What’s in the Green Box?

Queensland’s interpretation & implementation of the National Guidelines

Rebecca Bell
Principal Project Officer- Falls Injury Prevention
9,978 falls were reported as the Primary Incident. An additional 244 falls were reported in the Secondary Incident type.
How??

Inpatient/residents

Patient Safety Centre

Principal Project Officer- Falls Injury Prevention

38 Patient Safety Officers

Primary Prevention

Health Promotion Unit

Qld Falls Injury Prevention Collaborative

HACC

High care community
Guiding Documents

Preventing falls and harm from falls in older people.
Best practice guidelines for Australian hospitals and residential aged care facilities 2005

NATIONAL FALLS PREVENTION FOR OLDER PEOPLE PLAN: 2004 ONWARDS
July 2005
The FIPC is a statewide, clinician-led cross-continuum collaborative, established in March 2006 to lead statewide evidence-based initiatives to reduce falls and fall-related injuries.

2007/8 Working Groups

- Data collection and reporting (& indicators)
- Education and resource development (community safety checklist & individual risk factor brochures)
- Cross-continuum approaches (best-practice guidelines)
- Environmental (Research trials eg. low low beds, safe flooring)
- Falls clinics
- Falls specialist officers
Implementation of Green Box

- Support implementation of National Guidelines (ie. Green Box).
- District visits to run “falls planning day”
- Objective is to assist HSDs write a strategic plan for FIP for their district in line with the National Guidelines.
- Establish a 6-monthly reporting procedure
- Reviewed by Commonwealth DoHA
- Packaged into a TTT

Rebecca Bell
Principal Project Officer
Falls Injury Prevention
Patient Safety Centre
A district-wide falls model

District Working Group
- Multi-disciplinary/allied health
- Reps from each facility
- DONs/NUMs
- Geriatricians

Facility A Working Group

Facility B Working Group

Facility C Working Group

Ward Champions or Falls Resource Officers

Falls Specialist Officers

Involvement of all staff

Involvement of Family, Patient/Resident & Carers
What’s in the Green Box??

Preventing falls and harm from falls in older people.

Best practice guidelines for Australian hospitals and residential aged care facilities 2005
1. Involving the patient, resident and their carers
2. Standard fall-prevention strategies
3. Screening & Assessment
4. Fall-prevention interventions: Intrinsic & Extrinsic
5. Injury Prevention: Hip protectors, Vitamin D & calcium, Osteoporosis
6. Post-fall management
Key Messages

• Many falls can be prevented
• Consumer engagement is integral to success
• Best practice includes: identification of risk, falls prevention and injury prevention
• Multi-disciplinary, multi-faceted approaches are most effective in all settings
• Falls prevention needs to address both individual and organisational risks
1. Screen or assess all older people for risk
2. Educate & discuss (with regular review) fall-prevention risks & strategies with all staff, older people & their carers
3. Document/record fall-prevention education, screening, assessment & interventions
4. Ensure that a person’s mobility status is established, & that if they are mobile they can mobilise safely
5. Encourage participation in functional activities & exercise.
6. Establish a care plan to maintain bowel/bladder function.
7. Provide appropriate medication advice, ensure that unnecessary medications are not prescribed.
8. Make the environment safe
Standard Falls Prevention Strategies

9. Orientate the person to the bed area, room, ward/unit

10. Instruct & ensure understanding of how to use assistive devices prior to prescribing them

11. Have a policy in place to minimise use of restraints and bedside rails (know what that policy is).

12. Consider Vitamin D supplement with calcium
Interventions

INTRINSIC

Impaired balance, reduced mobility and lack of exercise

Evidence says:
As part of a multifactorial fall prevention program, identify balance, mobility and strength problems then tailor an individual program to address these in hospital, post-hospital and residential aged care settings.

(IIB)
(a) Cognitive Impairment

- Managing the symptoms of cognitive impairment by addressing agitation, wandering and impulsive behaviour is necessary.
- When an older person presents with cognitive impairment, the cause should be established. Strategies should be included to prevent delirium.
- Provide supervision & assistance to ensure that for those with delirium or dementia who are not capable of standing and walking safely, receive help with all transfers.
(b) Delirium

• Confirm that any disruptive behaviour is not due to acute delirium or delirium superimposed on dementia.

• Multi-component interventions to prevent delirium.
Identify, assess & introduce a management plan for people with incontinence or who are at risk of becoming incontinent.

(IIID)
Feet & footwear

- Staff should screen older people for ill fitting or inappropriate footwear & give education and information about footwear features that may reduce fall risk (*ie: the use of slippers should be discouraged*).

  (IIIC)

- Older people in facilities should be screened for foot pain & other foot problems, receive education/information about foot care & be referred to Podiatrist where indicated

  (IVD)
Syncope & dizziness

- Older people in facilities who experience falls associated with syncope or presyncope should undergo medical assessment.
- Older people should be encouraged to report dizziness, light-headedness or faintness.
- The causes should be investigated and addressed as appropriate. Medications that cause these symptoms should be ceased if possible and appropriate.
- In the presence of known hypotension/situations of risk such as post operatively, people should be encouraged to slowly sit up from lying, slowly stand up from sitting & to wait a short time before walking
- Postural hypotension should be considered as a potential cause of unexplained falls

(GPP)
Medications

• Medications related to falls need to be reviewed & appropriately modified as a component of a multifactorial approach to reducing the risk of falls in older people.

• Older people on benzodiazepines should have their medication reviewed & discontinued if possible to reduce their risk of falling.

(IIB)
Vision

• Attention to visual screening and referral for visual function assessment and management should be included as part of a multifaceted fall-prevention program. (IIC)
• Ensure annual eye examinations are undertaken.
• Advise people who have had falls involving environmental obstacles (e.g. stairs and kerbs) to use distance glasses when walking. (IIID)
Environmental considerations

- Environmental modifications to ensure safety should be included in multifactorial, multidisciplinary fall prevention interventions.
- Environmental checklists included in appendices (IIIB)
- People considered to be at higher risk of falling should be assessed by Occupational Therapist for specific environmental/equipment needs & training to maximise safety. (IIC)
Individual surveillance & observation

- Many falls happen in the immediate bed/beside area or relate to restlessness, agitation, attempts to transfer & stand or to lack of awareness or wandering in persons with dementia.
- Individual surveillance & observation is likely to help even though evidence base is rather weak - partly due to the difficulties in doing trials.
- Surveillance & observation approaches are particularly useful for older people who have a high fall risk & who may be temporarily or permanently cognitively impaired. (GPP)
Restraints

• Alternatives to restraint should be considered and trialled for people with cognitive impairment.

• Restraint should be considered last option for people who are at risk of falling.
Hip protectors

Residential Care

- Hip protector use should be considered for people living in residential aged care facilities with a high risk of hip fracture (defined as having limited independent mobility, a history of falls and osteoporosis). There needs to be a commitment from the facility to introduce training for staff and continuing support for the use of hip protectors.
Hip protectors

Hospitals

• Hip protector use should be considered for patients in sub-acute hospital wards who are at high risk of falls (defined as having limited independent mobility, or confusion with agitation).

• There needs to be commitment from the facility to introduce training for staff and continuing support for the use of hip protectors. (IIID)
• Vit D & Calcium supplementation should be considered as a routine management strategy as it appears to significantly reduce the risk of falls among ambulatory or institutionalised older people

(IA)
Osteoporosis Management

• To decrease subsequent fracture rates, those who have previously sustained a fracture and who have osteoporosis should be treated with bisphosphonates or Selective Estrogen Receptor Modulators (SERMS)
  (IIB)

• Hospitals should establish protocols that increase osteoporosis treatment rates in people who have sustained their first osteoporotic fracture
  (IVD)
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RESOURCES

Fall Prevention in Older People

- Have you had a fall recently?
- Are you more than 65 years old?
- Do you take sleeping tablets?
- Is walking becoming harder?
- Do you have problems getting to the toilet on time?
- Do you have trouble with your eyesight?
- Do you have painful feet?
- Do you ever feel faint or dizzy?
- Do you have low vitamin D levels from spending little or no time in direct sunlight each day?
- Are you afraid of having a fall?

If you answered yes to any of these questions, you may be at risk of having a fall. Luckily, many falls are preventable. Ask your health professional for more advice on preventing falls.

www.safetyandquality.org
Fall prevention: information for patients and carers

Did you know that many incidents in hospitals are related to falling? While only some falls cause injuries, they can affect walking and make it harder to stay independent.

There are usually a number of reasons for someone falling. These may include poor balance, unfamiliar environments and obstacles in the environment, poor eye sight, unsafe footwear and some medicines to name a few.

Here are some ways that staff are working to reduce your risk of falling while you are in hospital:

- Helping you to settle in, keeping your surroundings safe and providing you with fall-prevention information.
- Assessing your risk of falling and discussing the results with you to develop and implement a care plan suited to your needs. This care plan may involve you seeing a range of staff, who specialise in different areas.

Everyone has a role to play in preventing falls

What YOU can do:

1. Be active every day as many ways as you can.
2. Wear comfortable clothing that is not too long or too tight.
3. Wear low-heeled and non-slip shoes that fit you well.
4. Use your call bell when you require assistance.
5. Take your time when getting up from sitting or lying down.
6. Let staff know if you feel unwell or unsteady on your feet.
7. If staff recommend that you need assistance or supervision when moving, please ask them for this assistance and wait until they come to help you.
8. Familiarise yourself with your room, its furniture and bathroom. Look out for environmental hazards such as spills and clutter that may cause a fall and tell staff about them promptly.
9. Keep your fluid levels up.

If you do have a fall, the staff should take action to identify what contributed to your fall and reduce the risk of you experiencing another fall. You may be assessed by a Doctor and staff will repeat some or all of these fall risk-assessment. This may result in changes being necessary to your care plan. However, any changes to your care plan will be discussed with you.

Remember: preventing falls is important when
Fact Sheets – All Staff
FALLS ARE NOT FOR ME!
ALL ABOUT BEING SAFE, STAYING INDEPENDENT AND KEEPING UPRIGHT

UNCLE
AUNTY
AUNTY'S RELATIVES

RESOURCE FOR AUSTRALIAN HOSPITALS AND RESIDENTIAL AGED CARE FACILITIES

INDIGENOUS HEALTH WORKER

Indigenous Specific Resources
Compact version of guidelines for use at point of care

Can be used in conjunction with the video/DVD
Implementation guide for Preventing falls and harm from falls in older people.

Best practice guidelines for Australian hospitals and residential aged care facilities.

2005

Workbook – Planning Guide
Questions?

Illustration by David Harbaugh

"Your fall team needs a lot of work."