Falls Prevention is *everyone’s business*®

Lorraine Lovitt  
Leader, NSW Falls Prevention Program  
Clinical Excellence Commission  
NSW Falls Prevention Network Forum 2015
Leadership and co-ordination
Collaboration with key partners
Strategy and implementation

Local Health Districts/Networks &
Falls Co-ordinators
Looking Back

[Graph showing the trend of hospital days for different age and gender groups from 1994 to 2021.]

- Female 75+
- Male 75+
- Female 65-74
- Male 65-74
- Female 45-54
- Male 45-54
- Female 25-44
- Male 25-44
- Female 15-24
- Male 15-24
- Female 5-14
- Male 5-14
- Female 0-4
- Male 0-4

[Gold bar evidence scale:
- One good quality RCT
- At least two good quality RCTs – little inconsistency
- Multiple RCTs and/or systematic reviews – little inconsistency]
Generate a low risk population

Goal 1. Increase resistance across all ages

Reducing fall injury among older people

Goal 2. Community
Goal 3. Residential
Goal 4. Acute/Subacute care

Improving outcomes through partnerships

Goal 5. Local needs
Goal 6. Delivery Systems

Improve outcomes

Develop & manage knowledge

Goal 7. Research
Goal 8. Evaluation
Goal 9. Training
Goal 10. Workplace safety
NSW Falls Co-ordinator Collaborative

LHD Falls Plans

SES LHD Falls Meeting
NSW Falls Prevention Network

- Network list serve
- Newsletters & updates
- Annual Network forum – NSW 22nd May

http://fallsnetwork.neura.edu.au

Communication and sharing knowledge

Rural Telehealth Initiative

Dareton
Tamworth
Dubbo
Deniliquin / Finlay
Port Macquarie
Lismore
Moruya
Taree
CEC Martin Place Sydney

Research, best practice
Teleconference Meetings
April Falls Month

Falls Prevention is everyone's business

Fit & Strong – 65 & Beyond is back in 2009!

Following the success of the 2008 challenge, the Fit & Strong – 65 & Beyond challenge is on again. Get involved yourself or get your mums, dads, sisters, sons or friends to take the challenge.

Anyone over 50 years of age can get involved and start feeling great!

What is the Challenge?

The challenge involves four very simple healthy activities that participants are encouraged to complete each day:

- Do more active
- Do strength & balance exercises
- Eat more dairy
- Spend more time in the sun

Challengers will receive a FREE participant pack of health info and other information on the challenge. The challenge is free to enter, costs are $0.

For more information, contact your local ‘Falls Prevention’ society or call 1300 243 663.

Celebrate your success with an invitation to local ‘Kick Off’ event to celebrate.

This year’s ‘Kick Off’ events will include healthy lifestyle demonstrations and activities for adults who have fallen in the past.

A special surprise has been added this year – Priscilla Brown, has jumped on board and is congratulating all participants in the 2009 Challenge.

Staying Active and Out of Hospital

CLINICAL EXCELLENCE COMMISSION

Ten years of quality and safety
1st April 2015
APRIL FALLS DAY

Don’t let confusion cloud the risk of falls

Patients with Dementia and/or Delirium are at higher risk of falls
If your patient becomes more confused e.g. sudden, fluctuating changes of confusion, increased agitation, disorientation or changes in levels of consciousness.

Be alert to DELIRIUM
Recognise and Respond

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Is my patient more confused?

YES ✔
NO □

A patient with confusion is a high risk patient

Be alert to DELIRIUM
Recognise and respond to patients with dementia / delirium

What is the clinical cause of confusion?

? UTI / infection
? Dehydration
? Constipation / urinary retention
? Post anaesthetic
? Acute illness

Level of cognition is a Vital Sign

Temperature, pulse, BP are Vital Signs

People with Dementia and / or Delirium are at risk of harm

Be alert to DELIRIUM
Recognise and respond to patients with dementia / delirium

CLINICAL EXCELLENCE COMMISSION
Ten years of quality and safety
Port Macquarie Council & Hospital

Guide Dogs

Dance like no-one’s watching...
as long as you are watching your own steps...

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1st April 2015

APRIL FALLS DAY

Port Macquarie-Hastings Council and Mid North Coast Local Health District (Port Macquarie Base Hospital)
April Falls Flash Mob in Warren

Dance like No-One’s Watching

4 Daily balance and strength exercises
Looking Forward

Care of the older person in hospital

- Quality markers: **falls**, cognition, continence, pressure care, medications and nutrition
- Integrated approaches to care
- Caring environments – design

**Facilitators for success**

**Leadership**
- Nursing
- Empowered teams & accountability
- *Engagement with patients, families and carers*
- Whole of hospital targeting
- Policy, knowledge information education and resources
- **Data: local ownership** – circulated
Clinical Incident Management Portal

QSA 2013

Recommendations

• Embedding targeted clinical assessments
• Standardised protocols
• Optimising medication management
Rate per 100,000 population for persons aged 65 years and over by LHD, NSW, 2009-10 to 2012-13
Patient, family & carer as integral team members

Refocusing care delivery around the patient improves the patient care experience & clinical & operational outcomes:

- **decreased adverse events** – including falls

  **36.4% reduction in falls** by patients with dementia by the sixth month of using TOP 5

  "We need to think of the patient and their family as integral members of the healthcare team. Once you’ve gotten mileage out of your systems, then the next level of improvement you can only do by engaging the patient”

Professor Tom Delbanco, Inaugural Chair, Picker Institute, BIDMC Physician, Boston Harvard Medical School
Aged Health Network
- Nurses Sub Interest Group
Individual Patient Special (IPS) – Key Principles

Musculoskeletal Network
- Osteoporotic Refracture Prevention initiatives
- Osteoarthritis Chronic Care initiatives

Primary and Chronic Care Network

Institute of Trauma and Injury Management

- 7,411 falls a month:
- Total 88,937 (55,766 metro & 33,221 regional NSW) (2013-14)
- In-home assessment and referral
Why are confused older people falling?

Environment is different from home
Care of the older person in the community

Opportunistic case finding in primary and secondary care settings

- Older people in contact with health professionals are to be asked routinely whether they have had a fall in the past year and observed for balance and gait deficits – regardless of the health care setting in which they present.

- And are to be offered interventions to manage fall risk and in particular where they will benefit from balance and strength training as appropriate.

- Older people who present for medical attention because of a fall, or report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance are to be offered multifactorial fall risk assessment & individualised interventions.
FROP – Com
Falls Risk Community Screen

Procedure Following a Fall

NOTE: Any fall may lead to serious consequences in the older population

CLINICAL REVIEW - GP
- Review falls and reassessment of family member
- Escalate to Community Nurse, Physiotherapist, Home Physiotherapist, etc.
- Recommend exercise program that includes balance and strength exercise
- Refer to local Stepping On program
- Review with the HHS Active and Healthy website to find a local exercise program that includes balance and strength exercise
- Other Falls Prevention Programs

LOW RISK
Score: 0 - 3
- Conduct or refer for a multifactorial risk assessment
- Cognitive Screen/Dementia screen
- Vision check or referral for vision
- Other Falls Prevention Programs
- Encourage balance and strength exercises
- Encourage the patient to use the Walking Stick

HIGH RISK
Score: 4 - 9
- Conduct or refer for a multifactorial risk assessment
- Cognitive Screen/Dementia screen
- Vision check or referral for vision
- Other Falls Prevention Programs
- Conduct or refer for a multifactorial risk assessment
- Cognitive Screen/Dementia screen
- Vision check or referral for vision
- Other Falls Prevention Programs

CALL AMBULANCE
- Call 000
- Follow standard procedures

If person requires basic life support:
- Check for signs of injury:
  - Assess for cutaneous bruising, swelling, or any signs
- If person has had a fall and is UNABLE to get to the feet / has an injury / acute confusion and unable to be treated and stabilised
  - Call 000
  - Take information (name, address, time)
  - Complain to supervisor

When you return to the office
- Complete an AEP report as appropriate
- Document details, assess and implement the community fall risk screen
- Monitor for appropriate discharge to avoid falls and management
State-wide investment to build capacity

- > 10,000 participants since 2009

Support to Rural Volunteers to deliver Thai Chi and physical activity programs

(Stepping On © Clemson & Swann)
Promoting active communities – (to prevent falls)

[Website]

Find an exercise program

[Booklet]

• Health and lifestyle checklist
• How to get up from a fall
• Exercises to do at home
• Home safety checklist

[VD]

Strength and balance exercises that can be completed in the comfort of your own home.

Visit www.activeandhealthy.nsw.gov.au for more information on these exercises.
Care of the older person in residential aged care

Vitamin D supplementation

Medication review

Multidisciplinary intervention
Research Partnerships and Collaboration

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- The George Institute for Global Health
- Sydney University
- Monash University
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