Falls Prevention is everyone’s business®

Lorraine Lovitt
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Clinical Excellence Commission
NHE Falls Forum 2015
Leadership and co-ordination
Collaboration with key partners
Strategy and implementation

Local Health Districts/Networks &
Falls Co-ordinators
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

- Analysis of falls data
- 7,411 falls a month (2013-14: 88,937 (55,766 metro & 33,221 regional NSW)
- In-home assessment and referral
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
- Whole of hospital targeting
- Policy, knowledge information education and resources
- Data: local ownership – circulated
Clinical Incident Management Portal

**Recommendations**

Local teams continue improvements to prevent falls & harm from falls

- 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
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

Residents with Dementia and/or Delirium are at higher risk of falls
If your resident 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
Is my patient more confused?

YES ✅

NO ❌

A patient with confusion is a high fall risk

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

Temperature, pulse, BP are Vital Signs

Level of cognition is a Vital Sign

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

Be alert to DELIRIUM

Recognise and respond to patients with dementia / delirium
ACSQHC: A better way to care

A better way to care for patients with dementia in hospital

Dementia causes progressive cognitive impairment, affecting memory, judgement, language and everyday tasks. Alzheimer’s disease is the most common type of dementia.

**Dementia is a national health priority**

- 20% of patients in hospital aged over 70 have dementia
- 50% of patients in hospital aged over 50 have dementia
- 311,000+ Australians have dementia
- 550,000+ Australians will have dementia by 2035

**Patients with dementia are at greater risk of harm**

- Patients with dementia are 2x more likely to experience falls, pressure injuries or infections in hospital
- 2x more likely to develop delirium
- 50% of dementia episodes are unrecognised in hospital
- 5x more likely to die in hospital and... Not recognising dementia is a safety and quality issue

**We can improve hospital care of patients with dementia**

- Be alert to delirium and the risk of harm to patients with dementia
- Recognise and respond to patients with dementia
- Provide safe and high-quality care tailored to the needs of patients with dementia

www.safetyandquality.gov.au/abetterwaytocare  #BetterWayToCare

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

A better way to care for patients with delirium in hospital

Delirium is an acute disturbance of consciousness, attention, and cognition that tends to fluctuate during the course of the day.

**Delirium is common in hospital**

- 10% of patients aged 70 and over have delirium on admission to hospital
- Up to 67% of patients aged 70 and over in intensive care have delirium
- Patients with dementia are 2x more likely to develop delirium

**Patients with delirium are at greater risk of harm**

- Delirium is easier to prevent than to treat. 50-60% of cases are preventable
- 50% of the time delirium is misdiagnosed, not detected or not identified in hospital
- Not recognising delirium is a safety and quality issue

**We can improve hospital care of patients with delirium**

- Be alert to delirium and the risk of harm to patients with dementia
- Recognise and respond to patients with delirium
- Provide safe and high-quality care tailored to the needs of patients with delirium

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
Preventing Falls

Tips for Seniors

1st April 2015

APRIL FALLS DAY

Secure scatter rugs in place or remove them.

Ensure rooms, halls and doorways are well lit.

Consider installing grip bars in the shower or bath.

Keep the path from the bed to the bathroom clear.

Only use ladders on dry, hard, flat surfaces, and keep your body weight centered.

Keep high traffic areas free of obstacles.

Do not store items on the stairs, even temporarily.

Store heavy items in lower cupboards and lighter ones above.

Avoid rushing!

Have emergency numbers handy near your bed and by all phones.

Ensure pathways, decks and stairs are in good repair with railings and good traction.

Wear shoes with good rubber soles. Avoid loosely fitting slippers.

Check your home for tripping/slipping hazards. Most falls happen at home.

Bone up on calcium & vitamin D, most of us are not getting enough in our diets.

Check medications. Consult your doctor especially if you are on more than three medications a day.

Make an appointment to get your eyes checked at least once a year after the age of 65.

Try tai chi, a strength-building, balance exercise that has been shown to reduce the risk of falling.

To Do

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CLAUDIA SAFETY COORDINATOR NEW CANADIAN SAFETY COORDINATOR

Patients who are confused could fall when in hospital - information for families and carers

People with confusion (memory or thinking problems) have an increased risk of falling when in hospital due to cognitive impairment, physical illness and being in unfamiliar surroundings. A patient’s cognitive impairment may be due to dementia and/or delirium.

Did you know?

➢ People with dementia are at increased risk of a fall and developing delirium.
➢ Delirium is common in older patients in hospital, and can lead to a fall.

Dementia is a term for a number of conditions that affect memory, judgement, communication and the ability to carry out everyday activities. Alzheimer’s disease is the most common cause of dementia.

Delirium is an acute condition and sudden. Patients may become agitated, disoriented or have changes in level of consciousness. Possible causes include: infection (including urinary tract infection), effects of medications, pain, dehydration, malnutrition, drug/ alcohol withdrawal, urinary retention and constipation. Delirium can develop without dementia. Identifying delirium early, treating the cause, managing the symptoms and supportive care is very important to keep your family member safe.

Behavioural changes you may notice include:

➢ A change in “usual” behaviour
➢ Sudden onset of confusion, disorientation, forgetfulness, unable to pay attention, hyperactivity
➢ Short term memory loss
➢ Hallucinations (seeing things that are not there)
➢ Changes in sleep habits (awake during the night, sleepy during the day)
➢ Agitation, sudden changes in emotions, feeling fearful or upset
➢ Withdrawn, sleepy or unresponsive
➢ Changes to level of consciousness

How can you help?

Family members and carers may be in a better position to notice changes in behaviour and function. It is important to notify staff if you notice any change in “usual” behaviour.
**Port Macquarie Council & Hospital**

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

Falls prevention is everyone’s business®

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**Guide Dogs**

**STRIDE OUT**
safe & steady

Stay safe and confident to maintain your independence in your daily functions

Do you …
- Have a loss of vision?
- Have a fear of falls?
- Have difficulty judging the depths of steps and gutters?
- Take a long time to adjust to changes in lighting?
- Stay home more nowadays because of difficulties in vision?
- Want to remain active and access your community easily?

Guide Dogs NSW/ACT is conducting a group exercise and confidence building program that places emphasis on reducing the risk of falls.

This community-based program runs for one day per week (3 hours) for 10 consecutive weeks and is FREE for participants.

If you are 55 years old or over, please call Guide Dogs NSW/ACT for further information or to register on 02 9412 9300 or find us online at guidedogs.com.au and visionloss.com.au

Acknowledgment
- DI Clemens & Swart 1003 Stepping On, Building confidence and reducing falls. A community-based program for older people.
- Falls Prevention Network
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.
Community Care Working Group

Fall Risk Screen

Fall Risk Assessment

Multifactorial Interventions

Referral Pathways – Collaborations

Integrated care
All programs include balance and strength exercises to help prevent falls
Resource booklet

*Staying Active and On Your Feet*

- Health & lifestyle checklist
- How to get up from a fall
- Exercises to do at home
- Home safety checklist
Care of the older person in residential aged care

Vitamin D supplementation

Medication review
Relevant Websites


Relevant Websites

- NSW Falls Prevention Network [http://fallsnetwork.neura.edu.au](http://fallsnetwork.neura.edu.au)


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Community Working Group

Falls Risk for Older People in the Community - Com Fall Risk Screen

Low risk Score 0
- Discuss & provide fall resources
- Notify GP of any fall risk factors e.g. (poor balance, mobility, medication issues)
- Conduct or refer for a multifactorial risk assessment,
  - Cognitive screening
  - Medication review
  - Feet/foot pain and footwear
  - Vision check or a referral for vision
  - Vitamin D & -Calculus
  - Postural/diural/postural hypotension

High Risk Score 4.9
- Referral suggestions:
  - General Practitioner
  - Community Nurse
  - Pharmacist
  - ACAT
  - Osteopath
  - Dietitian
  - Dentist
  - Aboriginal Health
  - Migrant health

Main Concern Balance related
- Prioritise referrals to Physiotherapist and/or GP or mobility/balance assessment

Main Concern ADL/Function related
- Prioritise referrals to Occupational Therapist and GP for ADL/function assessment

Research shows increasing balance and strength in the lower limbs helps to prevent falls in over 60 year olds.