



HUNTER NEW ENGLAND
NSW HEALTH

Our vision: Healthier communities, Excellence in healthcare

Our values: Teamwork, Honesty, Respect, Ethics, Excellence, Caring, Commitment, Courage

Falls Screening in HNE Emergency Departments

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What is a Fall?

- ***“An event which results in coming to rest inadvertently on the ground or lower level.”
(WHO Definition)***
- HNEAHS key performance indicator for the Balanced score card is:
‘Number of people hospitalised as a result of a fall(65+yrs)’

When Do I Screen?

- On presentation to ED screen all people 65yrs and older(45+Aboriginal and Torres Strait Islander) and /or presenting following a fall
- Include the current ED falls presentation and include the terms “slips”, “trips”, “faints” and “any other accidents” to elicit a complete falls history.
- The triage code **W19** Fall, unspecified
- The following is the HNE screen as it exists-
- **PLEASE NOTE: The scoring should be 0-3 and 4-9 NOT 1-9, every effort to fix this problem is being made.**

How do I do it?

- Question 1- Fall History
- *Score as 0 if* no falls in the past 12 months
- *Score as 1 if* 1 fall in the past 12 months
- *Score as 2 if* 2 falls in the past 12 months
- *Score as 3 if* 3 or more falls in the past 12 months

How?

Question 2-Functional Profile

- *Score as 0 if* the person is completely independent
- *Score as 1 if* the person requires another person to be present but does not require assistance e.g. shopping with someone else
- *Score as 2 if* the person requires assistance on most occasions with one or more of the above tasks e.g. being driven to the shops, assistance with the heavier housework
- *Score as 3 if* the person requires assistance to perform all of the above tasks including smaller household tasks e.g. making the bed, doing the dishes.

How?

Question 3 –BALANCE

- *Score as 0 if* no unsteadiness observed.
- *Score as 1 if* the person: appears unsteady performing any of these tasks, is making modifications to appear steady (e.g. an increased level of effort, feet spread apart to maintain balance, or is consistently touching the walls or furniture).
- *Score as 2 if* the person: appears moderately unsteady walking and would require supervision to walk safely, is making modifications and still appears unsteady.
- *Score as 3 if* the person: is consistently or severely unsteady on walking or turning and would need hands on assistance.

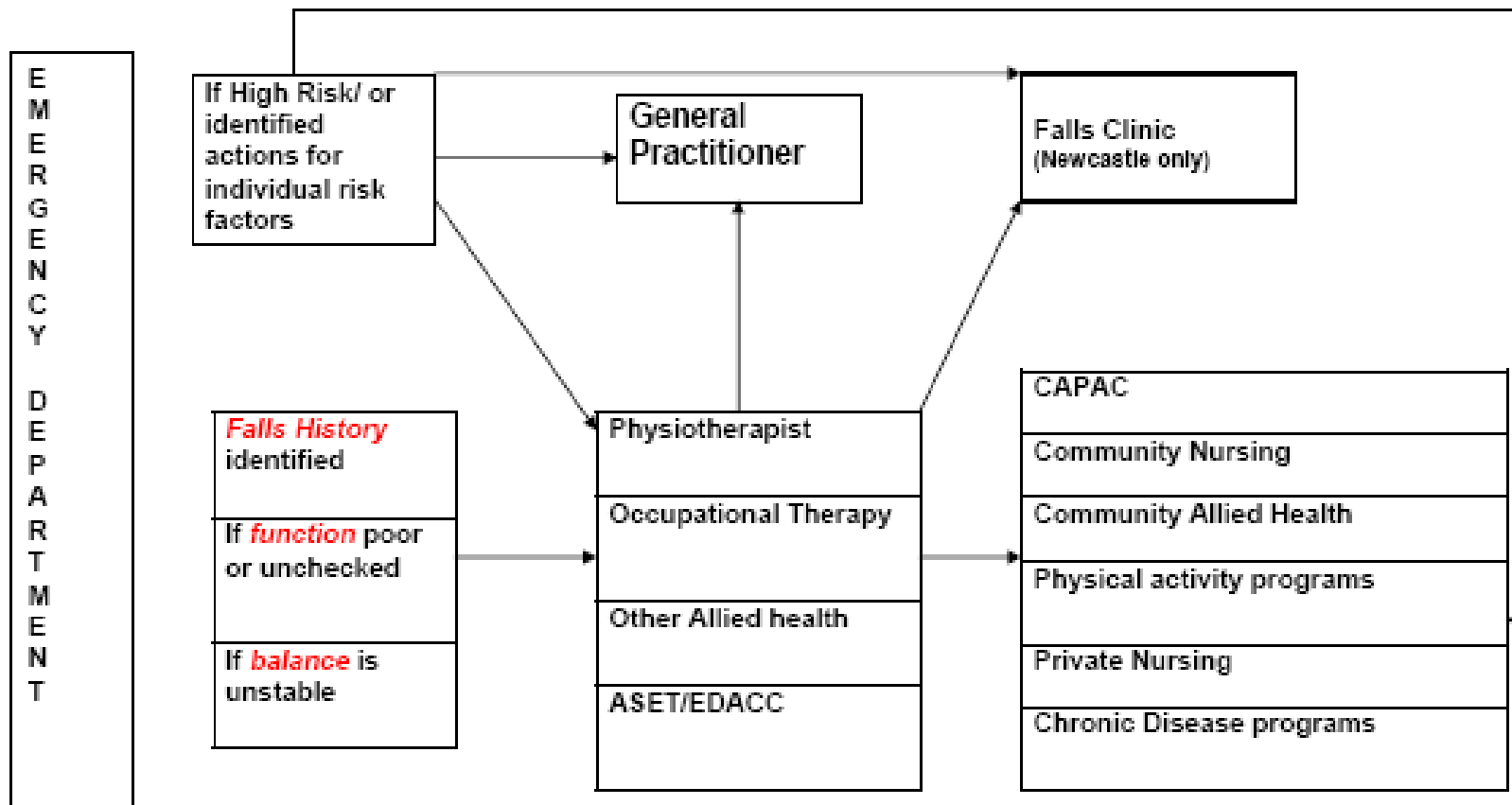
What Next?

Pathways of choice

- ***Admission pathway***- record level of risk, activate clinical alert if required and ensure handover of information occurs to ward staff/Allied Health for continuity of care.
- ***Discharge Pathway***- record level of risk, ensure alert activated, inform MO of risk and attend referral for ongoing assessment or community follow up.

Flow Chart

Improved Practice referral Pathway



Discharge Pathway?

Pathways of choice

- ***Discharge Pathway - Refer to “Community physical activity programs”*** record level of risk, refer to local community-based exercise programs.

Why Refer?

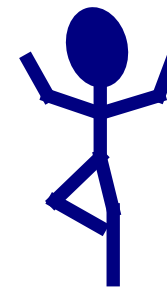
- Exercise in older people has the potential to enhance **balance** and **strength** which are important risk factors for falls.¹
- Effective programs to prevent falls:
 - include exercises that “challenge” balance (eg. Tai Chi, some group exercise programs)
 - include a high dose of exercise (more than 2 hrs/week)
 - are ongoing (over a 6-month period)
 - do NOT include walking.²

Which Programs?

- Conducted by accredited and insured fitness leader or health/service provider
- **Preferred Community Group exercises classes**
 - Active Over 50 (Phone 1300 887 776)
 - Heart Moves (Phone 1300 362 787)
 - Any others that fit best practice? (eg. Tai Chi)
- **Home-based self-directed exercises**
 - Otago Exercise program

Other Programs?

- Gentle exercise programs which include some activities that “challenge” balance
- High level balance exercises should include
 - Standing training that incorporates:
 - feet close together or on one leg
 - minimal arm support, and
 - controlled movements. ²



Assessing Class Suitability

- Venue and location:

- must be accessible and appropriate

- may include

- fitness centres community halls
- registered clubs community health centres



- Other essentials:

- affordable (<\$10), flexible payment options

- social component

References

1. Stephen Lord, Cathie Sherrington & Anne Tiedemann, Interventions for falls prevention: evidence and implementation, NSW Falls Network Meeting – May 2008.
2. Sherrington C, Whitney J, Lord S, Herbert R, Cumming R, Close J. Effective Exercise for the Prevention of Falls: A Systematic Review and Meta-Analysis. JAGS 56:2234–2243, 2008