Medications, falls & multidisciplinary teams

Jenny Blennerhassett
Liaison Pharmacist
Community Health
Prince of Wales Hospital
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Outline

- Background to revision
- Service components
- Falls risk assessment tools
- Implementation of revision
- Audit
- Results & discussion.
Background to revision

● Falls prevention at POW Community Health for 13 years
  - multidisciplinary committee formed in 2001, following release of NSW Health Policy “Reducing Falls Injury Among Older People”

● Domiciliary service

● Introduced clinician education, risk identification.
Background to revision

- Standardised falls risk assessment
  - included most clinicians at Community Health
  - part of the comprehensive assessment
  - non-scoring
- Compliance audit
- Program revision.
Implementation of revision

- Literature review
- Pathway, tool & resource development
  - revised falls risk assessment: scoring
  - standardised action plan
  - GP letter template
  - Home Medicines Review request template
  - client handouts.
Implementation of revision

- Service provision groups within CHS
  - Transition Aged Care Team
  - Community Health Assessment and Therapy Team (CHATT)
  - Primary Care Nursing Team (PCT)
  - Aboriginal Health Education Officers

- Education & information
  - clinician knowledge assessment
  - face to face & on-line → new clinician orientation
  - falls risk management manuals

- Commenced Dec 2010.
Mail out to GPs

Following is an update on Falls Risk Management at POW Community Health Service.

POW Community Health Service has reviewed its Falls Prevention Program, as part of the NSW Health Falls Prevention Plan. It involves a comprehensive assessment for each patient, which includes an evidence based, standardised falls risk assessment and action plan.

GPs are informed of what falls risk factors have been identified for their patient and what action has been taken by the CHS clinician. This may include request to you for referrals or other follow-up.

For example, GPs will be receiving requests to refer patients for a Home Medicines Review, as there is strong evidence of association between increased risks of falls and medicines\(^1\).

In addition to the general criteria for HMR referrals, specific criteria for falls-related referrals are:

- taking a psychotropic medicine (2 to 3 times increased risk, independent of other risk factors)
- recurrent fallers taking four or more regular medicines
- those taking warfarin (due to increased risk of bleeding).

Thank you for your co-operation with this program.

### Falls risk assessment

**Identify risk factors present and then commence corresponding part of action plan**

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>Mark with cross (X) if issue present</th>
<th>RISK ISSUE</th>
<th>Max Score of 1 per risk factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FALLS HISTORY (client report)** (Document details below)</td>
<td></td>
<td>One or more falls in last 12 months</td>
<td></td>
</tr>
<tr>
<td>2. FEAR OF FALLING ***</td>
<td></td>
<td>Self limits activities at home</td>
<td></td>
</tr>
<tr>
<td>3. COGNITION ***</td>
<td></td>
<td>Impaired judgment **</td>
<td></td>
</tr>
<tr>
<td>4. MEDICAL CONDITIONS</td>
<td>Neurological disorders e.g. Parkinson’s***; CVA***; Depression***; Arthritis*** (esp. lower limb); Dizziness**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. MOBILITY &amp; TRANSFERS **(includes wheelchair use)</td>
<td></td>
<td>Unsteady with or without aid/equipment</td>
<td></td>
</tr>
<tr>
<td>6. PHYSICAL INACTIVITY **</td>
<td></td>
<td>Limits physical activity to functional tasks</td>
<td></td>
</tr>
<tr>
<td>7. MEDICATIONS ***</td>
<td>Takes an antidepressant *** antipsychotic *** anti-anxiety agent *** sleeping agent *** 4 or more regular ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. VISION **</td>
<td>Nutritional glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. URINARY &amp; Fecal Dysfunction **</td>
<td>Urinary or faecal incontinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. FEET ** / FOOTWEAR * AND CLOTHING</td>
<td>Inappropriate or poorly fitting footwear or clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. ENVIRONMENTAL: General Hazards #</td>
<td>Irregular footwear in shoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. ENVIRONMENTAL: Lighting #</td>
<td></td>
<td>Poor visibility in areas or glare</td>
<td></td>
</tr>
</tbody>
</table>

**FALLS HISTORY:**
- Number of falls in last 12 months: 
- Location of falls:
- Fall described as: dizzy, trip, slip, lost balance, legs gave way or collapse
- Injury sustained? Y N
- Hospitalised due to fall? Y N
- Comments

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### Notes
- Falls risk assessment
- Health South Eastern Sydney Local Health District
- NSW Government
## Falls Action Plan

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7. MEDICATIONS</strong></td>
<td>Advise on risks; provide ‘Managing your Medicine’; sleeping handouts.</td>
</tr>
<tr>
<td></td>
<td>Advise regarding blister pack and initiate if medications are disorganised</td>
</tr>
<tr>
<td></td>
<td>Refer to GP for Home Medicines Review and provide HMR brochure if on warfarin, medications for insomnia, anxiety, depression or agitation, or recurrent fallers on 4 or more medicines.</td>
</tr>
<tr>
<td></td>
<td>Discuss with CHS pharmacist if declines blister pack or HMR not done within 1 month.</td>
</tr>
</tbody>
</table>
Dear Dr _________

Re: _________

The above client was referred to Prince of Wales Community Health Services by ________, for ________.
My treatment / management plan in regards to this referred issue(s) is _________________________________.

As part of Community Health Services comprehensive assessment, falls risk is addressed. I have indicated below the issues identified from the falls risk assessment. You may or may not be aware of these.

may benefit from a Home Medicine Review (HMR.) Please find a HMR request form enclosed.

medications are disorganised & has declined a blister pack.

reports dizziness of unknown cause most days- please review medications & BP, may benefit from review at Dizziness & Balance Clinic Tel: 9382 2414
Fax: 9382 2428.
POWH Community Health Service Falls Prevention Program

Home Medicines Review Request

Date
Dear Dr

Re:

I am currently visiting the above patient and believe a Home Medicines Review would be of benefit.
The patient/carer reports taking …………………..

As per the NSW Health Falls Prevention Plan, POWH Community Health clinicians complete a falls risk assessment and follow up with interventions as per a standard action plan.

There is strong evidence of association between increased risks of falls: 2 to 3 times, independent of other risk factors, for people who take psychotropic medicines and four or more regular medicines.¹

All patients identified by POW Community Health clinicians with the following risk factors will be requested to have a Home Medicines Review:

- Taking a psychotropic medicine
- Recurrent fallers who take four or more regular medicines
- Those taking warfarin (due to increased risk of bleeding)

HMR information has been provided to the patient/carer.

Please send a HMR referral to the patient’s preferred pharmacy if you and the patient agree.

Thank you for your attention and assistance.
Audit process

125 patients from March to Dec 2011
- random selection patient record, CHIME
  - 25 Transition care team
  - 50 PCT
  - 50 CHATT

Exclusion criteria
- age < 65
- wheel chair or bed bound
- service not continued
- assessment not done in person’s home.
Audit measures

Number of:

– falls risk assessments & action plans (tool) completed
– medication risks & actions identified from tools
– people taking 4 or more regular medicines
– Home Medicine Reviews (HMR) requested & received
– people taking high risk medicines
– people using or started on a Dose Administration Aid.
## Audit results

<table>
<thead>
<tr>
<th>Audit item</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls risk ax</td>
<td>80% (up from 76%)</td>
</tr>
<tr>
<td>Action plan</td>
<td>52% (up from 20%)</td>
</tr>
<tr>
<td>Medication risks identified</td>
<td>89% of risk ax</td>
</tr>
<tr>
<td>Medications actions</td>
<td>67% of risks identified</td>
</tr>
<tr>
<td>HMRs requested</td>
<td>7</td>
</tr>
<tr>
<td>HMR reports in clinical record</td>
<td>2</td>
</tr>
</tbody>
</table>

Sample size: 81 after exclusions
## Audit results

<table>
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<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines (regular)</td>
<td>79% of sample &gt; 4</td>
</tr>
<tr>
<td>Dose administration aids</td>
<td>48% of sample</td>
</tr>
<tr>
<td>Benzodiazepines (B)</td>
<td>15% of sample</td>
</tr>
<tr>
<td>Antidepressants (A-d)</td>
<td>11% of sample</td>
</tr>
<tr>
<td>Antipsychotics (A-p)</td>
<td>4% of sample</td>
</tr>
<tr>
<td>Combinations</td>
<td>1 B + A-d + A-p</td>
</tr>
<tr>
<td></td>
<td>4 B + A-d</td>
</tr>
<tr>
<td>Warfarin</td>
<td>12% of sample</td>
</tr>
</tbody>
</table>
Discussion

- Liaison pharmacist identified that 17 additional HMRs were indicated, but not requested

  - included were the following risk factors:
    - 2 or > falls in last 12 months (7/17)
    - high risk medicines, inc warfarin
    - multiple medicines
    - multiple risk factors documented + age
    - documented that medicines were poorly organised +/- dose administration aid.
Limitations to audit extent

- Action taken but not documented
  - medication review request
  - HMR patient information provision & request
  - HMR completion.
Conclusion

There was evidence that:

- more than a 2 fold increase in action plans were completed
- blister pack organisation is embedded into practice
- triggers for a HMR request did not result in an HMR.

Acknowledgements:

POW CHS Falls committee, clinicians and managers.
References


Australian Commission on Safety and Quality in Healthcare. *Preventing Falls and Harm from Falls in Older People*.


Questions

Thank you!