

Falls Prevention Newsletter

Central and Northern Adelaide Health Service

A key aim of the Falls Network is to bring together health professionals with an interest in falls prevention.

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Happy New Year Falls Network Members!

We hope you all had a peaceful, restful and safe holiday break and welcome you to our first newsletter for 2011. We would like to reflect on the past two years of our network, thank you for your support and welcome new members to join us in the journey to prevent falls!

AHS central and northern Falls Prevention Network

Background

In November 2008, program manager, Gill Bartley sent a survey to the members of Active Ageing SA to establish interest in creating a falls prevention network. Thirty one people replied and attended the very first meeting November 2008, where terms of reference and plans for 2009 were approved.



The network has grown substantially since its inception and now boasts 166 members, including interstate members. Eleven education sessions have been provided, with many more exciting topics planned for 2011!

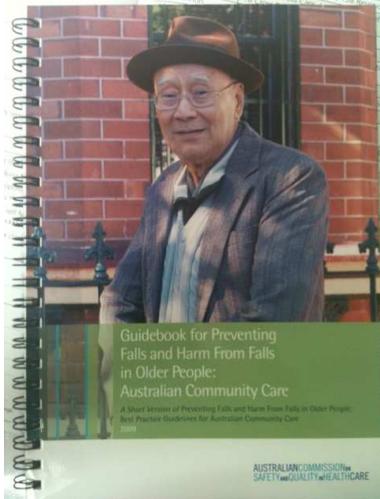
The Role of the network:

- Provide networking opportunities for health professionals with a special interest in falls prevention.
- Share of knowledge through regular education sessions and newsletters to keep members up to date with latest evidence and best practice.
- Disseminate relevant information using electronic media
- Form short term working groups as required, assisting in collaborative endeavours, in line with strategic plans of the Falls Prevention Steering Committee.

Want to Join the Network?

There is no cost involved in becoming a member. To join the network- please email gillian.bartley@health.sa.gov.au with your name, profession, work place and contact details. You will receive an email to confirm that you have been added to the network.

Launch of the community guidelines



58 health professionals attended an interactive session run at the Modbury Education Centre on 10 February. Michele Sutherland, Gill Bartley and Chrissie Isaksson presented the morning session.

The topics were:

- Preventing falls and harm from falls in Community Care
- How the guidelines are shaping the development of falls and injury prevention services across Adelaide
- Linking Falls Prevention services together - right service, right person, right time

If you missed out on this opportunity and would like to know more, contact gillian.bartley@health.sa.gov.au.

April Falls Month 2011

April Falls Month (beginning 1 April 2011) is a national awareness opportunity for falls prevention. You can get involved by:



- Setting up displays
- Education sessions for your organisation
- Other promotional activity – Go wild!
- Attending the Falls Forum

We will organise resource packs (which will include some of the new state-wide fact sheets) for interested parties to set up displays at their work site. Please email Ashleigh (ashleigh.scollin@health.sa.gov.au) to receive your pack.

Last year over 41 organisations around CNAHS set up displays at their work place. Below is a selection of photos from different displays from 2010.

Send us photos of your 2011 display to feature in our April newsletter. The best display will win a prize!



New Staff - Welcome Janine!!



The most recent addition to the Falls Prevention team is Janine Heading. Janine joined our team in January as the Falls Administration Assistant. She is the initial contact for the '1300 0 Falls' phone number and will be working closely with our team to support our clients and clinics. She is excited about improving and developing Falls Prevention administrative systems and being apart of our expanding program which promotes positive outcomes. Janine has experience working with elderly clients and health professionals and thoroughly enjoys assisting others.

New Falls Assessment Clinic – GP Plus Elizabeth



We are pleased to announce the commencement of our third Falls Assessment Clinic, based at the new Elizabeth GP Plus Health Care Centre. Ashleigh Scollin (OT), Margaret Sullivan (PT), and Joachim Krack (EN) join together with the RAH geriatrician team to staff this clinic.

The clinics provide multidisciplinary assessment for complex, high risk fallers living in the community. The team provides assessment of modifiable falls risk factors and formulates action plans to address the identified risk factors. Following assessment, referrals are made

to local community organisations and services to reduce the individual's risk of further falls and fall related injury.

Falls Assessment Clinic Locations in the Central and Northern Adelaide Health Service:

- The Queen Elizabeth Hospital (Monday pm)
- Hampstead Day Rehabilitation Centre (Wednesday pm)
- Elizabeth GP Plus (Thursday pm)

Falls Clinic Referral Criteria:

- > Aged 65 years and over (>45 ATSI)
- > History of 2 or more falls in the past 12 months OR 1 fall with serious injury (the injury should no longer be acute)
- > Multiple co-morbidities
- > Not currently attending a multidisciplinary rehabilitation program

To refer to a Falls Clinic, please use the AHS Central and Northern areas Falls Assessment Clinic referral form attached (also Page 22 of the Falls Prevention Service Directory). Clients referred to the clinics are allocated based on clinic proximity and waiting times.

SAAS Falls Prevention Strategy Update

SAAS (South Australian Ambulance Service) paramedics are in a unique position to identify fallers in the community, who without an acute admission to hospital may otherwise be missed. A new metropolitan-wide pathway was established 12 months ago to allow SAAS paramedics to refer elderly fallers into the regional falls prevention programs.

Did you know?

- A history of falls is the single strongest predictor of future falls.
- Fallers who call an ambulance are usually unable to get up unassisted indicating future falls.
- UK literature suggests that approximately half of fallers who call an ambulance, but are not transported, will call again within 2 weeks.

The role of triaging and co-ordination has evolved over time as our referral numbers have steadily increased. Occupational Therapist, Alison Ryan has undertaken this role within our team. Each referral receives a screening telephone call and following this, liaison with existing services and linkage with other services are undertaken as appropriate. A letter is sent to the GP outlining our recommendations and care coordination is offered to assist with service linkage.



Between February and December 2010 we received 114 referrals on our 1300 0 FALLS line. Some interesting data collected from these referrals included:

- Out of hours referrals - 48%
- Average age of faller - 81yo
- Gender of fallers– Male 37%, Female 63%
- Previous Home Safety Assessment - 46%
- Currently participating in exercise program - 15%

Following the encouraging response of the ambulance pathway for referrals to falls prevention teams in 2010, it will continue to operate throughout 2011. This pathway is now working in conjunction with the MRU (Metropolitan Referral Unit) and paramedics may call the MRU on 1300 110 600 to request a 'non-urgent falls risk assessment'.

If you would like further information on this pathway contact alison.ryan@health.sa.gov.au

The New Metropolitan Referral Unit

As of the January 1st 2011 the Adelaide Health Service now has one Metropolitan Referral Unit (MRU). The Central Northern Referral Unit (CRU), Southern Referral Unit (RRU) and CYWHS Regional Referral unit have merged to create one point of contact for all hospital avoidance and early supported discharge services.

The MRU operates between 8am to 8pm seven days a week. The unit is staffed by clinicians providing a single point of contact to work with referrers to ensure the most appropriate service response.

As of 2011 SA Health has introduced a new model of care; Healthcare@Home (HC@H). HC@H replaces Metro Homelink providing short term services to assist in hospital avoidance and early supported discharge. Services accessed with HC@H include nursing/midwifery, allied health, palliative care and personal care supports. This includes urgent in-home falls assessments that are required in < 6 days of referral, in order to prevent hospital admission.

Referrals can be made by Hospitals, GP's, Residential Care Facilities and SA Ambulance Service. MRU can be contacted on, telephone 1300 110 600 and fax 8201 7822

For more information please contact:
Program Manager, Jodie Altschwager
jodie.altschwager@health.sa.gov.au Telephone 8201 7717

Education Planner 2011 March

In Depth Tai Chi for Arthritis

Organisers: Arthritis Foundation SA
Venue: Fullarton Park Centre, 411 Fullarton Rd, Fullarton
Date: 5th and 6th March 2011
Time: 9.00am – 4.30 pm each day
Cost: \$ 550 incl GST

Gait Speed. **FULLY BOOKED**

Presenter: Gill Bartley
Organisers: Central and Northern Adelaide Falls Prevention Team
Contact: Gill Bartley 1300 0 32557 (0 FALLS) or gillian.bartley@health.sa.gov.au
Date: Tuesday, 08 March 2011
Time: 2.30 – 4.30
Venue: Uniting Care Wesley 332 Regency Road, Prospect

Engaging Clients Who Are Hard to Engage

Organisers: TATRA Corporate & Allied Health Training Services
Venue: Balyana Conference Centre, 46 Strathcona Ave, Clapham, SA
Date: 10 March 2011
Time: 9.30am – 4.30 pm
Cost: Early Bird rate (before 25 Feb 2011) \$ 225 per person

Gait Speed (repeat session)

Presenter: Gill Bartley
Organisers: Central and Northern Adelaide Falls Prevention Team
Contact: Gill Bartley 1300 0 32557 (0 FALLS) or gillian.bartley@health.sa.gov.au
Date: Tuesday, 22 March 2011
Time: 2.30 – 4.30
Venue: Conference Room GP Plus Elizabeth, 16 Playford Boulevard, Elizabeth

April

April Falls Forum: **FULLY BOOKED**

Contact: Lisa Elmes phone 8226 6334 or lisa.elmes@health.sa.gov.au
Organisers: SA Health
Date: Friday, 8 April 2011
Time: full day
Venue: Morphettville Junction, 470 Anzac Highway Camden Park

May

Alzheimer's Australia 14th National Conference

Theme: Take a different view
Date: 17–20 May, 2011
Venue: Brisbane Convention and Exhibition Centre on
Contact: conference secretariat, phone 3255 1002, fax 3255 1004
Email: info@alzheimers2011.com

June

Getting in early: early balance and bone screening before the trouble starts

Presenters: Prof Nordin, Claudia Meyer and Gill Bartley
Organisers: Central and Northern Adelaide Falls Prevention Team
Contact: Gill Bartley 1300 0 32557 (0 FALLS) or gillian.bartley@health.sa.gov.au
Time: 2.30-4.30
Date: Tuesday, 7th June 2011
Venue: TBC

Interesting Articles

Kam D, Smulders E, Weerdesteyn V & Smits-Engelsman BCM. **Exercise interventions to reduce fall-related fractures and their risk factors in individuals with low bone density: a systematic review of randomized controlled trials.** *Osteoporosis Int* 2009; 20: 2111-2125.



23 publications met the criteria for this systematic review, which aimed to investigate which exercise interventions were effective in individuals with low bone mineral density in reducing (1) falls and fractures and (2) risk factors for falls and fractures. Results showed that interventions with balance exercises reduced falls or fall-related fractures and improved balance in the majority of the studies. Bone strength was improved by weight-bearing aerobic exercise with or without muscle strengthening exercise when the duration of the intervention was at least a year. Muscle strengthening exercises were useful in improving lower limb strength and back extensor muscle strength, however not all studies reported positive results. The authors also noted that though few studies assessed fall or fracture incidence directly, it has been shown that balance, muscle strength and BMD are predictors of falls and fractures.

Johnston K, Barras S & Grimmer-Sommers K. **Relationship between pre-discharge occupational therapy home assessment and prevalence of post-discharge falls.** *J Eval Clin Pract* 2010; 16 (6): 1333-9.



This South Australian prospective observational cohort study aimed to describe the relationship between pre-discharge home assessment and falls in the first month post discharge from a rehabilitation hospital. 342 patients were involved in the study, and were classified into diagnostic groups (cardiac, orthopaedic trauma, spinal, peripheral joint surgery, neurological and deconditioned). Patients completed a diary to document post-discharge falls. In all subjects, the risk of falling (1 month post discharge) was significantly higher if they did not receive a home assessment. The falls risk was significantly reduced after receiving a home assessment for all patients apart from the neurological group.

Healey F, Oliver D, Milne A & Connelly JB. **The effect of bedrails on falls and injury: a systematic review of clinical studies.** *Age and Ageing* 2008; 37: 368-378.



24 publications met the criteria for this systematic review, which aimed to evaluate the effect of bedrails on falls and injury. No evidence was found that bedrails increase falls from bed or increase fall-related injuries. Studies which looked at injury and death from bedrail entrapment were generally linked to problems with maintenance, incorrect assembly and outdated designs and rather than bedrail use itself. The authors of this review concluded that rather than pushing for the reduction in their use, healthcare organisations should focus on eliminating outdated equipment and reducing inappropriate bedrail use.

For more information

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