Share the care: Falls Prevention is everyone’s business

Lorraine Lovitt
Lead, NSW Falls Prevention Program
Clinical Excellence Commission
FW & W NSW LHD Forum 2016
I would like to acknowledge the traditional owners of the land on which we are meeting today and to pay respect to the elders past and present and extend that respect to other Aboriginal people present.
Clinical Excellence Commission

The Clinical Excellence Commission is responsible for leading safety and quality improvement in the NSW public health system.
Clinical Excellence Commission

We do this by:

- coordinating system-wide analyses of issues through audit and review
- working collaboratively with clinicians, patients, managers, and the community
- implementing programs, projects and initiatives to address identified issues.
Share the care: Falls Prevention is everyone’s business
April Falls 2016

Falls are preventable.
We all have a role to play.

Engage with Carers

TALK TO STAFF
if you notice any changes in the patient’s condition

CARERS: YOUR ROLE IS KEY

CLINICAL EXCELLENCE COMMISSION
Ten years of quality and safety
Win!

1st April 2016
APRIL FALLS DAY
Share the Care: Falls Prevention is everyone’s business

Carers are important. Involve everyone in a patient’s care.

Show us how you have prevented falls or raised awareness of falls in your ward or work area in the last 12 months (April 2015 - April 2016)...

To Enter
Using the entry form, list your top 3 strategies you are using to:
- prevent falls or falls injuries
- reduce or maintain an already low falls rate
- raise awareness of falls prevention to staff and patients/carers

Strategies must be:
- cost effective
- sustainable
- easily engage patients and/or carers.

Entries close on Monday 2nd May 2016
Return the completed entry to: Tagrid Hutchinson, Project Officer, NSW Falls Prevention Program
hagrid.hutchinson@health.nsw.gov.au

eMR – Hospital and CHOC
OMS Falls Risk Screen Form

**ALERTS**
Score > 9  = HIGH FALL RISK

**Mental Status**
Yes: Task in care compass to complete:
- AMTS
- CAM
- communication plan with family & carer
- behavioural chart with family and carer

No: DRAT

**Toileting** – toileting plan

**Mobility /transfer** – P/T Consult
Both consider mobilising equipment of assistance by 2

A task will drop on the doctor’s list for a medications consult

**Prompts for supervision**
NSW Falls – IMS Data current
New IMS system with revised falls data set
Falls by age, January 2013 – June 2015

Target Group?
Medical Conditions
- Stroke
- Incontinence
- Parkinson’s disease
- **Dementia**
- **Delirium**
- **Malnutrition**

Medications
- Psychoactives
- Four or more medications

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

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

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

**Risk factors for falls**

Neuroscience Research Australia 2012
Complexity of Care – co-morbidities

a fall is an indicator that something is not right

Revised ACSQHC National Standard - Comprehensive Care

Confusion: Cognition/Dementia/Delirium
Nutritional status – malnutrition
Mobility – frailty (poor balance and strength)
Vision
Medications
Pressure Injury
End of life care
Post fall safety huddle

- engage with patient/family carer
- led by NUM – or nominated lead: multidisciplinary if possible
- apologise for this event – want to work out what happened to prevent it happening again
- document agreed actions

Bathroom floor – patient thought that there was water on the floor – moved to avoid and fell!

Glare – not water
Safe Use of Mobility Aids

- Introduction
- Fitting of Mobility Aid
- Correct Walking Pattern
- Common Mistakes
- Safety Checklist

Walking Stick
Wheeled Walker
Pick Up Frame
Forearm Support Frame
Safe use of Mobility Aids

SAFETY CHECKLIST

- Always check for signs of bending, deformity, breakage or corrosion
- Protruding or Missing Screws
- Split or loose hand grips
- Worn rubber tips
- The safe user weight limit sticker
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
# Tests for Balance and Strength
- **guide and DVD**

<table>
<thead>
<tr>
<th>Client reports</th>
<th>Client risk factor for falls</th>
<th>Balance and/or Strength test</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Feeling wobbly or unsteady while standing still</td>
<td>Reduced or loss of Balance</td>
<td>Near Tandem Stance</td>
</tr>
<tr>
<td>• Falls while standing still e.g. waiting in a queue or washing up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Generally feels unsteady while doing any ADL’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Client reports a fall or unsteadiness while reaching for items</td>
<td>Reduced Leaning balance</td>
<td>Functional Reach Test</td>
</tr>
<tr>
<td>• Client reports a fall when moving around or over objects, such as loose mats, or a grandchild’s small toy</td>
<td>Reduced Stepping Balance</td>
<td>Four Square Step Test</td>
</tr>
<tr>
<td>• Client reports a fall while walking or unsteadiness while walking</td>
<td>Reduced Gait speed</td>
<td>10 m walk test (Can be 4m, 6m or 8m)</td>
</tr>
<tr>
<td>• Unable to ‘keep up’ with a friend or partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Client reports their leg gave way due to weakness</td>
<td>Reduced lower leg strength</td>
<td>Five times sit to stand</td>
</tr>
<tr>
<td>• Difficulty getting in or out of a chair or car seat</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Care of the older person in residential aged care

Vitamin D supplementation

Medication review

Multidisciplinary intervention
Barbara's Story is a series of 6 films which has changed attitudes to dementia in hospitals across the world – see complete video at: http://www.guysandstthomas.nhs.uk/news-and-events/2014-news/20140331-barbaras-story-youtube.aspx
NSW Snapshot

NSW Falls Indicators

Health Statistics NSW

Research Partnerships and Collaboration

• Neuroscience Research Australia
• The George Institute for Global Health
• Sydney University
• Monash University

NSW Falls Prevention Network
ACI Aged Health Network
Musculoskeletal Network
Nutrition Network
The **real value** of our work is seen in wards and hospitals, in community and residential aged care through the engagement and adoption of CEC programs and best-practice initiatives by clinicians and health executives.
Falls Prevention is everyone’s business®

Join the NSW Falls Prevention Network:
http://fallsnetwork.neura.edu.au

View active and healthy website:
www.activeandhealthy.nsw.gov.au