Rural Falls Forum 2014

Falls Prevention in MLHD
An Update

Presented by
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Chair, National Standard 10 (Falls)
Governance Group, MLHD

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District Falls Prevention Coordinator
Where falls prevention sits?

- Australian Commission on Safety and Quality in Healthcare
  - National Standard 10 – Preventing falls and harm from falls
  - Best Practice Guidelines for falls prevention in hospital, residential aged care and community care, 2009

- One of the priority areas for NSW MoH
  - Population Health Priorities for NSW 2012-2017

- NSW Falls Prevention Plan
  - Prevention of Falls and Harm from Falls among Older People: 2011-15

- MLHD Falls Prevention Plan 2013-15
IIMS DATA JULY 11 - AUG 14

Average 130.19 falls per month
Figure 1.4: All fall-related hospitalisations by rural and regional LHDs, persons aged 65 years and over, NSW, 1998-99 to 2011-12
Falls Prevention - A Snapshot of achievements

- District Falls Prevention Management Committee – Senior Executives, clinicians and consumer rep
- National Standard 10 Governance Group – Senior clinicians from various backgrounds
- Both committees are fully operational
- Falls Prevention Policy and Procedures revised and finalised
- District Falls Plan is under implementation
Effective clinical teams with the patient at the centre

Policy and Procedure, engage Pt/family/carer across the continuum of care
Falls Prevention - A Snapshot

- A number of resources developed and are available on staffnet and through routine procurement process
- Staff receive education/training with new procedure & resources – orientation and annually
- Audit tools revised and in use
- CGU bi-annual audit
- All falls strategies operationalised and communicated by Executives across sites simultaneously
Considerable work done since early 2013
NSTD10 GG meets every month
Developed work plan, communication plan
Supported facilities through guidelines, training and resources
Policy, procedure and resources trailed prior to implementation
Audit Results?...
NSTD10 Audit 2014 - Results

- All **Core** actions successfully met in regards to –
  - Governing the system to prevent falls
  - Screening and assessment of falls risks
  - Risk minimisation planning and documentation

Recommendations for **Developmental** actions:
- **Communicating with patient and carers**
  a) How do we know that pt/carers were involved while developing falls prevention plan for them?
  b) How do we know patient’s understanding of the information we provide to them?
Current Focus

- Addressing NSTD10 recommendations
  - Conduct Patient Satisfaction Survey
  - Ongoing staff education, support, documentation, monitoring
- Establishing Falls Champion Network
- Developing protocol on the use of night sedation and similar kind of medications
- Developing protocol for procurement of equipment
- Standardising equipment list
- Evaluation – Process evaluation, yearly
- Qrt report collected and reviewed for District Falls Plan
- Falls screening, assessment and referrals at Community Care settings
Current Challenges

- Poor compliance – in documentation
  - Average compliance score 65.4% *(Falls audit in May 2014)*

- Lack of a systematic discharge plan and/or referral pathways, therefore, limited structured integrated care service provided to pt

Some strategies...

- Work more closely with facilities through FC Network
- Ongoing audits – both District wide and facility level
- Ongoing staff education and training
Falls prevention in Residential Aged Care Facilities

- All RACFs including MPSs use falls screening (Ontario MS) and assessment tool (FRAMP) on admission
- Every 30 days review include reassessment
- Care plan developed and managed
- Currently introducing the **Manad** software into State Government RACF and piloting the software at Henty MPS
- This software allows direct Medicare claiming and ensures the correct entitlements based on client’s care needs
Falls prevention - Workforce

- In May-July 2014, an increase of 2.2% falls over the previous Qrt
- Most incidents linked to slippery/wet surfaces and trip hazards on floors
- The summer focus of the Health, Safety and Wellbeing Calendar is slips, trips and falls
- There will be promotional articles in the MLHD Newsletter
- Ongoing education/training for staff
Community Falls Prevention Program

Falls Prevention Through Building Exercise Options in Rural Communities
What we know..

- 85% pt admitted to hospital due to falls are community living people
- 49% falls occurs at home
- >21% falls occurs at Residential Institutions
- 1.5% in the health service facilities

In MLHD -

- No of pts admitted to hospital in each qrt due to falls is 922
- No of pts had falls in each qrt while staying at hospital is 96

NSW MoH 2010, AIHW 2012, MLHD data report 2014
So, where is the evidence?

- Australian Physical Activity guidelines for older adults, *DoH 2013*
- Exercise as a single intervention can prevent falls
  - Sherrington et al 2011, meta-analysis
- Interventions for preventing falls in older people living in the community (*Cochrane Review*): 159 trials (59 exercise) with 79,193 participants

| Intervention - Community | Multifactorial interventions 
|--------------------------|-----------------------------|
| Multi-component group exercise | Vitamin D 
| Multi-component home exercise | Occupational Therapy intervention |

*Most effective interventions found*

*Prof Jacqueline Close*
*Orthogeriatrician*
*University of NSW*
*May 2014*
Falls prevention – what works (Gold bar evidence scale)

- Occupational therapy interventions (home safety modifications in association with transfer training and education) in high risk populations
- Expedited first eye cataract surgery
- Restriction of multifocal glasses use in older people who take part in regular outdoor activity
- Pharmacist-led education and GP medication review
- Podiatry intervention in people with disabling foot pain

Professor Stephen Lord, May 2014
How exercise prevents falls?

**Improve/increase**
- Gait
- Balance
- Muscle strength
- Strong bones
- Mental health
- Socialisation
- Healthy body weight

**Reduce falls risks**
Community Falls Prevention in MLHD

Group based balance and strength programs e.g. Tai Chi, Gentle Exercise & Stepping On

Multi-factorial interventions
Physical Activity Leader Network (PALN)

- Volunteer Support Strategy established in 2007
- Low cost, falls safe physical activity options for older people
- NSW MoH approved strategy to sustain leaders in rural and remote areas
- Two approved fall safe activities with strength and balance component – Tai Chi for Arthritis and Community Exercise
## Tai Chi and Community Exercise: Data

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<th>Tai Chi</th>
<th>Community Exc</th>
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<td>Leaders</td>
<td>77</td>
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<tr>
<td>No of classes run/wk</td>
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<td>35*</td>
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<tr>
<td>No of LGAs where classes run</td>
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<tr>
<td>Female</td>
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*Some LGAs and communities have both TCA and CE classes, thus the total does not add up.*

**PALN data, Oct 2014**
Stepping On Program

- Self management program
- Multidisciplinary
- Community dwelling people
- Running since 2012
Safe community mobility

- 4.5% falls occur in streets and highways
- Partnership work with Local Govt to ensure building a safe environment
- Include falls prevention strategies in the Local Developmental Plan

Australian Institute of Health & Welfare 2012
Research

- Stepping On research – underway
  - SO in the MLHD – is it a gateway for older people to increase confidence and motivation for long term physical activities?

- Research proposal submitted for grants
  - Falls related referral pathways from the acute setting. Are we getting it right for older people in MLHD?
Thank You