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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Project Officer
HNEAHS
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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

- **Research Advisor**
  - Richard Gibson

- **Project Officer**
  - Mandy Harden

- **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
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• Multi-faceted intervention including
  ▪ Standard fall prevention strategies
  ▪ Fall Alert Strategy for high risk falls
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- Standard Falls Injury prevention strategy
  - Falls risk assessment – use of a validated tool
  - Mobility assessment
  - Continence management
  - Exercise programs
  - Footwear
  - Residential Medication Management Review (RMMR)
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• Standard Falls Injury prevention strategy
  ▪ Environmental Audits
  ▪ High care – Vitamin D & calcium supplementation
  ▪ Low care – blood test for Vitamin D status
  ▪ Assess dietary intake
  ▪ Communication: staff/residents/families
  ▪ Aids – assessment and maintenance
  ▪ Pre-admission package
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• Fall Alert Strategy for High Risk Falls

‘Fall Alert’ Protocol Flow Chart

- Resident identified as “HIGH” Risk Falls using a Falls Risk Assessment Tool
- Initiate ‘Fall Alert’ Strategies
  Highlight below the Fall Alert Strategies that are to be implemented for this resident

  Place green sticker on appropriate locations to alert staff of high fall risk:
  - Bed head
  - Care plan
  - Progress notes
  - Handover sheets
  - Communication sheet/book
  - Mobility aid
  - Dining room table
  - Resident’s chair
  - Bathroom if appropriate
  - Inside wardrobe door
  - Other_______________________

  Commence resident on fall alert check form:
  - Day
  - Night
  - Day & night
  - Other_______________________
  To monitor for:
  - Pain/comfort
  - Need to change location
  - Need to toilet
  - Need for food & drink
  - Behaviour suggesting an unmet need
  - Other_______________________

  Commence resident on movement alarm/alert system:
  - Day
  - Night
  - Day and night
  - Other_______________________

  Commence resident on a “Log of Falls” form

- Injury Prevention Strategies
  Is the resident using:
  - Hip protectors

- Commence resident on movement alarm/alert system:
  - Day
  - Night
  - Day and night
  - Other_______________________

Keep on file with the Resident Mobility Care Plan and review as part of the Mobility Care Plan and after a reassessment with a ‘Falls Risk Assessment Tool’ as per facility protocol.

Name:
MRN:
Address:
DOB:
M.O.

Injury Prevention Strategies
Is the resident using:
- Hip protectors

Keep on file with the Resident Mobility Care Plan and review as part of the Mobility Care Plan and after a reassessment with a ‘Falls Risk Assessment Tool’ as per facility protocol.

[Diagram of Fall Alert Protocol Flow Chart]

Name:
MRN:
Address:
DOB:
M.O.

Injury Prevention Strategies
Is the resident using:
- Hip protectors

Keep on file with the Resident Mobility Care Plan and review as part of the Mobility Care Plan and after a reassessment with a ‘Falls Risk Assessment Tool’ as per facility protocol.

[Diagram of Fall Alert Protocol Flow Chart]
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WHAT WORKED?

WHAT DIDN’T WORK?

WHY???????
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GPs and pharmacists
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Hip Protectors
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Falls Risk Assessment

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

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Level</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECENT FALLS</td>
<td>none in last 12 months</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>one or more between 3 - 12 months ago</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>one or more in last 3 months</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>one or more in last 3 months whilst inpatient/resident</td>
<td>8</td>
</tr>
<tr>
<td>MEDICATIONS (Sedatives, Anti-Depressants, Anti-Parkinson’s, Diuretics, Anti-hypertensives, hypnotics)</td>
<td>not taking any of these</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>taking one</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>taking two</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>taking more than two</td>
<td>4</td>
</tr>
<tr>
<td>PSYCHOLOGICAL (Anxiety, Agitation, Withdrawn, Decreased Cooperation, Decreased Insight or Decreased Judgement esp. re mobility)</td>
<td>does not appear to have any of these</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>appears mildly affected by one or more</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>appears moderately affected by one or more</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>appears severely affected by one or more</td>
<td>4</td>
</tr>
</tbody>
</table>

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
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

FALL RISK STATUS
(Document Fall Status in the Care Plan)
- Low
- Medium
- High

Name: MRN:
Address: DOB: M.O.

Name: MRN: Address: DOB: M.O.

Attaches Resident Label Here

13 / 20
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Physical Activity / Exercise Programs
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Safe Footwear
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Post Fall Management

• What is sustainable???
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Questions that will assist the MO:

- Did you trip or slip?
- Did you feel lightheaded as though you were going to faint?
- Did you feel that the room was moving or that you were moving relative to the room?
- Did you feel that you just lost your balance?
- Did you feel that your legs gave way?
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At the moment:

- HNE Falls Injury Prevention Among Older People Advisory Committee
- Residential Care Working Party: one of three sub-committees
- Membership is voluntary
- HNE and private RACF invited
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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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Balancing the load!!
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Data Analysis

Richard Gibson – research advisor for the study