

# CNAHS Falls Prevention Newsletter

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

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## April Falls Day 2010

*41 organisations took part in setting up displays on April 1<sup>st</sup>. April Falls Day is a national awareness raising event to promote falls prevention. Some organisations have chosen to continue the promotion for the month of April. Thankyou to everyone who participated and for your valuable feedback. Below are photos sent in from participants.*

***The best display award goes to..... Modbury Hospital***



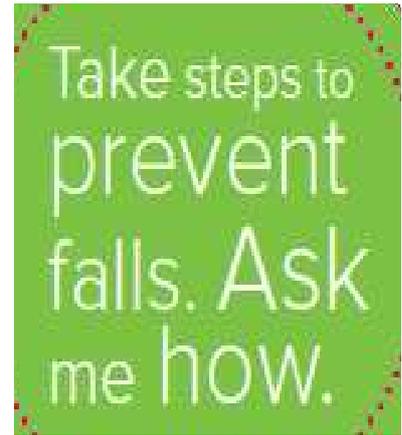
Thank you Modbury for your enthusiasm!

Modbury Hospital hosted a range of displays and promotional activities. Activities included colouring in competition for children (Jack and Jill and Humpty Dumpty), crossword puzzles, staff falls prevention poetry competition, a manned display for staff and public in the main foyer, t-shirts worn by various disciplines throughout the hospital including allied health, domestic staff, nursing staff and doctors, falls Prevention education session for 40 nursing staff.





Laura Hospital, Laura Medical Centre,  
Gladstone Health Centre, Crystal Brook  
Medical Centre



Helping Hand Salisbury



**April Falls Facts:**

- **1 in 3 people over 65 years old living in the community will fall at least once per year**
- **5.4% of all hospital beds are taken up by falls injuries of people over 65 years old**
- **Falls injuries currently cost SA \$54 million and Australia \$1.4 billion**

## Interesting Articles

Kamaruzzaman S, Watt H, Carson C and Ebrahim S. The association between orthostatic hypotension and medication use in the British Women's Heart and Health Study. *Age and Ageing* 2010; 39: 51–56.



A cross sectional analysis of 3,775 women aged 60-80 years, showed the prevalence of orthostatic hypotension, OH (drop of  $\geq 20$ mmHg in systolic and/or a drop of  $\geq 10$ mmHg in diastolic blood pressure on standing) to be 28%. Predictors of OH were uncontrolled hypertension, the use of three or more anti-hypertensives and multiple co-morbidities. The authors concluded that orthostatic hypotension should be assessed and treated early in older women.

Krause M, Albert S, Elsan-Gedy H, Krinski K, Goss F and Dasilva S. Urinary incontinence and waist circumference in older women. *Age and Ageing* 2010; 39: 69–73



A cross-sectional study of 1,069 women, aged over 60 years in Brazil assessed for urinary incontinence, adiposity (body mass index [BMI] and waist circumference (WC)) and fitness. Central obesity as indicated by an increased waist circumference was shown to be an independent risk factor for urinary incontinence. Increased risk was 1.98 for WC of 79–86 cm, 2.07 for WC of 86–94 cm and 2.24 for WC >94 cm. The authors concluded that older women should be counselled on the risk of central obesity.

KANNEGAAR PN, VAN DER MARK S, EIKEN P & ABRAHAMSEN B. Excess mortality in men compared with women following a hip fracture. National analysis of co-medications, co-morbidity and survival. *Age and Ageing* 2010; 39: 203–209.



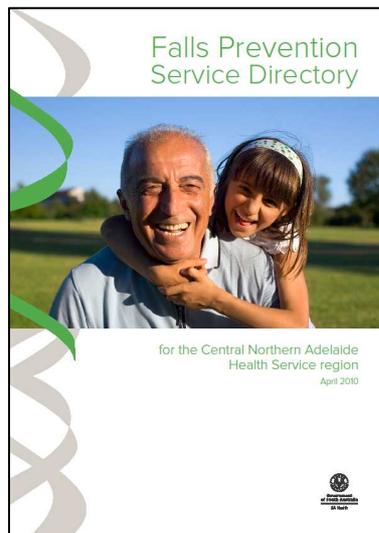
A register-based cohort study for all Danish patients (more than 41,000 persons) experiencing a hip fracture between 1 January 1999 and 31 December 2002 were followed up until 31 December 2005. Results showed a substantially higher mortality among male hip fracture patients than females despite men being 4 years younger at the time of fracture. The excess mortality among males could not be explained by controlling for known co morbidity and medications. Both genders were found to have a higher mortality rate compared to the general population with increasing age and co morbidity related to an increased risk of dying within the first year after fracture.

Desapiya E, Subzwari S, Scime-Beltrano G, Samayawardhena LA & Pike I. Vision improvement and reduction in falls after expedited cataract surgery Systematic review and meta analysis. *J Cataract Refract Surg* 2010; 36(1): 13-19.



22 publications met the criteria for this systematic review, which aimed to quantify the benefits of expedited cataract surgery in improving visual acuity and reducing falls. Results showed that expedited cataract surgery increased visual acuity by more than 7 times but was inconclusive in preventing falls. The article made mention of many studies that have shown that drivers who had cataract surgery had half the amount of car accidents compared to those who did not have the surgery.

## SA Falls Prevention Service Directories



The **CNAHS Falls Prevention Service Directory (North, East, West Metro Adelaide)** was created in August 2009 to simplify the referral process for health professionals. The original directory included information and referral forms for Day Therapy Centres, Falls Clinics, Vestibular services and useful contacts.

New features in this update are:

- COTA Strength for Life programs
- Centre for Physical Activity in Aging
- Hampstead Day Rehabilitation Centre

We are currently in the process of distributing these electronically. If you have not received a copy by the end of May or have further queries please contact: [marlena.esposito2@health.sa.gov.au](mailto:marlena.esposito2@health.sa.gov.au).



The **SAHS Falls Prevention Service Directory (South Metro Adelaide)** has now also been created and launched.

For an electronic copy of the SAHS directory please send an email request to:

[Christina.isaksson@health.sa.gov.au](mailto:Christina.isaksson@health.sa.gov.au)

The next updates are due in October 2010. If there are any comments or changes required, please let us know by the end of September.

## Newsflash: SA Falls Prevention Fact Sheets!

The first 5 of the much anticipated new statewide falls prevention fact sheets are in their final stage of formatting. It is anticipated that they will be ready for distribution late May. The fact sheets will be available electronically and a limited number of hard copies will be distributed for the initial launch.

The titles of the first 5 fact sheets are:

- Dizziness and Balance
- Eyesight and walking
- Eat well and stay strong
- Medication and balance
- Comfy feet go a long way

A further 3 fact sheets will be released soon after, relating to home and community safety, making a falls plan and exercise.

## Safety and Quality Corner – Ladder Safety

The Channel 10 News, 1 April 2010, ran a story to warn people to be careful doing home chores on ladders over the Easter break.

The broadcast included the following interesting facts:



- In SA in 2009, 153 people were admitted to hospitals for treatment after a fall from a ladder at home.
- Men between 55 and 75 are in the highest risk category for ladder related accidents.
- Of the people who were hospitalised from a ladder injury in 2009, 75% were male and over 80% were aged 50 years or over.
- You don't have to fall far off a ladder to be seriously injured - 1 to 2 metres can be enough to seriously hurt yourself.
- The average number of days in hospital was 6, indicating the seriousness of the injuries.

Planning is underway for a segment on ladder safety to be aired on Channel 9's Building Ideas program in July 2010.

## News from SAHS:

The Southern Community Falls Prevention Team has developed *The Pathways To Independence Program*. Enrolment of the client in this program enables the coordination of falls prevention services in the Southern Adelaide Region including identifying people at risk of falls, falls risk factors, connecting with appropriate local services and monitoring throughout the program. The Pathways to Independence Program has demonstrated that planned care in the community around falls prevention via a common entry point can reduce hospital admissions by 79%.

The SAHS Falls team have also established the Southern Region Falls Prevention Network increasing regional capacity and consistency in falls service provision through education and joint initiatives.

For further information contact the Southern Community Falls Team on 82017816 or [Christina.isaksson@health.sa.gov.au](mailto:Christina.isaksson@health.sa.gov.au)

## Interesting community developments – Ambulance Service

Over the last 3 months, the SAHS and CNAHS falls prevention teams have established a new client pathway where SAAS workers can refer “lift only” community clients (not residential care) into regional falls prevention pathways.

A “lift only” client is defined as an individual who has fallen and requires ambulance assistance in getting up **but** does not require (or declines) transportation to the emergency department.

In 2008 over a 50-week period, the ambulance service received 4200 “lift only” call outs across metropolitan Adelaide.

These new pathways ensure this vulnerable client group can be linked with appropriate falls prevention services.

## Education Sessions 2010

### May

#### **Home Safety Assessments – feedback from CNAHS audit and current research findings**

Presenters: Diana Pignata and Lauren Woodford, Occupational Therapists  
Organisers: CNAHS  
Contact: Gill Bartley phone 1300 0 32557 or [gillian.bartley@health.sa.gov.au](mailto:gillian.bartley@health.sa.gov.au)  
Date: Tuesday, 04 May  
Time: 1430-1600 hours  
Venue: Enfield Community Health Centre, conference room

#### **Engaging Older People through Self Efficacy: The Stepping on Program**

Presenter: Associate Professor Lindy Clemson  
Organisers: SA Health  
Contact: Lisa Michelmores phone 82266334 or [lisa.michelmores@health.sa.gov.au](mailto:lisa.michelmores@health.sa.gov.au)  
Date: Monday, 24 May  
Time: TBC  
Venue: TBC

### June

#### **Building on the Basics**

Series of 4 x 3 hour workshops (Back to Basics, Strong and Straight, Changing Bases, Actions and Reactions)

Presenter: Sally Castell (Physiotherapist)  
Organisers: Active Aging  
Contact: [www.activeageingaustralia.com.au](http://www.activeageingaustralia.com.au)  
Date: 5th & 6th June  
Venue: Recreation & Sport, Kidman Park  
Cost: See website

### October

#### **Tai Chi for Arthritis Part 1**

Presenter: Rosemary Palmer  
Organisers: Arthritis SA  
Contact: Carol Spargo phone 8423 0912 or [c.spargo@arthritissa.org.au](mailto:c.spargo@arthritissa.org.au)  
Date: 9th & 10th October  
Time: 9-4.30 both days  
Venue: Arthritis SA, 118 Richmond Road, Marleston

### November

#### **4th Australian & New Zealand Falls Prevention Society Conference**

Mark this exciting conference to be held in Dunedin, New Zealand 21 - 23 November 2010 in your diary now!

Key dates for submission of abstracts for posters and presentations:

Online submissions opens 1 March 2010 and close 30 June 2010

Notification of acceptance by 31 August 2010

Registration is not yet open.

<http://www.otago.ac.nz/fallsconference/index.html>

## Feature Service – Home Medicines Review (HMR)

Chronic disease currently accounts for 70-80% of the total burden of ill health in Australia. As a patient centred approach is desirable, preventative services such as HMR's can assist. In falls prevention more than 5 medications and/or psychotropic medication is considered a falls risk factor.

### What is a Home Medicines Review?

The HMR is funded under the Community Pharmacy Agreement designed to assist consumers living at home to maximise the benefits of their medication and prevent medication related problems. GPs will refer the consumer to their preferred community pharmacy, to complete the pharmacy component of the HMR service. The pharmacists' responsibilities will vary depending on whether they are accredited to conduct medication reviews. The pharmacist visits the consumer at home, reviews their medication regimen, and provides the GP with a report. The GP and consumer then agree on a medication management plan.

### HMR Goals :

- Improve medication use
- Teach patients and carers how to use medicines effectively
- Improve quality of care and better control of chronic conditions
- Improve quality of life
- Maintenance or improve functional status
- Reduce adverse drug events and drug interactions
- Reduce health care costs.

### Who is eligible?

People living at home. It is not available for hospital, day hospital facility or care recipients in residential aged care facilities. A Residential Medication Management Review (RMMR) is a service available to permanent residents of an Australian Government funded aged care home and who are not eligible for a HMR.

A GP must assess that a HMR is clinically necessary. For example:

- currently taking five or more regular medications
- taking more than 12 doses of medication per day
- significant changes to their medication regimen in the last three months, including recent discharge from hospital
- taking medication with a narrow therapeutic index or required therapeutic monitoring
- with symptoms suggestive of an adverse drug reaction
- having difficulty managing their own medicines because of literacy or language difficulties or impaired sight
- attending a number of different doctors, both general practitioners and specialists

### Cost

Free to the consumer for the HMR. Medicare provides a rebate for both the referring general practitioner and the approved HMR service provider.

Further detailed information can be found at:

<http://www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/rmmr.jsp#N100A1>

[http://www.nwmdgp.org.au/pages/after\\_hours/Downloads/GPRAC-GPRACK-GP-tool5.doc](http://www.nwmdgp.org.au/pages/after_hours/Downloads/GPRAC-GPRACK-GP-tool5.doc)

[http://www.ergpa.com.au/images/resources/RMMR\\_info\\_sheet\\_Mar\\_07.doc](http://www.ergpa.com.au/images/resources/RMMR_info_sheet_Mar_07.doc)

### For more information

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