Falls Prevention is everyone’s business®

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Clinical Excellence Commission
NSW Falls Prevention Network Forum 2015
Medical Conditions
- Stroke
- Incontinence
- Parkinson’s disease
- **Dementia**
- **Delirium**

Medications
- Psychoactives
- Four or more medications

Psychosocial & Demographic
- History of falls
- Depression
- Advanced age
- Living alone
- ADL limitations
- Female gender
- Inactivity

Sensorimotor & Balance
- Muscle weakness
- Impaired vision
- Reduced peripheral sensation
- Poor reaction time
- Impaired balance

Environmental
- Poor footwear
- Home hazard
- External hazard
- Inappropriate spectacles

Falls

Risk factors for falls
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
- Allied health
- Medical
- Empowered teams & accountability
- Engagement with patients, families and carers
- Whole of hospital targeting
- Policy, knowledge information education and resources
- Data: local ownership – circulated
Standard CC: Comprehensive care

Standard RH: Reducing harm

**Falls**  Systems are used to reduce the risk of consumers falling, and minimise harm from falls.

**Cognitive impairment and delirium**  Systems are used to recognise and prevent delirium, and to manage risks of harm from cognitive impairment.

**Pressure injuries,**
**Malnutrition and dehydration**

**End-of-life care**

**Challenging behaviours and self-harm**
What affects quality in health care?

The level of quality in hospital environments is affected by:

• (1) the quality of technical care;
• (2) the quality of interpersonal relationships;
• (3) the quality of hospital amenities and the environment

High performing organisations

Hospitals with high levels of ‘patient care experience’ reported by patients provide clinical care that is higher in quality across a range of conditions.

Overview of the evidence

• Refocusing care delivery around the patient
• Improves patient care experience....
• Improves clinical and operational-level outcomes:
  – improved patient adherence
  – fewer medication errors
  – **decreased adverse events** – including falls
  – improved staff satisfaction
  – enhanced staff recruitment
  – decreased length of stay
  – decreased ED return visits
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
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.
Care of the older person in residential aged care

Vitamin D supplementation

Medication review

Multidisciplinary intervention
1st April 2015

APRIL FALLS DAY

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

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

Be alert to DELIRIUM

Recognise and respond to patients with dementia / delirium

Temperature, pulse, BP are Vital Signs

Level of cognition is a Vital Sign

Presenters with Dementia and/or Delirium are at higher risk of falls

Don’t let confusion cloud the 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

Falls Prevention is everyone’s business
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
NSW Falls Prevention Network

 ולהתעדכןnoxious:

- Network list serve
- Newsletters & updates
- Annual Network forum – NSW 23rd May

http://fallsnetwork.neura.edu.au
CEC NSW Falls Program website

Falls Prevention – Home exercises

1. Heel-to-toe standing/walking:
   - Helps keep balance when you have to walk through a narrow space.
   - With fingertips on something solid to help balance.
   - Stand next to, bend your knees slightly and keep still for ten seconds.
   - Vary the exercise by walking slowly, placing your heel to touch the toe of the other foot.

2. Knee raises:
   - Helps with climbing stairs and getting in and out of cars and buses.
   - With fingertips on something solid to help balance.
   - Lift, hold for five seconds.
   - Repeat with the other leg.
   - Then repeat 6 times.

3. Side leg raises/alternates walking:
   - Improves stability when you have to walk on one leg.
   - With fingertips on something solid to help balance:
   - Stand on one leg and raise the other sideways, holding it for five seconds.
   - Repeat eight times.
   - Repeat with the other leg.
   - Extend to walking sideways, slow steps alongside a bench or table.

Falls Prevention – Medications

If you take anticoagulant medicines (blood thinners), always see your doctor if you have a fall. You may be at risk of severe injury and bleeding:

- Some medications can make you dizzy or drowsy and may increase your risk of a fall.
- If you start taking a new medicine, change brands, take multiple medicines, or change your normal dose, the chance of experiencing side-effects increases.
- Talk to your doctor if you are concerned.
- Certain over-the-counter medications may react with your prescription medicines and cause problems.
- Medicines for anxiety, depression or sleep difficulties may make falls more likely.

What you can do

- Do not take anyone else’s prescribed medication.
- Read medication labels in good light and follow the instructions carefully.
- Do not use out of date medications. Return them to your pharmacist.
- Talk to your doctor or pharmacist regularly to review your medications, including any herbs or supplements.
- Ask your pharmacist about packaging your medications in a pocket or Webster pack to help you manage them.
- Have an up-to-date list of your medications. A medication card can be useful.

How to get up if you have a fall

Know what to do – it is important to have an emergency plan:

- Call for help.
- Keep a list of family and friend’s phone numbers near the phone, or program them into the phone for one touch dialing.
- Keep a phone within reach, in case it is hard to get up.
- Consider a device that raises an alarm in case of an emergency.
- Cultivate family and friends who know how to get in touch with you if you can’t reach them in.
- Tell your family.

5. Face the chair and put your feet on the back of the chair.
   - Drag your foot forward and that feels on the floor.
   - Push your hands forward, and push your shoulders forward.
   - Push your shoulders forward.
   - Push your buttocks and that feels on the floor.

6. If you can’t bend your knees very well, slide your feet into the chair.
   - Push your shoulders forward.
   - Push your shoulders forward.
   - Push your shoulders forward.

You should see your doctor after a fall:

- You are taking anticoagulant medicines.
- You are worried about your balance.
- You have a pain that concerns you.

Behavioural changes you may notice:

- 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
- Changes to level of consciousness
- Withdrawn, sleepy or unresponsive

How can you help?

Family members and carer 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.

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 and sudden condition. 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 supporting carers is very important to keep your family member safe.

Photo courtesy of Alzheimer’s Australia SWS

Ten years of quality and safety

Clinical Excellence Commission

Ten years of quality and safety

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Ten years of quality and safety
Why are confused older people falling?

Environment is different from home
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)

www.activeandhealthy.nsw.gov.au

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

DVD

Visit www.activeandhealthy.nsw.gov.au for more information on these exercises
NSW Snapshot

NSW Falls Indicators

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