



HUNTER NEW ENGLAND  
NSW HEALTH

NSW Health Management Policy  
to Reduce Fall Injury Among Older People

# Residential Aged Care Work Plan

2008

HNE Residential Aged Care Fall Injury Prevention Among Older People Working Party

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# Implementation Plan: Residential Aged Care

## Plan at a glance

Implementation of these strategies will be overseen by the Residential Aged Care Falls Injury Prevention Among Older People Working Party.

### THE RESIDENTIAL AGED CARE SETTING

These strategies are mandatory for the beds under the direct management of the HNEAHS. They are a *recommendation only* for other Residential Aged Care Facilities. The AHS will encourage and support non-AHS facilities to implement these strategies as appropriate and within available resources.

#### **R1: Implement systematic data collection and analysis protocols in residential aged care facilities.**

- R1.1 Ensure that data collection and analysis protocols to describe falls incidents and injuries in AHS facilities are consistent with industry standards and NSW Falls Policy requirements.
- R1.2 Encourage and support non-AHS facilities to adopt similar data collection and analysis protocols.

#### **R2: Encourage the use of strategies of known effectiveness to reduce near misses, falls and falls injuries.**

- R2.1 Ensure that an appropriate falls injury prevention policy and program is implemented in all AHS facilities.
- R2.2 Encourage and support non-AHS facilities to adopt similar falls injury prevention policies and programs.

### GETTING IT DONE

#### Actions to consider across all strategies

##### **Leadership** – Who will drive this process?

Who will be accountable for ensuring that it is delivered?

##### **Organisational strategies** – What is required within the organisation to facilitate and enable this? Example: written policies, endorsement and support of Area Executive.

##### **Resources and tools** – What is required to achieve this?

From funding sources to specific tools such as screening instruments.

##### **Workforce development** – What support do staff need?

May include formal training opportunities and informal approaches such as networks, mentoring and peer support.

##### **Performance monitoring and feedback** – How will we know if this is working?

Will include a process to monitor the performance of all units and provide feedback.

Figure 11: “Plan at a glance” – the Residential Aged Care Setting

## Background and context

It is important to note that the majority of residential aged care facilities across NSW are not managed by area health services – estimates suggests that fewer than 5% of the total residential aged care beds in this region are under AHS management. The falls policy describes strategies which are appropriate in all residential aged care facilities, but there is no mandate to enforce this in privately-managed facilities. This work plan will have input from both the AHS and private residential care facilities. The AHS will encourage and support non-AHS facilities as appropriate.

### ■ Actions occurring across NSW

- The Australian Council for Safety and Quality in Health Care has released a resource kit of “Best Practice Guidelines for Australian hospitals and residential aged care facilities”. Known colloquially in clinical circles as “The Big Green Box”, this kit has been disseminated across the State and will provide valuable direction for all residential aged care strategies. NSW Health is supporting an education campaign to support this dissemination.

### ■ Focus for HNE Health

- In late 2004, the former Hunter Area Health Service was successful in obtaining a Health Promotion Demonstration Grant for a program to reduce falls injuries in residential aged care. Funding of \$285,000 was obtained for a three-year program which aimed to achieve the following:
  - To identify/develop an appropriate, evidence-based multi-factorial program to reduce hip fractures in aged care facilities
  - To test and document the feasibility of implementing the program
  - To engage relevant stakeholders and project partners, including general practitioners
  - To document the resources required to successfully implement the program
  - To explore the sustainability of the intervention, notably with respect to identification of the resources required for ongoing maintenance of the intervention, and
  - To identify/develop a model of intervention to be implemented across other Area Health Services in NSW and beyond.
- This ongoing project has provided significant learnings and directions for the rollout of this policy. It has confirmed the importance of a multi-strategic approach to falls injury prevention, and including attention to related issues such as bone strength. Accordingly, this implementation plan includes:
  - Investments to improve the quality of data describing falls and falls incidents and injuries in residential aged care settings. The validity and reliability of these data are essential not only to plan individual patient care, but to provide a larger picture of trends in fall injuries across the AHS.
  - A comprehensive falls policy and program is recommended for all residential aged care facilities. This will include:
    - Use of appropriate Falls Risk Assessment Tools
    - Falls Risk Assessment of all residents on admission, annually, change in health/functional status and change in environment
    - The use of hip protectors for high-risk residents
    - Strategies to support an adequate intake of calcium and vitamin D
    - Exercise programs to optimise muscle strength and mobility
    - Post-falls assessment and management guidelines

## Work Plan 2007-2008 – Residential Care Working Party

### *Strategy R1: Implement systematic data collection and analysis protocols in residential aged care facilities.*

| Strategy   | Sub-strategy | Actions   | Responsibility  | Date             | Performance Indicators |
|--|--------------|---|---|------------------|------------------------|
| R1.1 Ensure that data collection and analysis protocols to describe falls incidents and injuries in <b>AHS facilities/beds</b> are consistent with industry standards and NSW Falls Policy requirements. |              | <p>AET recommended that this be a component of Strategy A2</p> <p>Responsibility for the collection of data for these indicators is yet to be finalised. This will take place as a part of the state policy evaluation planning process and will include consultation with AHSs through the local Falls Injury Prevention Coordinators. It is likely to be a combination of NSW Health and local AHS data.</p> <p>A sub-committee of the Acute/subacute Working Party have a focus on data collection including representatives from Clinical Governance and Clinical Quality and Patient Safety.</p> | <ul style="list-style-type: none"> <li>• Quality and Patient Safety Committee</li> <li>• Clinical Governance</li> <li>• Aged Care and Rehabilitation Services Clinical Network</li> <li>• Site/Facility Managers</li> <li>• Patient Safety Officers</li> <li>• IT staff</li> <li>• Other relevant staff as appropriate</li> </ul> | To be determined |                        |

| Strategy   | Sub-strategy  | Actions | Responsibility  | Date                    | Performance Indicators |
|--|---|---------|---|-------------------------|------------------------|
| <p>R1.2 Encourage and support <b>non-AHS facilities</b> to adopt similar data collection and analysis protocols.</p> | <p>R1.2.1 Share information and resources to encourage appropriate data collection and analysis in non-AHS facilities. This may include:</p> <ul style="list-style-type: none"> <li>- Copies of endorsed protocols.</li> <li>- Copies of support resources such as written manuals.</li> </ul> <p>Copies of staff training materials.</p> |         | <p><i>Yet to be determined.</i></p> <p>R1.2 refers to the 95% of residential aged care beds that are NOT AHS-managed.</p> <p>HNE Health currently has no funded person to liaise with or support these facilities. However the current Health Promotion Demonstration Grant Scheme – Falls Injury Reduction in RACF Project is testing a model whereby a temporary Project Officer has been employed in this role.</p> <p>Decisions regarding future investment in similar actions should be made based on the outcomes of that research project. Preliminary results will be available in late 2008.</p> | <p>To be determined</p> |                        |

**Strategy R2: Encourage the use of strategies of known effectiveness to reduce near misses, falls and falls injuries.**

| Strategy   | Sub-strategy  | Actions  | Responsibilities  | Date           | Performance Indicators                      |
|--|---|--|-------------------|----------------|---|
| <p><b>R2.1</b> <i>Ensure that an appropriate falls injury prevention policy and program is implemented in all AHS facilities/beds.</i></p> | <p>R2.1.1 Establish current practice across all facilities and consult with key stakeholders.</p> | <ul style="list-style-type: none"> <li>Establish a working Party</li> </ul>  | John Ward         | 2007           | CATI questionnaire developed                |
|  |   | <ul style="list-style-type: none"> <li>Nominate a chair person</li> </ul>    | Mandy Harden      |                | CATI conducted                              |
|  |   | <ul style="list-style-type: none"> <li>Develop CATI Questionnaire</li> </ul> | Population Health | 8 January 2008 | Results from CATI made available to WPs     |
|  |   | <ul style="list-style-type: none"> <li>Conduct CATI</li> </ul>               | Patsy Bourke      | April/May 2008 | PCP developed, reviewed and accepted by AET |
|  |   | <ul style="list-style-type: none"> <li>Develop PCP Draft</li> </ul>          |                   | February 2008  |   |
|  |   | <ul style="list-style-type: none"> <li>Peer review of PCP</li> </ul>         |                   | April 2008     |   |
|  |   | <ul style="list-style-type: none"> <li>Finalise PCP</li> </ul>               |                   | June 2008      |   |

| Strategy | Sub-strategy   | Actions   | Responsibility   | Date   | Performance Indicators  |
|----------|--|---|--|--|---|
|          | R2.1.2 Agree upon an appropriate protocol for the provision of information on pre-admission to prepare potential clients and families for strategies and possible costs. | <ul style="list-style-type: none"> <li>• Decide on information to be included</li> <li>• Format of information package</li> <li>• Develop information package</li> <li>• Ensure information reflects PCP</li> <li>• Peer review information package</li> <li>• Review by advisory committee</li> <li>• Distribution of the package</li> </ul> | <p>Louise Oliphant</p> <p>Jenny Rush</p> <p>Mandy Harden</p> | <p>April 2008</p> <p>April 2008</p> <p>June 2008</p> <p>June 2008</p> <p>August 2008</p> | <p>Protocol developed for minimum requirement of information on falls injury prevention to be included in admission package</p> <p>Development and distribution of information to be included in an admission information package</p> |

| Strategy | Sub-strategy  | Actions  | Responsibility | Date       | Performance Indicators   |
|----------|---|--|----------------|------------|--|
|          | <p>R2.1.3 Agree upon an appropriate falls risk assessment tool OR agreed criteria that an alternative chosen tool must meet, for approval by the Quality and Patient Safety Committee.</p> <p>(Although a single tool across the AHS is preferable, this may not be feasible. This proposes that different tools may be used but that all must meet the agreed criteria).</p> | <ul style="list-style-type: none"> <li>Decide on appropriate tool(s)</li> </ul>                    | Mandy Harden   | April 2008 | List of assessment tools accepted by the AHS for use in Residential Care |
|          |   | <ul style="list-style-type: none"> <li>Develop/source the tool(s)</li> </ul>                       | Louise Howell  |            |  |
|          |   | <ul style="list-style-type: none"> <li>Review the tool(s)</li> </ul>                               | Karen Barry    | April 2008 | Tools reviewed and accepted for use by AHS                               |
|          |   | <ul style="list-style-type: none"> <li>Ensure Tool(s) are reflected in PCP</li> </ul>              | Tony Pelosi    |            |  |
|          |   | <ul style="list-style-type: none"> <li>Review by Advisory Committee</li> </ul>                     |                | April 2008 |  |
|          |   | <ul style="list-style-type: none"> <li>Review by Quality &amp; Patient Safety Committee</li> </ul> |                | April 2008 |  |
|          |   |  |                | June 2008  |  |
|          |   |  |                | June 2008  |  |

| Strategy | Sub-strategy   | Actions  | Responsibility  | Date               | Performance Indicators   |
|----------|--|--|---|--------------------|--|
|          | <p>R2.1.4 Agree upon a protocol for a falls risk assessment to be conducted of all residents on admission, annually, upon change in health/functional status and upon change in environment, for approval by the Quality and Patient Safety Committee.</p> | <ul style="list-style-type: none"> <li>• Develop education resource / rollout of how and when to use a Falls Risk Assessment</li> <li>• Distribute the Falls Risk Assessments</li> </ul> | <p>Mandy Harden<br/>Karen Barry<br/>Louise Howell<br/>Tony Pelosi</p> | <p>August 2008</p> | <p>Development of the resource<br/>Distribution of the resource<br/>Residential Care Facilities using the resource</p> |

| Strategy | Sub-strategy  | Actions  | Responsibility                     | Date   | Performance Indicators  |
|----------|---|--|------------------------------------|--|---|
|          | R2.1.5 Agree upon a protocol for the use of hip protectors for high-risk residents, for approval by the Quality and Patient Safety Committee. | <ul style="list-style-type: none"> <li>• Decide on appropriate use of hip protectors</li> <li>• Format of information on hip protectors- brochure</li> <li>• Develop information on hip protectors – brochure</li> <li>• Ensure information reflects PCP</li> <li>• Peer review of the information</li> <li>• Review by Quality &amp; Patient Safety Committee</li> <li>• Review by Advisory Committee</li> <li>• Distribution of the information</li> </ul> | Calvary - Cessnock<br>Mandy Harden | <p>April 2008</p> <p>April 2008</p> <p>June 2008</p> <p>June 2008</p> <p>June 2008</p> <p>June 2008</p> <p>June 2008</p> | <p>Protocol on use of hip protectors developed</p> <p>Information resource developed</p> <p>Information resource reviewed</p> <p>Information resource distributed for use</p> <p>Information resource used by residential care facilities</p> |

| Strategy | Sub-strategy  | Actions  | Responsibility   | Date  | Performance   |
|----------|---|--|--|---|---|
|          | R2.1.6 Agree upon protocols to support an adequate intake of calcium and vitamin D, for approval by the Quality and Patient Safety Committee. | <ul style="list-style-type: none"> <li>Decide on appropriate use of vitamin D &amp; calcium</li> <li>Format of information on calcium &amp; vitamin D – brochure</li> <li>Develop information on calcium &amp; vitamin D – brochure</li> <li>Ensure information reflects PCP</li> <li>Peer review of the information</li> <li>Review by Quality &amp; Patient Safety Committee</li> <li>Review by Advisory Committee</li> <li>Distribution of the information</li> </ul> | John Ward<br>Pharmacist Rep<br>Mandy Harden<br>Barry Mason | April 2008<br><br>April 2008<br><br>April 2008<br><br>April 2008<br><br>June 2008<br><br>August 2008<br><br>August 2008 | Protocol on use of vitamin D supplementation developed<br><br>Information resource developed<br><br>Information resource reviewed<br><br>Information resource distributed for use<br><br>Information resource used by residential care facilities |

| Strategy | Sub-strategy   | Actions   | Responsibility  | Date   | Performance  |
|----------|--|---|---|--|--|
|          | R2.1.7 Agree upon protocols for the use of exercise programs to optimise balance, strength and mobility, for approval by the Quality and Patient Safety Committee. | <ul style="list-style-type: none"> <li>Decide on appropriate physical activity - generic minimal program</li> <li>Format of information– flyers showing examples</li> <li>Develop information on physical activity – flyer</li> <li>Ensure information reflects PCP</li> <li>Peer review of the information</li> <li>Review by Quality &amp; Patient Safety Committee</li> <li>Review by Advisory Committee</li> <li>Distribution of the information</li> </ul> | Tony Pelosi<br>Mandy Harden<br>Louise Howell<br>Jenny Rush<br>Melanie Kingsland | April 2008<br><br><br>April 2008<br><br>June 2008<br><br>June 2008<br><br>August 2008<br><br>August 2008<br><br>October 2008 | Protocol on appropriate physical activity developed<br><br>Information resource developed<br><br>Information resource reviewed<br><br>Information resource distributed for use<br><br>Information resource used by residential care facilities |

| Strategy | Sub-strategy   | Actions   | Responsibility   | Date   | Performance  |
|----------|--|---|--|--|--|
|          | R2.1.8 Agree upon protocols for post-fall assessment and management, for approval by the Quality and Patient Safety Committee. | <ul style="list-style-type: none"> <li>• Decide on appropriate, sustainable post-fall management</li> <li>• Decide on process and tool(s) to be used</li> <li>• Ensure information reflects PCP</li> <li>• Peer review of the information</li> <li>• Review by Quality &amp; Patient Safety Committee</li> <li>• Review by Advisory Committee</li> <li>• Distribution of the information</li> </ul> | Christine Valencius<br>Patsy Bourke<br>Mandy Harden<br>Louise Oliphant | June 2008<br><br>June 2008<br><br>June 2008<br><br>August 2008<br><br>August 2008<br><br>August 2008 | Protocol on appropriate post-fall management developed<br><br>Process/tool developed<br><br>Process/tool reviewed<br><br>Process/tool distributed for use<br><br>Information used by residential care facilities |

| Strategy | Sub-strategy  | Actions   | Responsibility   | Date             | Performance |
|----------|---|---|--|------------------|-------------|
|          | R2.1.9 Develop written resources as required to support the implementation of all strategies described above. | <ul style="list-style-type: none"> <li>• Completed as part of the other strategies</li> <li>• SDLP to support implementation of strategies</li> </ul> | Residential Aged Care Working Party to take leadership, with input from: <ul style="list-style-type: none"> <li>• Quality Patient and Safety Committee</li> <li>• Aged Care and Rehabilitation Services Clinical Network</li> <li>• Site/Facility Managers</li> <li>• Patient Safety Officers</li> </ul> Other relevant staff as appropriate | To be determined |             |