

Let's work together to prevent falls

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Every year in New Zealand one in three people over the age of 65 will fall<sup>1</sup>.

For those aged over 80, the rate of falls is one in two<sup>2</sup>.

Over half the falls experienced by older people occur in the home<sup>3</sup>.

- St John is partnering with ACC for the Safer Homes Ambulance and Medical Alarms project
- The project is part of the National Falls and Injury Prevention response, which aims to reduce harm from falls for all New Zealanders and is being supported by HQSC
- Partners will work together to reduce the incidence and severity of injury and assist people to be well, live well and stay well in their communities
- New Zealand's GPs and nurses play a pivotal role in assessing patients at risk and providing information about how they can reduce the risk of falling

## The aims of the Safer Homes Ambulance and Medical Alarms project

Support older people living independently in the community by reducing their risk of harm from falls

Increase the number of older people at risk of falls who access falls prevention interventions

Reduce the number who require treatment for serious injury as the result of falls

Reduce the number of older people who suffer a fall and require an ambulance to be called to help them

Reduce the number of older people who require help to get back on track after being injured through a fall

 St John Ambulance Officers and St John Medical Alarm Representatives will play a pivotal role in helping to identify and remove home hazards, and provide information on where to go for support

# St John Medical Alarm Reps will work with clients to reduce their chance of falling\*

St John Rep visits client's home to demonstrate or install a medical alarm. For existing clients this will be for renewing their annual contract



Recommends home safety improvements to the client - may recommend that they talk to their GP







With the client's permission runs through the home safety check list to assess immediate risk

<sup>\*</sup>Representatives will start being trained on the new initiative in the next few months and home safety checklists will be offered to all customers nationally by February 2016.

# Ambulance officers will work with patients to reduce their risk of falling again\*

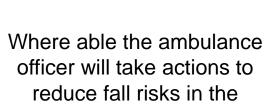
Ambulance officers identify people who are at risk of a fall, e.g. increased age and history of a fall



Individuals at risk will be either:

- a) referred to a dedicated fallsprevention pathway– where they exist
- b) advised to see their GP about their risk factors





home



<sup>\*</sup>Ambulance officers will commence training for this new initiative in June 2016. It is expected that 80% of ambulance officers will have completed it by 1 January 2017.



### Reduce the risk of falls

### Home safety checklist

- St John Ambulance Officers and St John Medical Alarm Representatives can share any risk factors they identify\*
- If the client agrees they can also make minor changes in the client's home while they are there, e.g. moving cables and rugs
- You can provide your patients with the home safety checklist to help identify any hazards in their home



\*This new initiative will start in September 2015 and be rolled out nationally by February 2016.

The home safety checklist is at www.stjohn.org.nz/letsworktogether

### Sensible footwear can help prevent falls

- Wearing sensible shoes will help reduce the chance of falling
- St John Ambulance Officers and St John Medical Alarm Representatives can share information about what is 'sensible footwear' and how this can help prevent falls
- Our sensible shoes checklist advises to choose shoes that
  - have low heels, non-slip soles and completely surround the foot -- no backless shoes
  - fit well and support the whole foot
  - have good traction in slippery, wet or snowy conditions
  - and to avoid wearing only socks or floppy, backless slippers.
- You can provide your patients with the sensible footwear checklist

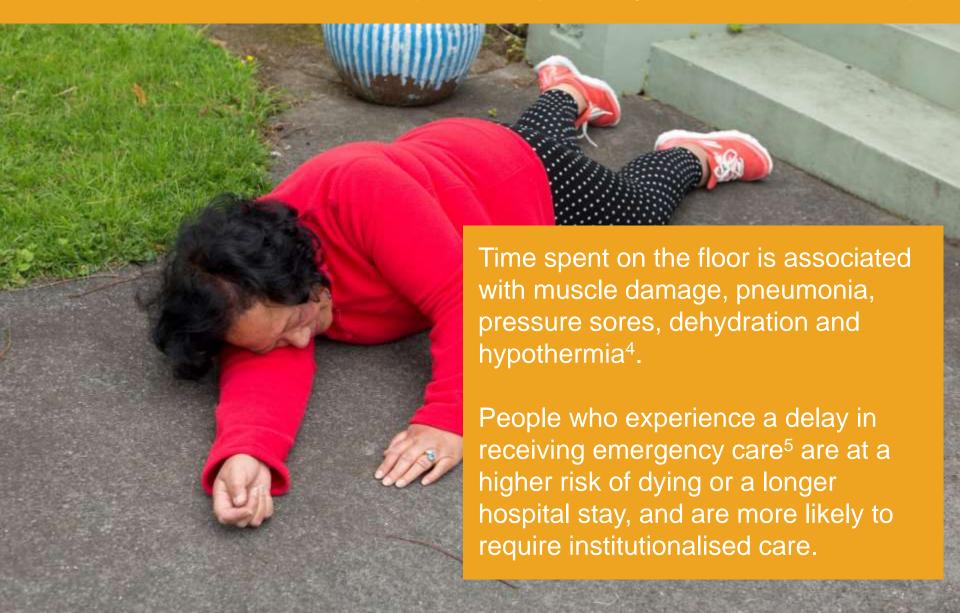
The sensible footwear checklist is at www.stjohn.org.nz/letsworktogether

### Exercise can help prevent falls

- Being active is part of a healthy lifestyle for people of all ages and being strong, healthy and independent
- People at risk of falls, such as people with
  - weak legs,
  - poor balance and
  - some medical conditions
  - can do exercises to improve their balance and co-ordination and reduce the risk of falling
- St John Ambulance Officers and St John Medical Alarm Representatives can share information with the client and encourage them to talk to their GP about muscle-strengthening and exercises

More details about exercise and muscle-strengthening can be found at www.stjohn.org.nz/letsworktogether

### A medical alarm helps to quickly summon help



# The new St John Medical Alarm and smart pendant

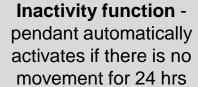


### The new St John smart pendant alarm

As part of the weekly monitoring price, self-funded clients can choose the falls function, inactivity function or a monitored smoke alarm for free. Clients can also add on the additional features for a small cost.

#### Falls function -

automatically activates in the event of a fall. Major advantage if the client loses consciousness either prior to or during a fall event and isn't able to activate their pendant manually





Upon detection of smoke, the **smoke detector** alarms, activates the base unit and an alert is sent to the monitoring centre (if not cancelled). The battery only needs replacing every 10 years



#### The new medical alarm features

#### Home / Away Function

Clients simply push a button when they are going away from home.

Currently, clients are required to call the St John Customer Services Centre (before departure and upon return). The new function makes notification simpler.

#### Health Advice Function

A Health Advice Function helps support those clients who

- do not want to activate their alarm because they don't think their condition is serious enough for the ambulance service
- want to use their alarm to talk to St John about their condition rather than wanting the ambulance service.

The button connects the client to a dedicated Healthline number to ensure that our clients get access to care that is appropriate to them





## How GPs and Nurses can help



## Ask your patients questions to start a conversation about fall risks<sup>8</sup>

- Have you slipped, tripped or fallen in the last year?
- Can you get out of a chair without using your hands?
- Have you avoided some activities because you are afraid you might lose your balance?

#### The benefits for your patients of avoiding a fall

#### Independence

Falls can result in loss of confidence which may then result in a patient ceasing independent activities such as self care or driving. A fall may also be the trigger that results in admission to a rest home

### Improved sense of wellbeing

Falls can result in a fear of further falls and injury, depression and poor mental health

#### **Better health**

Falls can cause complications such as pneumonia, infection and incomplete recovery – particularly following a fracture

#### **Better mobility**

Falls can reduce mobility which may impact on other medical conditions such as cardiovascular disease and diabetes

## Identify patients who are at an increased risk of falling

live alone or are left alone for extended periods  use mobility assisted devices  take several medications daily  have a history of one or more falls  would be unable to get up easily after a fall  have been in hospital in the past 12  months	are managing diabetes and diabetic complications have safety hazards in the home i.e. stairs that cannot be modified are physically frail or suffer from physical weakness are at risk of vitamin D deficiency have foot problems and inadequate or improper footwear have other health problems that may increase the risk of falling.
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More details and a checklist on identifying patients who have an increased risk of falling are at www.stjohn.org.nz/letsworktogether

### Medications that may increase the risk of falling<sup>6</sup>

- Antipsychotics (e.g. risperidone, quetiapine, haloperidol)
- Antidepressants (e.g. citalopram, venlafaxine, amitriptyline)
- Hypnotics and sedatives (e.g. benzodiazepines such as diazepam, lorazepam, triazolam; zopiclone)
- Antihypertensives (e.g. metoprolol, felodipine, cilazapril)
- Diuretics (e.g. furosemide bendrofluazide)
- Antiepileptics (e.g. phenytoin, carbamazepine, valproate sodium, gabapentin)
- Opioids (e.g. morphine, tramadol, codeine, oxycodone, fentanyl)

More details and a checklist on medications that may increase the risk of your patients falling are at www.stjohn.org.nz/letsworktogether

## Your diabetic patients have a greater risk of falling and serious injuries

Every year in New Zealand 33% of people over the age of 65 will fall



The chance of falls increases to 78% for older adults managing four or more diabetic complications<sup>7</sup>

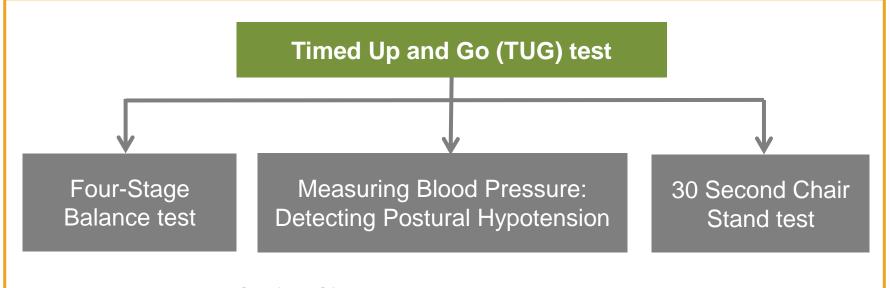
- Older adults managing diabetes often suffer from peripheral neuropathy and retinopathy, which place them at greater risk of falling.
- This group of people not only have a higher risk of falling, but they fall more often, and are more likely to break a hip than those at the same age without diabetes

## The best way for your patients to reduce the risk of falls is to avoid diabetic complications

- Education: Awareness and education are key to managing the disease and reducing the risk of problems.
- Regular, Ongoing Care: Regular check-ups can help detect problems with blood sugar early when they can be treated and managed well.
- Medications: Take diabetic medications and injections as prescribed.
- Low Blood Sugars: Your patients need to be alert for signs of low blood sugar, which can come on quickly. They should have hard candy, sugar packets, juice, or soda on hand to quickly raise the level of blood sugar.

Information to help educate diabetic patients avoid serious complications is at www.stjohn.org.nz/letsworktogether

## You can assess if your patient is at a greater risk of falling



The Timed Up and Go (TUG) Test, in conjunction with other measures such as the Four-Stage Balance Test, 30 Second Chair Stand Test and an assessment of postural hypotension can help to indicate if a patient is at risk of falling<sup>8</sup>

Information on these tests and understanding your patients' results are at www.stjohn.org.nz/letsworktogether

## Recommend a St John Medical Alarm to your patients

#### If they:

- have an increased risk of falling
- live alone
- may not be able to get to a phone in an emergency
- are managing diabetes and diabetic complications
- have a health condition or disability.



Remember to use the **e-referral form** – it provides St John with the information we need to give your patients the best level of care and service.

Information on using the e-referral form is at www.stjohn.org.nz/letsworktogether

### **Opportunities**

- St John Medical Alarm Representatives and St John Ambulance Officers may advise your patients to discuss their risk factors associated with falling with you
- Information produced by HQSC on falls is a useful resource for further review
- Identify patients with a higher risk of falling and consider asking questions related to the home safety checklist
- For patients on new medications, or with new diabetic complications, explain the increased risk of falling they may now experience
- Recommend a St John Medical Alarm to patients who are at risk of falling and share the new details about the new smart pendant
- Lastly, don't forget to give the e-referral form a go when referring a patient to St John for a medical alarm

Preventing falls is one of the most important things we can do to keep New Zealanders independent.

Let's work together to achieve this.









#### References:

1. Ambrose AF, Paul G, Hausdorff JM. Risk factors for falls among older adults: A review of the literature. Maturitas 2013;75(1):51–61. 2. Reducing harm from Older Adult falls: Safer Homes – Alarms and Ambulance, ACC, June 2015. 3. Reducing harm from Older Adult falls: Safer Homes – Alarms and Ambulance, ACC, June 2015. 4. ACC Information for health professionals, 2014. 5. R. Jan Gurley, M.D., Nancy Lum, M.S., Merle Sande, M.D., Bernard Lo, M.D., and Mitchell H. Katz, M.D. Persons Found in Their Homes Helpless or Dead. NEJM Volume 334:1710-1716. 6. 10 Topics in reducing harm from falls, Topic 8: Medicines: balancing benefits and falls risks, http://www.hqsc.govt.nz/assets/Falls/10-Topics/topics-medicines-balancing-benefits-and-falls-risks.pdf 7. Tinetti, M.E., Preventing Falls in Elderly Persons, New England Journal of Medicine, 348 (1), January 2, 2003. 8. Falls Prevention Toolkit for Clinicians, http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls