

Falls Injury Reduction in Residential Aged Care

Research Project 2005-2007

Funded by the DoH – Health Promotion Demonstration
Research Grants Scheme

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- **Hypothesis**

- The aim of this research project is to test the hypothesis that the employment of a project officer to support aged care facilities to implement a best practice multi-strategy intervention to reduce falls injuries will significantly reduce hip fractures.

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- **Principal investigators**
 - Dr John Ward - HNEAHS
 - Prof Julie Byles - University of Newcastle
- **Advisory committee**
 - Key stake holder representatives

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- **Methodology**

- This study involves 88 facilities in the lower Hunter Valley area of New South Wales Australia.
- Facilities were randomly allocated into a control and intervention group

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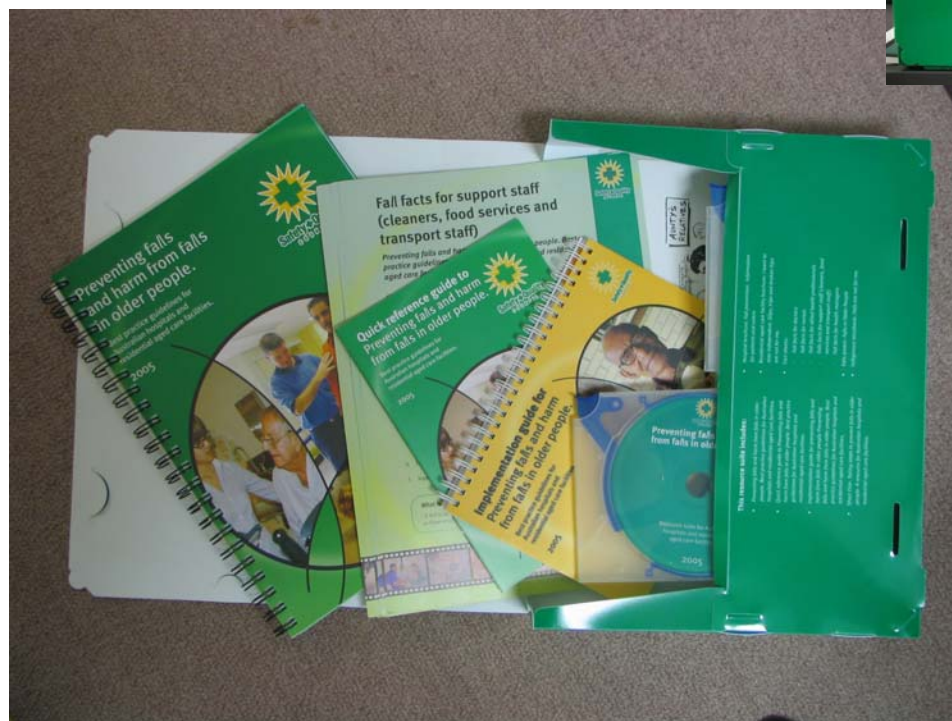
- **Data Collected**
 - Basic facility information and questionnaire
 - Monthly falls data
 - Resident profiles
 - Resident's record audit after a fall resulting in a fractures neck of femur
 - Post intervention questionnaire

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- **Best Practice Strategies**
 - 'Big Green Box'
 - Resource Folder for the Intervention Group
- **Multi-faceted intervention including**
 - Standard fall prevention strategies
 - Fall Alert Strategy for high risk falls

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- **Best Practice Strategies**
 - 'Big Green Box'



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- **Best Practice Strategies**
 - 'Big Green Box'
 - Resource Folder for the Intervention Group
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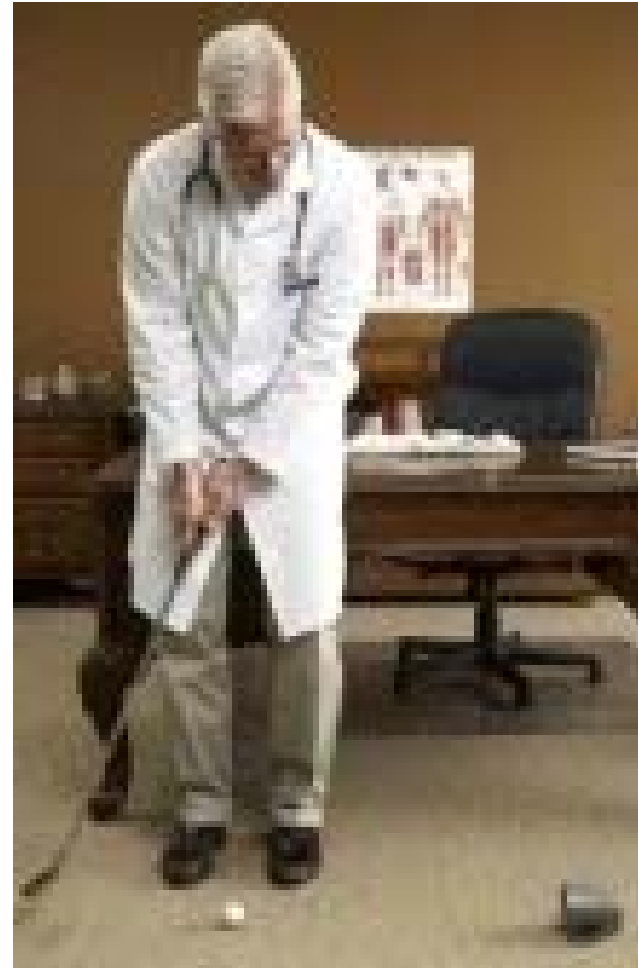
- **Some challenges**

- Engaging RACF's
 - Management
 - Link Person
 - Data collection



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- **More challenges**
 - GPs
 - Pharmacists
 - RMMRs



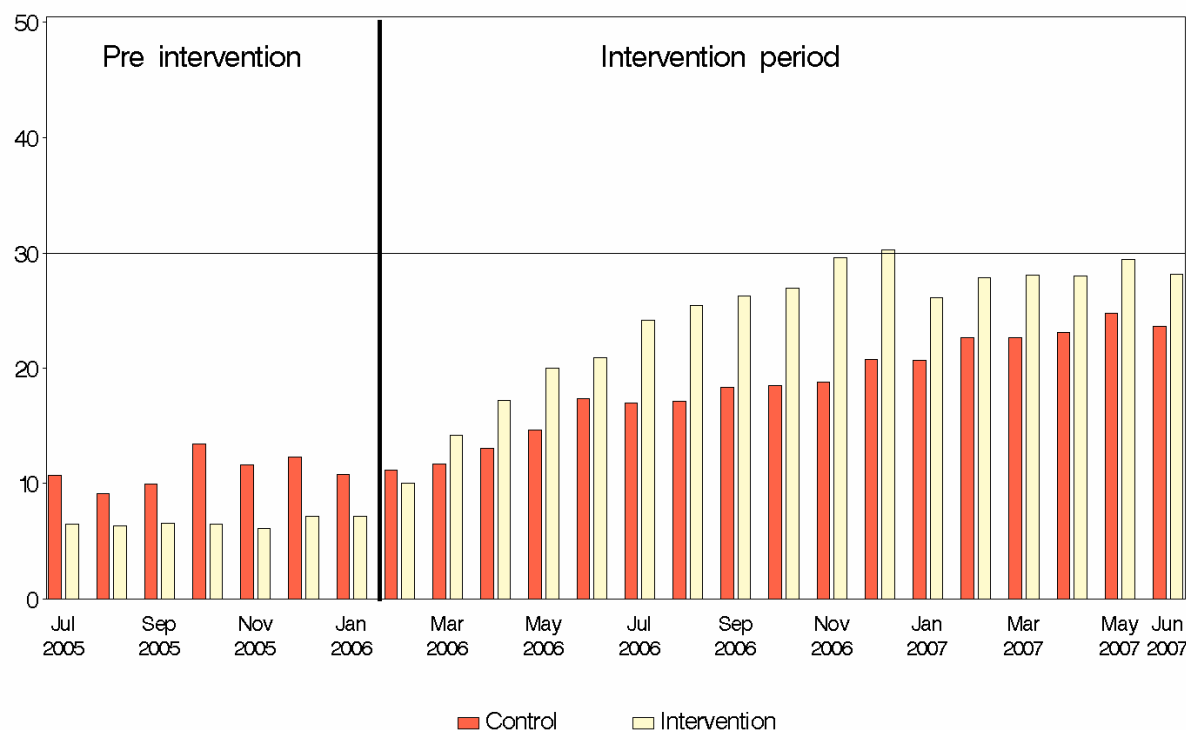
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- **More challenges**
 - Difficulties in implementing strategies
- **Vitamin D and calcium**
- All high care residents should receive vitamin D supplementation:
 - 1000 IU Vitamin D3 daily
 - 50,000 IU Vitamin D3 monthly
- All low care residents should have their vitamin D level measured:
 - supplement as for high care if less than 80 (serum 25OHD nmol/L)
 - if less than 25, give 3000 IU daily or 50,000 IU weekly for one month then supplement as above
- Unless there is a contraindication, calcium should be also given

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- **Results - Vitamin D**

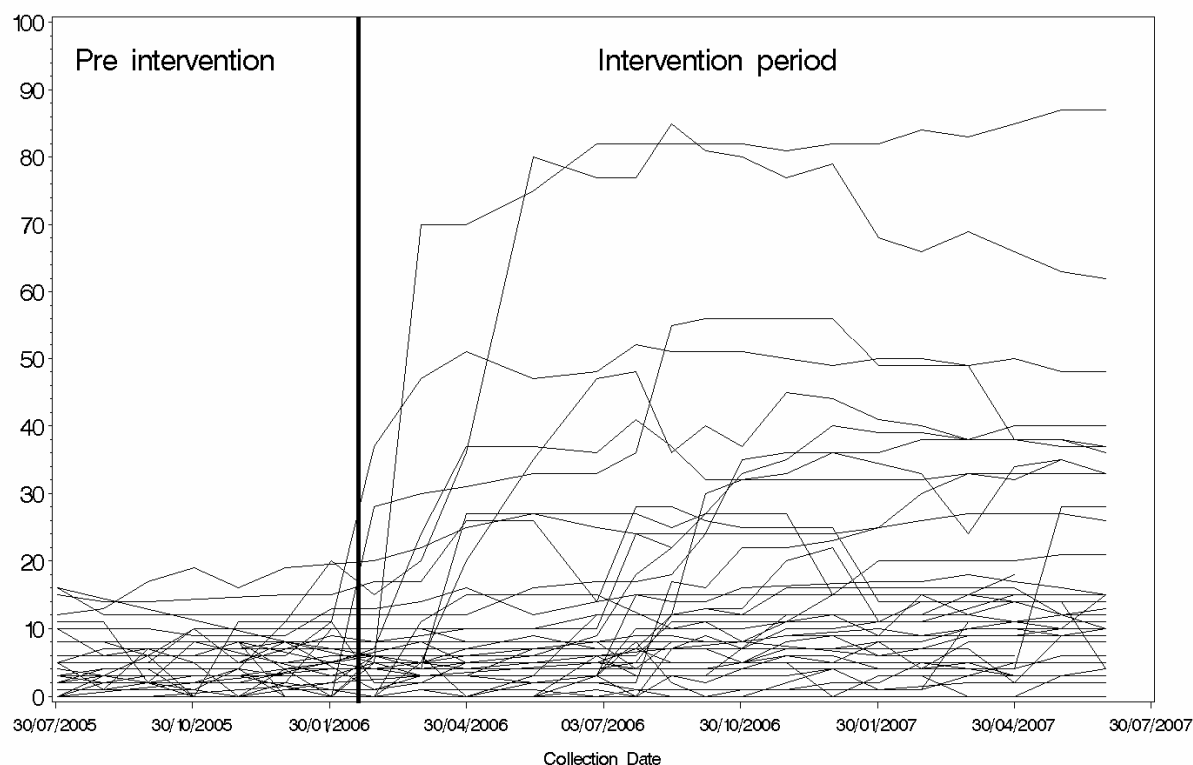
Vitamin D supplements: All facilities
Number of residents taking supplements per 100 beds



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- **Results - Vitamin D**

Vitamin D supplements: Trajectories for all intervention facilities
Number of residents taking supplements per 100 beds



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- **More challenges**
 - Difficulties in implementing strategies

Hip protectors



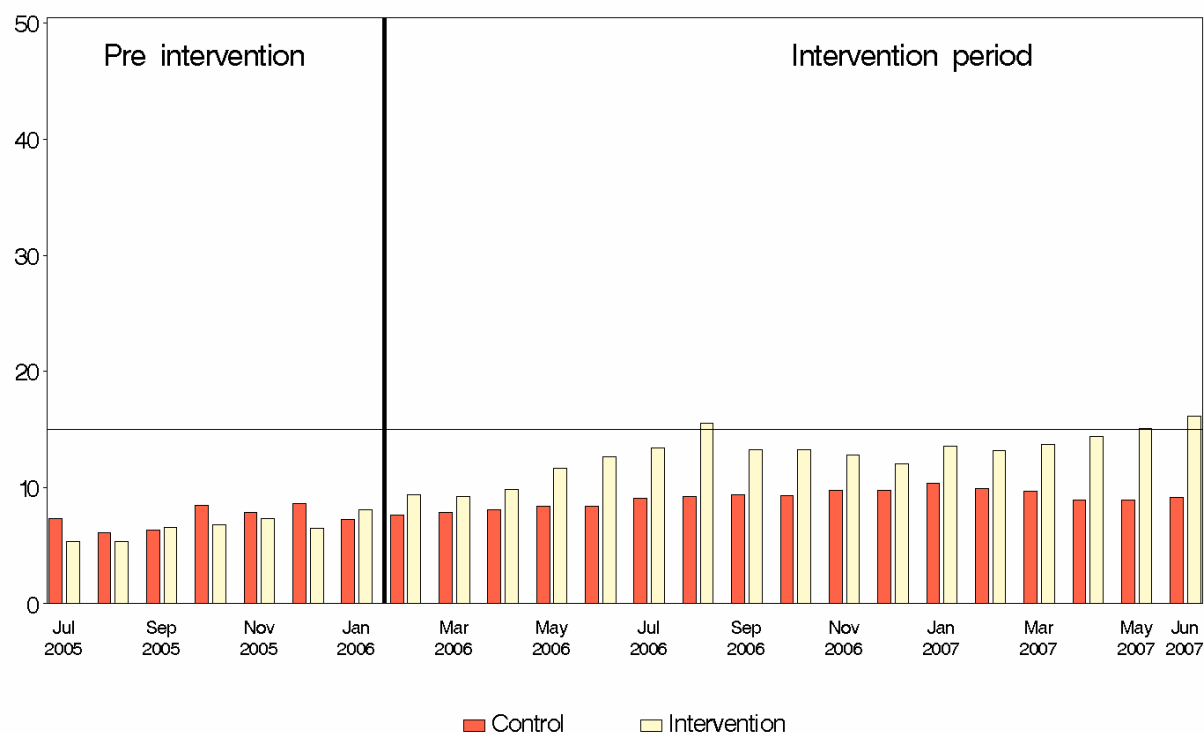
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- **Results - Hip Protectors**

Allocation of hip protectors to residents
Number allocated per 100 beds



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- More challenges
 - Difficulties in implementing strategies

- FRAT

FALLS RISK ASSESSMENT TOOL

HOW TO USE THIS FORM: - Complete Parts 1 & 2 of this FRAT to establish 'Fall Risk'. Using Parts 1, 2 & 3 document in the progress notes and care plan the appropriate fall prevention strategies for this resident

PART 1

AUTOMATIC HIGH RISK STATUS IF one of the following is ticked:

(tick HIGH risk below)

- Dizziness
- Postural hypotension present
- Recent change in functional status and/or medications, which may affect safe mobility.

PART 2

RISK SCORE ASSESSMENT Recent Falls History: - including number of falls and possible contributing circumstances

Name: _____

MRN: _____

Address: _____ Attach Resident Label Here

DOB: _____

M.O. _____

Risk Factor	Level	Risk Score
RECENT FALLS (To score this, complete recent falls history above)	none in last 12 months one or more between 3 - 12 months ago one or more in last 3 months one or more in last 3 months whilst inpatient/resident	2 4 6 8
MEDICATIONS (Sedatives, Anti-Depressants, Anti-Parkinson's, Diuretics, Anti-hypertensives, hypnotics)	not taking any of these taking one taking two taking more than two	1 2 3 4
PSYCHOLOGICAL (Anxiety, Agitation, Depression, Withdrawn, Decreased Cooperation, Decreased Insight or Decreased Judgement esp. re mobility)	does not appear to have any of these appears mildly affected by one or more appears moderately affected by one or more appears severely affected by one or more	1 2 3 4
COGNITIVE STATUS Align to cognitive assessment tool used for this resident	PAS Cognitive Impairment Scale PAS=0-3 PAS=4-9 PAS=10-15 PAS=16-21 impaired OR Standardised Mini Mental Status m-m score 24 or more m-m score 24 - 15 m-m score 15 - 9 m-m score 9 or less OR Intact mildly impaired mod impaired severely	2 2 3 4

FALL RISK STATUS
(Document Fall Status in the Care Plan)

- Low 5 - 11
- Medium 12 - 15
- High 16 - 20

13 / 20

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- **More challenges**
 - Difficulties in implementing strategies
- Exercises**



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- **More challenges**
 - Difficulties in implementing strategies

Footwear



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- **More challenges**
 - Difficulties in implementing strategies
Footwear



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- **More challenges**
 - Difficulties in implementing strategies
Engaging the Executives to '**see the light!!**'



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Options for the future

- 1. Full-time project officer for falls injury prevention in ACFs**

- 2. Liaison Nurse employed by AHS to work with ACFs on:**
 - Falls injury prevention
 - Advanced care planning
 - Discharge planning
 - Acute and post-acute care in ACFs
 - Common referral forms to ED

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QUESTIONS



QUESTIONS

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