



EMERGENCY DEPARTMENT FALLS RISK SCREEN PROJECT

November 07 *newsletter*



Welcome...

WELCOME TO THE FOURTH ISSUE OF OUR SIX-WEEKLY NEWSLETTER. THE NEWSLETTER HAS BEEN DESIGNED SPECIFICALLY FOR THE ED STAFF MEMBERS AND RELATED PERSONNEL WHO ARE PARTICIPATING IN THE ED FALLS RISK SCREEN PROJECT.

Timetable for upcoming months

	Oct	Nov	Dec
<i>Evaluation components audits, focus groups, patient interviews, etc.</i>			
<i>Implementation actions within participating ED's, including establishing procedures, training, link- ages with referral agencies etc, moni- toring and support.</i>			
<i>Development of resources and training materials for state forums</i>			

Project Progress

We have now commenced the **evaluation component** of the project, to determine the effectiveness of the implementation model. We are close to completing the first round of random audits of patient medical records, which are prior to the risk screen being implemented. It is anticipated that two further rounds of audits will follow, one from the middle of implementation and one from the end of the implementation period.

We have also commenced one-on-one patient interviews with randomly selected patients who have attended the ED after a fall. We will map the pathway of their care against best practice guidelines.

In the next couple of months, we will also be running focus groups with ED staff members and other key stakeholders. We hope to identify the barriers and facilitators to the effective widespread implementation of the screen within each participating ED. Transcription of the focus groups and thematic analysis by independent raters will identify key themes to be considered in further refinement and wider dissemination of the screening and management program. The evaluation outcomes will be available in Feb 2008.

State Forums and Dissemination

Dr Irene Blackberry has recently submitted an abstract for this project to the 9th World Conference on Injury Prevention and Safety Promotion in Mexico, 2008. The project team is continuing to identify other potential avenues to disseminate project results and resources via conferences, journal publications, and state-wide forums for Emergency Department staff (to be conducted by project staff in six states) in 2008. These forums are likely to take the shape of half-day workshops with ED staff members who have an interest in falls screening.

Frequently Asked Question:

Do we include wheelchair-bound or bed-bound people who present to the Emergency Department after a fall (who are over 65+ years and who are discharged home) in this study?

We have made a decision **NOT** to include wheelchair-bound or bed-bound people in this research project. The reason behind this exclusion is that the screen was developed using a population who could (at the very least) walk indoors with a gait aid. The causes and management of a fall for wheelchair- and bed-bound people are often different.

Staff Profile

Amanda Bingham B. Arts/Sci, Grad. Dip. Psych



Amanda started in NARI in 2006, and is currently working on three research projects, including minimising falls and other accidents in care recipients and minimising functional decline in hospitalised older patients. She has a background in genetics and neuropsychology and completed her (Post-) Graduate Diploma in Psychology in 2004. She had been working as a Research Assistant on this project till October 2007.

THE PROJECT TEAM WOULD LIKE TO THANK AMANDA FOR HER EXCELLENT WORK IN ASSISTING SETTING UP THE PROJECT.



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Relevant Article

UNINTENTIONAL (ACCIDENTAL) HOSPITAL-TREATED INJURY IN VICTORIA 2005

CLAPPERTON, ANGELA

E-BULLETIN,

EDITION 1, JULY 2007, VICTORIAN INJURY SURVEILLANCE UNIT

Objectives: This is the first of a series of E-bulletins that provide an overview of the injury profile for Victoria, utilising two injury surveillance datasets – The Victorian Admitted Episodes Dataset (VAED) and the Victorian Emergency Minimum Dataset (VEMD). The VAED records all hospital admissions in public and private hospitals in the state of Victoria and the VEMD records all presentations to Victorian hospitals with 24-hour emergency departments. (ED presentations that resulted in death or admission have been excluded from the ED presentation dataset). This particular edition provides an overview of hospital-treated accidental injury in Victoria in 2005.

Table 1: Top three ranking causes for injury-related ED presentations in Victorian older adults (65+ years) in the year 2005 (not including deaths or admissions)

Age Group	Rank	Cause	Freq. (n)	%
65 – 74 years	1	Fall	3,367	44.4
	2	Cut/Pierce	874	11.5
	3	Hit/Struck/Crush	857	11.3
75 – 84 years	1	Fall	3,532	57.2
	2	Unspecified	565	9.1
	3	Hit/Struck/Crush	561	9.1
85+ years	1	Fall	2,039	70.2
	2	Unspecified	238	8.2
	3	Hit/Struck/Crush	212	7.3

Results: More than 43,000 Victorian older adults (65+ years) (6 in every 100) were treated in hospital for unintentional injury during 2005 (26,353 admissions and 16,662 ED presentations). Falls account for three-quarters of these hospital admissions (n=19,882) and more than half of these ED presentations (54%, n=8,938) in this age group. Almost 40% of the injuries requiring hospital admission and more than half of the injuries resulting in ED presentation occurred in the home (54%) for older adults. The frequency of older adult unintentional injury and poisoning ED presentations increased significantly over the decade 1996 to 2005, representing an estimated annual change of 7.2% and an overall increase of 100%.

Any Questions or Queries? Please do not hesitate to contact our NARI Team.

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Australian Government

Department of Health and Ageing

*This Project is being funded by the Australian Government
Department of Health and Ageing*

ANY COMMENTS OR IDEAS ON THIS NEWSLETTER?

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**“FALLS ACCOUNT FOR THREE-QUARTERS OF THE INJURY-RELATED
HOSPITAL ADMISSIONS AND MORE THAN HALF OF INJURY-RELATED
ED PRESENTATIONS IN THE AGE GROUP 65+ YEARS”**

VISU E-BULLETIN, EDITION 1, JULY 2007