Hunter New England Local Health District Falls Injury Prevention Governance, Leadership and Accountability Framework

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Executive Sponsor, Falls Injury Prevention
Director Allied Health
This HNE Health Framework indicates the reporting lines and responsibility for the implementation of the:

- NSW Health PD 2011_29 *Prevention of Falls and Harm from Falls Among Older People*

- National Standard 10 *Preventing Falls and Harm from Falls*
Responsibility for implementation and monitoring of the Governance, Leadership and Accountability Framework is from the Chief Executive to the Operational Directors, effective from February 2015.

The Falls Injury Prevention Coordinator will:

- support the Executive Sponsor re policy and procedure related matters; analysing IIMS data reports produced by HNE Health Workplace Health and Safety
- Lead Population Health/Community based interventions.
HNE Health Falls Injury Prevention Overview

Patsy Bourke
Falls Injury Prevention Coordinator
Hunter New England Health

NSW Falls Prevention Network Rural Forum
26 March 2015
Overview

• Background

• Current strategies
  – Strategic direction
  – Community
  – Acute/Subacute/ ED
  – Residential Aged Care

• The future

• Questions/ Discussion
Falls are a very common occurrence

Affects: 1 out of 3 community dwelling people aged 65+ each year

Photos: QLD Health, Queensland Stay On Your Feet® - Image Library
Prevention of Falls and Harm from Falls among Older People

2011–2015

What are the plans/evidence
Population: 880,000 – 15,000 aged 65+
Area: 130,000 kms$^2$, 12% NSW; Staff: 15,500
Standard 10: Standard Screening/Assessment Tools

- Community
- Hospitals
  - Acute/ Subacute
  - ED
- Residential Aged Care
  - MPSs: 12 in HNE
  - State funded aged care: 3 sites, four facilities
- Post Fall Management
PD 2011_29: Policy Compliance Procedure (PCP) - Falls Risk Screening of Adults in Emergency Departments - Updated 2013.

Modified Ontario Falls Risk Screening Tool is included in NSW ED Standard Adult General Observation Tool – this is completed for all triage codes 1,2,3.
HNE Practice in Acute/Subacute Setting

Uses tools in the CEC Hospital Package

- Ontario Modified Stratify (Sydney Scoring) Falls Risk Screen, from Stream Solutions Order Number: NH606658
- Falls Risk Assessment and Management Plan (FRAMP), from Stream Solutions, Order No: NH606657
Post Fall Management

Tools in the CEC Hospital Package
Residential Aged Care

- Most sites are using the same tools as the Acute/Subacute setting but...

- Residents are all high risk it is their home, so all require falls management plans

- Some sites using RAC PCP
Clinical Guideline

Appropriate Prescribing of Oral Benzodiazepines in Patients aged 65+

- HNELHD CG 14_06, issued March 2014
- Provides guidance to staff re risks of harm and to prevent *inappropriate* prescribing
- Statewide tool in development
Current strategies: Community Screening

Screening: Preventive Care, SNAPIF framework

- **S**moking (including ETS)
- **N**utrition: Inadequate fruit and vegetable/infant milk consumption
- **A**lcohol consumption
- **P**hysical activity
- **I**mmunisation – Flu, Pneumococcal; child immunisation
- **F**alls injury (asked of people 50+ yrs of age)
Initial Falls Risk Screening Tool – the ‘F’ of SNAPIF

1. Have you had a fall in the last 12 months? Yes / No / Unknown
2. Do you take 4 or more medications? Yes / No / Unknown
3. Have you ever had a stroke or do you have Parkinson’s disease? Yes / No / Unknown
4. Do you have any problems with your balance? Yes / No / Unknown
5. Do you need to use your arms to get up from a chair? Yes / No / Unknown

Source: Nandy, Parsons, Cryer et al; Journal of Public Health (UK), volume 26 (2) 2004
Screening results

Score 2 or less = low risk

Refer to physical activity

- Be aware of local programs
- Look at the Active and Healthy website
Referral Options in CHIME

Score of 3 + = increased risk
Refer for further assessment
Results

**2 yrs: 65,000 SNAPIF, 42,000 Falls Q’s, 14,000 at risk**
Results

Screened for falls risk
At risk for falls
<table>
<thead>
<tr>
<th>Your friendly Better Health Team</th>
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</table>
| **Jenny Riddiford**  
Mehi Cluster | **Beth Gow**  
Peel, Tablelands Clusters  
All HNEH Aboriginal Health |
| **Emma Bone**  
Greater Newcastle Cluster | **Graeme Fazio**  
Lower Mid North Coast Cluster |
| **Jay Jones**  
All HNEH Mental Health | **Danielle Wilton**  
Hunter Valley Cluster |
| **Katie Tull**  
Kaleidoscope | **Rosie Pollock**  
Program Support |
| **Mary Gabbey**  
Reporting | **Emma Doherty**  
Data Manager |
|                      | **Paula Wye**  
Program Manager |
Current strategies: Prevention

Exercise: challenge balance / increase lower limb strength

- Rural provider scholarships
  - HNE Pop Health/ATAC/Rural Fit
- Active and Healthy
Community programs

• Programs in Newcastle, Taree, Gloucester, Tamworth, Narrabri and Scone

• HNE Health Training
  • 23 attended in early February 2015
  • Second program on 11 May 2015

• Small grants to assist new sites – contact Cathy Hugo

• New programs 2015-2018
Phone coaching – Connecting Care

ED ~ 20% 65+ yrs presentations falls related

- Calls to fallers after ED presentation
- Coaching re potential interventions

In 2014

- Peel, Mehi and Tablelands: 475 clients identified – 316 uptake (70%)
- Newcastle 1,040 identified – 1,005 uptake (97%)

Follow-up with patient and GP
Falls related hospitalisations NSW by LHD

Next steps

- Best practice shared today + Tamworth 30\textsuperscript{th} April 15
- Increasing access to Stepping On
- Building physical activity capacity
- Reduce falls rates in Hospitals and Res Aged Care
- Partnerships across HNE Health communities to support the independent living of older people.

\textbf{APRIL FALLS MONTH April 2015}