

NEWSLETTER – Falls Injury Prevention

Issued: December 2009

Hunter New England Health is working with communities, hospitals and residential aged care facilities to reduce the risk of falls and falls injury

For more details please contact Patsy Bourke on 6767 8206 or patsy.bourke@hnehealth.nsw.gov.au

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Thanks to everyone who has contributed to what has been a significant body of work for 2009.

Best wishes for a safe, relaxing and happy holiday time and for more great work in 2010!

Change of Leadership for the HNE Health Acute/Subacute Falls Prevention Among Older People Working Party

Much appreciation is given to Carmel Peek who has been the inaugural chair of the Acute/Subacute WP. Carmel has recently resigned from this role after leading a significant body of work over the last three years, which has provided an excellent framework for the work that will follow.

In her new role as DON of John Hunter Hospital and Royal Newcastle Centre, Sally Milson-Hawke has kindly agreed to be the new chair.



Kathy Bullen Co-Chair and Sally Milson-Hawke Chair Acute/Subacute Falls Injury Prevention Working Party.

Standardised Screening and Assessment

The major body of work for all Falls Injury Prevention committees has been the endorsement and staged rollout of common screening and assessment tools in various settings.

What is the difference between screening and assessment?

Screening is used for quick recognition that there is need for referral for more detailed investigation. **Assessment** is the identification of an individual's risks to aid the development of a management plan to address their needs.

Why use different tools?

It is important we use tools tested (validated) by research. This requires using a tool appropriate to the environment and not changing the tool. The tool is a clinical aid to guide an individualised care plan for each care recipient.

What tools are used where?

Acute/Subacute Screen – Modified Ontario STRATIFY with Sydney scoring. This is included in the Initial Adult Inpatient Screening Tool that was launched by Chris Kewley in September and is now available via SALMAT.

Emergency Department – FROP.com screen – a three item tool to identify those people who require follow-up. This will be particularly useful for early intervention of at-risk people not admitted to hospital. It is part of the new ED Adult Assessment, Treatment and Observation form.

Community – The Nandy et al falls risk screen that will be included in Preventive Care (SNAPIF) has five items. Yes to three or more items identifies those who require a more detailed QuickScreen© assessment. Peel Cluster will be the first to implement this in early 2010.

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Residential Aged Care – the **Peninsula Health FRAT** and the accompanying suite of tools to support falls injury prevention care planning and review is to be rolled out with the support of the Community Hospitals and MPS Peak Forum in early 2010. This is required for HNEH sites with Residential Aged Care and nursing home-type patients. The resources will also be available for the private Residential Aged Care Facilities.

A factsheet has been developed for use at clinical sites. **Copy and paste** the following link into your browser's address bar, to view the factsheet:
http://www.hnehealth.nsw.gov.au/__data/assets/pdf_file/0009/67788/Falls_Risk_Tools_Factsheet_Dec_2009_.pdf

NSW Health Consultation

NSW Health invited each AHS to host a consultation forum in Nov/Dec 2009. On 11 November, key senior clinical and management advisors met with the consultants to provide feedback on the development of the *NSW Health Plan for Prevention of Falls in Older People 2010-2014*.



(L to R) John Wiggers, Dereene Anderson, Sue Brownlowe, Patsy Bourke, Sally Milson-Hawke, Kathy Bullen, Mandy Harden and Karen Gillham at the HNEH consultation on 11 November. In addition, Viki Brummell and David Rhodes were linked by video and phone.

National Best Practice Guidelines

The Australian Commission on Safety and Quality in Healthcare has recently published the updated guidelines that are available electronically at:

<http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/FallsGuidelines>

Upper Hunter Falls Forum

Over 70 staff attended the Upper Hunter Cluster Falls Injury Prevention forums run over two separate three hour sessions on 24 June in Muswellbrook. There was a mix of presentations on HNEH Area implementation strategies and examples of local innovative interventions.

A high level of senior commitment was demonstrated, with the day opened by the Director of Operations Primary and Community Networks, Scott McLachlan, and Upper Hunter Cluster GM Dr Debbie Jagers actively supporting the attendance of as many staff as possible. Quality Coordinator for the Cluster, Cheryl Haggarty, led the local organisation, with the assistance of the Falls Injury Prevention Leadership Team. The purpose of the forum was to further build the momentum for change and to identify what is required to make a genuine difference.



(L to R) Cheryl Haggarty, Mandy Harden, Judy Collison, Patsy Bourke, Kathy Bullen, Melanie Kingsland and Meredith Caelli.

Extended Care Paramedics Service (ECPS)

This new service started as part of the NSW Ambulance response in Newcastle in December 2009. It provides interventions at home for people who do not require transfer to an ED. Falls related incidents account for 20-30% of the referrals, so a key stakeholders meeting on 8 December addressed how to best coordinate service requirements between the agencies providing community based care.



Staff from HNEH, as well as NSW Ambulance and GP Alliance representatives at the ECPS stakeholders meeting.