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NSW  HEALTH

Falls Injury Prevention in Residential Aged Care: How can we translate strategies into effectiveness.

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Falls Injury Prevention in RACF

- Project hypothesis
 - That the employment of a project officer to assist residential aged care facilities to implement an evidence-based multi-factorial strategy to reduce falls injuries would reduce the number of hip fractures.
 - The bedday savings to the Area Health Service would make the on-going employment of the project officer cost-effective.

Falls Injury Prevention in RACF

- Profile of intervention and control group

- 98 facilities
6 too small
4 declined
- → 88 for randomisation
- Balance rural and urban
- Balance bed numbers
- Balance bed types

Combinations	Total number of facilities	Total in intervention
High care + dementia specific	25	13
High and low care only	10	5
High and low care + dementia specific	11	6
Low care + dementia specific	19	10
Low care only	23	12
Total	88	46

Falls Injury Prevention in RACF

- Results:
- 5,388 residents at the census followed for almost 1½ years (Feb 2006 – July 2007)
- 221 fell with fractured neck of femur in the observation period
 - = 147 per year
 - = 27 per 1000 beds per year
 - Around what was expected per year = 150
 - 28 per 1000 beds per year
- 5% fell within 90 days of their first admission.
- No difference between intervention and control with respect to number of #NOF overall.

Falls Injury Prevention in RACF

- Reasons for failure to reduce hip fractures
 - Cross contamination between intervention and control groups
 - Short duration of intervention
 - Failure to increase use of strategies
 - medication reviews
 - confusion about calcium
 - Ineffectiveness of strategies
 - hip protectors
 - High number of people with dementia
 - Inability of staff to allocate resources - time

Falls Injury Prevention in RACF

Risk Assessment

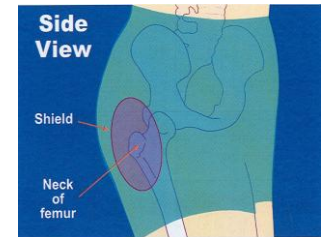


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Hip Protectors



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Vitamin D



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Medication Reviews

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"The problem is that you're overmedicated.
Luckily there are drugs that can help with that."

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Falls Injury Prevention in RACF

Safe Footwear



Only after Cinderella decided to leap the last five steps, did she remember that she was wearing glass slippers.

Falls Injury Reduction in
Residential Aged Care Facilities (RACF) Project

Safe Footwear for Residents

- footwear older people wear in health care facilities should be assessed as part of pre-admission screening & on admission.
- Residents should have their footwear reviewed at regular intervals.
- The shoe should have the following features:

Safe Feature	
Heel	Low & broad (<2.5cm)
	Straight through sole
	Firm heel collar to provide support
Sole	Cushioned, flexible, non-slip
Weight	Lightweight
Toe box	Adequate width, depth & height for natural spread of toes
	Have a one centimetre space between longest toe and end of shoe
Fastenings	Laces, buckles elastic or velcro that hold securely
Uppers	Accommodating material
	Smooth seam-free interior
Safety	Protect feet from injury
Shape	Same shape as the feet, without causing pressure or friction on the foot
Purpose	Appropriate for the activity being undertaken
Orthoses	Comfortably accommodating orthoses
	Podiatrist or physiotherapist advice

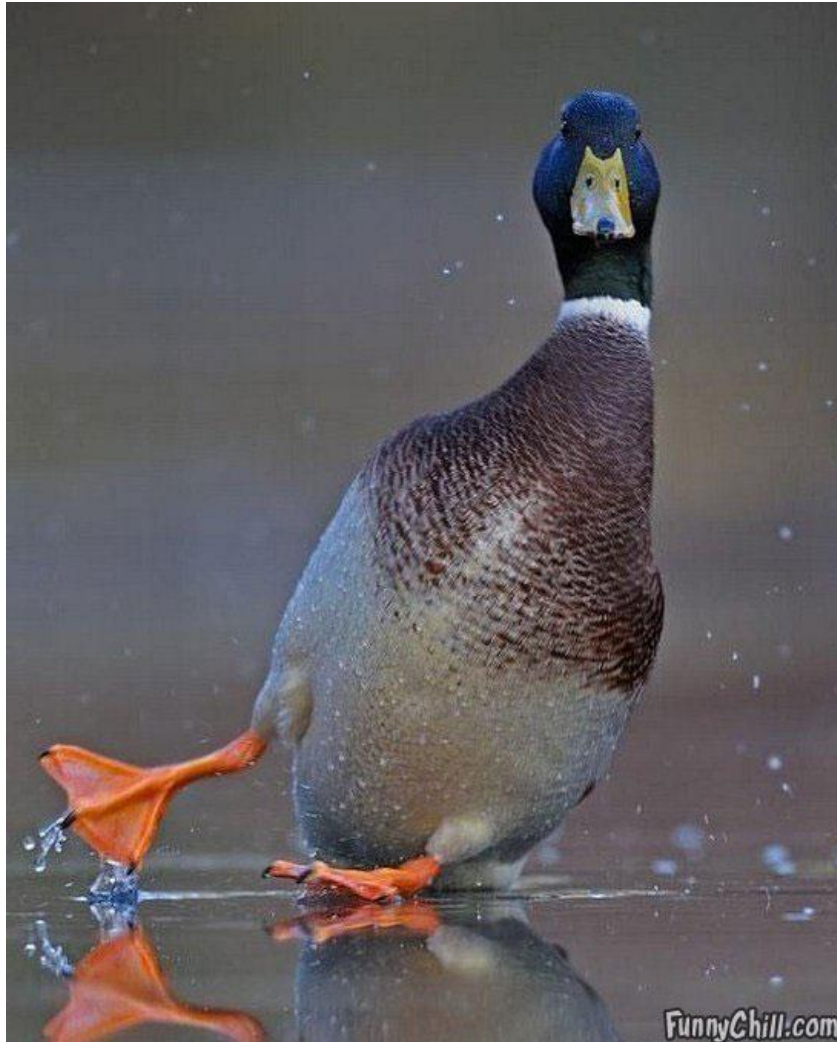


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Post Fall Review



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- National implications
 - Need a palatable calcium for older people
 - Need a high dose vitamin D
 - More effective system of medication reviews
 - Advice on hip protectors
 - durability, cost, effectiveness
 - Special funding for ACFs to provide resources for falls injury prevention programs for 'high risk falls'

Falls Injury Prevention in RACF

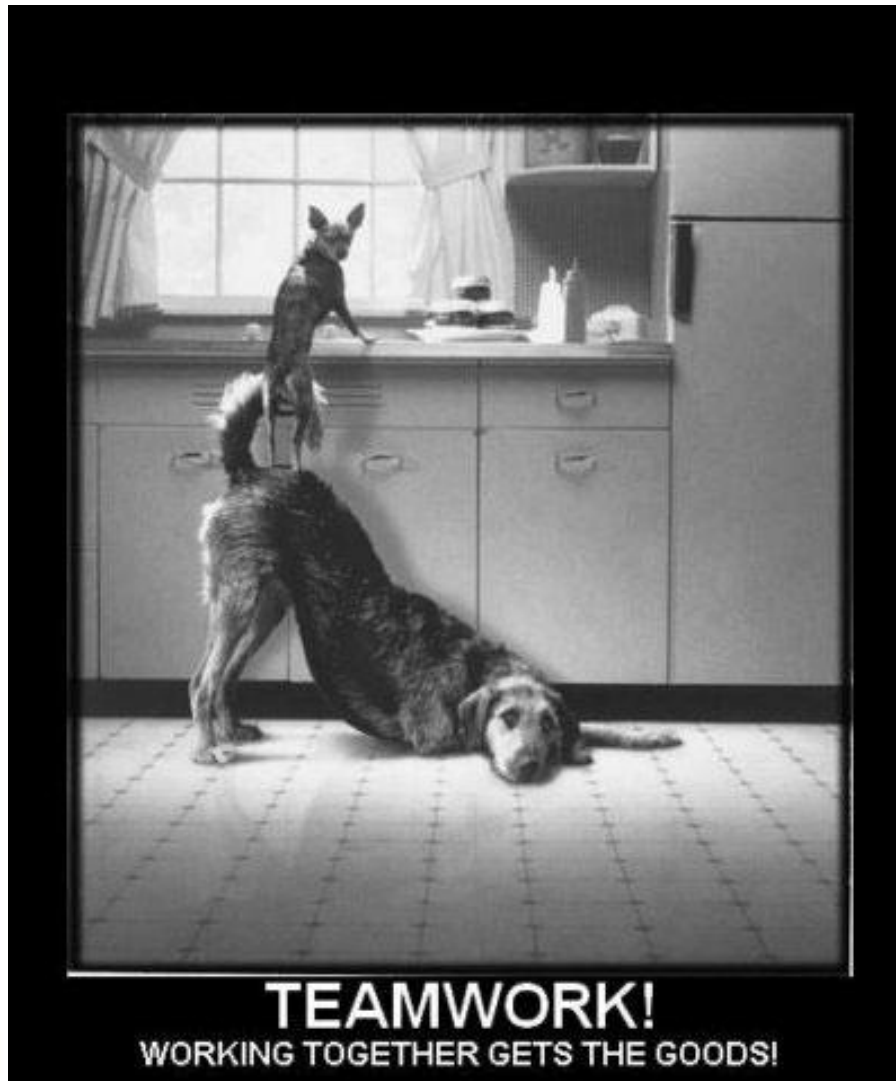
- State implications
 - Consider funding a longer trial
 - Fund Liaison Nurses to work with ACFs on:
 - falls injury prevention
 - advance care planning
 - hospital avoidance programs
 - post-acute and acute care in ACFs
 - discharge planning to ACFs
 - end of life care
 - care of terminal dementia

Falls Injury Prevention in RACF

- Area Health Service implications
 - Employment of full-time project officer not justified
 - RACF Falls Injury Prevention Network to meet by telephone regularly to encourage programs
 - Liaison Nurse to include Falls Injury Prevention in role responsibility and coordinate Network
 - Health Service to identify patients from ACFs with neck of femur fractures

Falls Injury Prevention in RACF

Takes co-operation from the team



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