

Follow-up Q&A from the 2019 NSW Falls Prevention Forum (part 2)

Q&A with Dr. Jennifer Hewitt

For people receiving home care packages (HCP) shouldn't we be training the care workers to supervise exercise programs particularly in the low level packages?

"Yes absolutely"

How can we be more effective in building capacity to implement interventions in a community setting?

"I have not researched the application of interventions in the community setting – my work has been solely in residential aged care. There are however several publications (see Cathie Sherrington and Anne Tiedeman's work) on best practice falls prevention programs in community settings for a summary of key components of effective exercise programs. This information can be used for upskilling those working in community care."

Sherrington C, Michaleff ZA, Fairhall N, et al. Exercise to prevent falls in older adults: an updated systematic review and meta-analysis Br J Sports Med 2017;51:1749–1757

In the SUNBEAM trial, did you also include participants living in independent living units?

"No we only included permanent residents of aged care in the trial. I do see those in community and IPL units performing the program in practice but this has not been researched yet"

Q&A with Mandy Meehan and Dr. Mark Yates

How do you balance the dignity of risk with the mental health medications and preventing falls?

“Dignity of Risk is underpinned by the premise that all adults have the right to make informed decisions that affect their life.

We should respect a person’s independence and preferences, ensuring these are recognised and respected.

Sometimes we need to look at a person’s functional capacity and ability to make informed decisions. The focus on this assessment should be on the person’s decision making ability relevant to a specific decision, at a specific time.

Assessment should involve a person’s understanding of the context, choices made and consequences to their decision.

Support should be provided during this process, including engagement of families / carers and nominated decision makers.

We know antipsychotics and antidepressants increase fall risk, however these can also improve quality of life for many people living with Mental Illness.

A discussion regarding risk and benefits of treatment (including medication) with the person and their families / carers is undertaken.

For those people needing more support it is important to gain information around what the person valued the most and what would have they wanted if no longer able to make the decision themselves.

At times we may think the decision made is ‘unwise’, but if our assessments determines that the person has made an informed choice, not affected by cognitive impairment or acute mental health presentation then this should be respected.

Engaging with the person, their families and significant service providers are important components of this process.

Providing support and information regarding fall risk, how to reduce risks around the home and community and empowering people to make changes, whilst continuing to enjoy independence and quality of Life are the keystones.

As a person’s wellbeing and identified risks may change overtime, it is important to re-evaluate, alongside the person and their families and significant service provider.”