews and complex clinical assessments are included in standard fall risk management processes
Malnutrition screening occurs using a standardised validated tool as part of the initial patient assessment and at regular intervals during admission. 61%

Cognitive assessment occurs using a standardised validated tool as part of the falls risk screening and assessment for patients on admission. 64%

Assessment for delirium is administered using a standardised validated tool as part of the falls risk screening and assessment for patients on admission. 56%
Rounding Prompt Sheet

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>EDD: Discharge destination:</th>
<th>Referral:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of current issues including Waiting for What</td>
<td>Ordered: Y N</td>
<td>Excited: Y N</td>
</tr>
<tr>
<td>Past events</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Urine &amp; Bowel</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Catherter Inserted</td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>Removed: N Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penis: Bladder scan Y N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Controlled</td>
<td>Y N</td>
<td>24 hours</td>
</tr>
<tr>
<td>Falls Risk</td>
<td>High risk: Y N</td>
<td>Low risk: Y N</td>
</tr>
<tr>
<td>Falls Management Plan</td>
<td>Yes: Y N</td>
<td></td>
</tr>
<tr>
<td>Behavioural risk</td>
<td>Yes: Y N</td>
<td>No: N Y</td>
</tr>
<tr>
<td>Pressure Care</td>
<td>Yes: Y N</td>
<td>No: N Y</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>Yes: Y N</td>
<td>No: N Y</td>
</tr>
<tr>
<td>OT Goals</td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>SWF Goals</td>
<td>Y N</td>
<td></td>
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<tr>
<td>SF Goals</td>
<td>Y N</td>
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</tbody>
</table>

Nursing Handover Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>SBR Suitable</th>
<th>Bed Number</th>
<th>EDD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons for admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Past events</td>
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<td></td>
</tr>
<tr>
<td>Urine &amp; Bowel</td>
<td></td>
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<tr>
<td>Diet</td>
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<td></td>
<td></td>
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<tr>
<td>Falls Risk</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pressure Injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review Medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan for today</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Print Full Name: ____________________ Signature: ____________________ Designation: ____________________
KEY PRINCIPLES FOR CARE OF THE CONFUSED OLDER HOSPITALISED PERSON

PRINCIPLE 1: Cognitive screening
Patients aged 65 years and over will be screened for confusion on admission or within 24 hours of admission using a validated screening tool.

PRINCIPLE 2: Risk identification and prevention strategies
Older people will be assessed for delirium risk. Interventions will be put in place for prevention of identified risks. Identified risks will be communicated to the older person, their carer, family and staff involved in their care.

PRINCIPLE 3: Assessment of older people with confusion
Older people who are confused will be assessed. The cause of their confusion will be investigated to determine the appropriate management.

PRINCIPLE 4: Management of older people with confusion
NSW hospitals will have programs in place for older people with confusion that align with these principles. The implementation will be in partnership with the older person, their carer and family.

PRINCIPLE 5: Communication processes to support person-centred care
Communication processes and tools will support person-centred care for the older person throughout their hospital journey and in their transfer of care to the community.

PRINCIPLE 6: Staff education in caring for older people with confusion
Staff are supported through training, education and leadership to enable them to deliver skilled, timely and knowledgeable care to the older person with confusion.

PRINCIPLE 7: Supportive care environments for older people with confusion
NSW hospitals will provide a supportive care environment for the older person with confusion.

Communication
Fall prevention in older Aboriginal people in NSW – the Healthy Ageing project

Investigators: Ivers, Sherrington, Tiedeman, Keay, Broe, Mack, Cumming.

Affiliated with

THE UNIVERSITY OF SYDNEY

Australia | China | India | UK
Australian & New Zealand Falls Prevention Conference
16- 18th November 2014

The Australian and New Zealand Falls Prevention Society 6th Biennial Conference will be held at Luna Park, Sydney NSW, 16th – 18th November. An exciting program is being developed, with the following high profile speakers already confirmed:

- Professor Stephen Robinovitch, Simon Fraser University, Canada
- Professor Jeffrey Hausdorff, Tel Aviv Sourasky Medical Center, Israel
- Dr Anna Barker, Monash University
- Professor Adrian Bauman, University of Sydney
- Professor Henry Brodaty, University of New South Wales
- Associate Professor Lasley Day, Monash University
- Dr Anne-Marie Hill, Notre Dame University
- Dr Jasmine Menant, Neuroscience Research Australia

- Dr Sabrina Pits, University of Sydney
- Associate Professor Cathie Sherrington, University of Sydney
- Dr Morag Taylor, Prince of Wales Clinical School

For further information see the website or contact conference organisers – East Coast Conferences
Phone: (+61 2) 6650 9800 or email jayne@eastcoastconferences.com.au
www.anzfpconference.com.au
Falls Prevention is *everyone’s business*®

Lorraine Lovitt
Leader, NSW Falls Prevention Program

lorraine.lovitt@cec.health.nsw.gov.au