

'FALLING FOR YOU'

Community Nurses and Falls Prevention Initiatives in the Home



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Outline of Presentation

- Background
- Pilot project
 - Aims, initiatives, resources, evaluation & changes
- Implementing the program into practice
- Tools
 - Falls Risk Screening Tool (FRST)
 - Issues Requiring Nursing Intervention (IRNI)
- Let's evaluate again
 - Record audit, phone survey and incident data
- Recommendations

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Background

- In the Year 2001.....
- Growing awareness of falls incidents
- Need identified to reduce falls
- Audit of NSHNS incident forms
- Trends/faller profiles determined
- Collaboration with health promotion
- Project strategies explored

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Audit Results

- 35 falls July 2001 – June 2002
- Patient "faller" profile
 - 94% >4 medications
 - 73% > 80yrs
 - 70% female
 - 64% lived alone
 - 50% memory loss or depression

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Location of fall

- Location of fall
 - Unrecorded 28%
 - Bathroom 20%
 - Dining/Living 20%
 - Bedroom 15%

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Falls Working Group

- Formed in August 2002
- Representatives:
 - Nurse Manager NSHNS
 - 2 Nurses from each of the 6 centres
 - CNC Quality NSHNS
 - Health Promotion NSCCH

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Aim of Pilot

- Increase awareness of falls risk factors and knowledge of falls prevention in community nurses
- Increase falls prevention awareness in home nursing patients and/or their carers
- Increase the physical and functional capacities of patients to reduce falls at home

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Pilot Project Initiatives

- NSHNS falls working group
- Falls Risk Assessment Tool (FRAT)
- NSHNS falls protocol
- Falls information pack
- Falls education and 7 week gentle exercise program for patients
- 3 month trial commenced in mid 2003

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Falls Information Pack

- 'Make A Move' falls information sheets
- Home safety checklist - NSW Health and NSHNS
- Falls facts sheet
- Medicine information project facts sheets
- 'Top Tips to Prevent a Fall' fridge magnet

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Education Program

- Patient falls information folder
- "Staying Active - Staying Safe" falls prevention audio tape and booklet
- Encouragement of gentle exercise during extra weekly visits by nurses over 7 week period

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Pilot Evaluation

- Conducted in two parts:
 1. Evaluation by the nurses of the FRAT, falls protocol, education package and exercise program components
 2. Patient evaluation of the overall program, assessing increase in function and increased awareness of falls risk factors/home safety

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Evaluation criteria - incident data

- 68% of patients with a recorded fall did not have a FRST completed
- 57% of patients presented to hospital post fall
 - Of these patients, 68% had not had a FRST completed
- A number of these falls were related to rapidly deteriorating conditions eg. cancer, CVA

Evaluation & Recommendations

- Overall results showed good compliance using the FRST
- When the full program was attended patient feedback was extremely positive
- Clinical documentation did not score well and is a main area for improvement

Recommendations

- Changes be made to the FRST to indicate that the program has been offered/declined and/or that changes have been made
- Falls register be standardised across the Service
- Review the program in line with NSCCH community falls guidelines, including consultation with NSHNS falls committee and CNC Aged Care
- Ongoing review of incidents involving falls
- NUMs continue to identify if a FRST has been completed when investigating falls

Northern Sydney Local Health District
Falls Risk Screening Tool (FRST)

Patient Sicker

Instructions
 • If the patient is over 65 years OR has a chronic medical condition, complete this Falls Risk Screening Tool on admission and discharge.
 • Reassess all patients following a fall or change in medical condition.

28. Community Advisory Service (SHNS) OT Occupational Therapist B. D. Swain FC/ Fall Clinic
 19. Doctor/Physician PT Physiotherapist GP Generalist AGO CNC Aged Care/ Geriatrician CNC

Falls Risk Screening					Falls Management Plan	
Does the patient...	2	1	Yes	No	Referral	
Presenting to you or team today have fallen in the last 6 months?					GP PC	If score of "yes" answers is: 0. See base OMS, geriatrician, consider fall risk. 1. WOC or nurse - recommend Fall Program 2. Refer FOUA - Falls Ageed Care/ Geriatrician/ OT/ PT/ Physio.
Appear confused or disoriented in presence of carer or judge/relat?					GP	
Appear unable to walk/stand or walking with or without walking aids					PC	If Program needed to try
Appear unable to transfer to the toilet/bed/transfer in hospital?					GP OT	
Have a problem with continence or incontinence?					GP CC	If change needed
Appear anxious, and confidence or self-confidence, needs help?					GP PC	
Take or have medication, or psycho-active, cardiac or diabetic medication?					GP PC	The patient was completed as: 0. Good 1. Needs help 2. Requires help following discharge in coming
Appear frail, unwell, having nutrition problems?					GP	
Have been treated (including pain) for a fall or condition in a fall?					OT	
Have a vision impairment AND/or a chronic medication?					GP	
Total						
Area						
Nurse signature:						

• If 0 or 1 "yes" answer, patient is considered at low risk of fall. The more "yes" answers, the greater the risk of falling.
 • This tool is intended to be used as a guide only and should not be used for clinical decision making.
 • If patient at risk of fall refer to the suggested services for further assessment/ intervention.
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Thank you

