


And now for something completely different...

The First National Annual April Falls Quiz

One thousand and 10 reasons to enter!


- Anyone interested in falls prevention and reducing harm from falls can enter the April Falls quiz* – whether you work in a hospital, residential care or home care, or with a primary health care provider or community organisation.
- The first workplace to submit 20 entries will win registration for one person to the 2013 Asia Pacific (APAC) Forum, 25–27 September, Auckland.
- All entries qualify for a prize of professional development to the value of \$1000 (eg, conference registration for 2013 APAC Forum or 2014 Australia New Zealand Falls Prevention Society, Sydney). The prize will be awarded to an individual entry* selected at random.
- Everyone can win by testing their knowledge about falls. You will also receive text or email alerts fortnightly from June which will link you with falls hot topics on the Commission's website.
- The quiz runs from 18 April to 5pm on 5 May 2013. Winners will be announced at the launch of the national patient safety campaign on 17 May 2013; answers will be published on the Commission's website on the same date.
- Enter via smartphone, online at www.hqsc.govt.nz or ask for a pen and paper version to return by freepost.

More information at www.hqsc.govt.nz



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

New Zealand Government



* Staff and contractors (and their relatives) of the Health Quality & Safety Commission are not eligible to enter, nor members of the separate advisory group for the 'Reducing Harm from Falls' programme. The winner of the individual prize will need to progress a professional development activity (preferably related to falls prevention or quality improvement) acceptable to the Commission in order to receive the prize.

The First Annual National April Falls Quiz closed on Friday 10 May 2013 with just under 1500 entries (1483 completed entries were received). Thank you to everyone who participated.

This document gives a quick overview of the answers. The findings will be reported in more depth in the 10 topics on falls prevention and reducing harm from falls.

Some questions were about perceptions, and therefore there was no correct answer. Otherwise correct answers are highlighted green.

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Q.1 How strongly do you agree or disagree that a significant proportion of falls in older people can be prevented?

65%	Strongly agree
34%	Agree
0%	Neither agree nor disagree
1%	Disagree
0%	Strongly disagree

Q.2: "An unexpected event in which the person comes to rest on the ground, floor or lower level"* is how the World Health Organisation defines a fall.

83%	True
4%	False
13%	I don't know

**The exact and full wording in the 2007 WHO Global Report on Falls Prevention in Older Age (from which we drew our question) is: "Falls are commonly defined as 'inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects'".*

**Q.3: Which of the following describes potential outcomes for older people when they fall?
More than one answer allowed.**

98%	Physical injury
96%	Fear of falling
92%	Loss of confidence
84%	Admission to residential care
0%	None of the above
0%	I don't know

Q.4: Adults are more likely to fall, and come to harm when they fall, the older they get.

92%	True
7%	False
1%	I don't know

Q.5: In my unit/workplace, I would estimate that older people aged 75+ are assessed for their risk of falling ...

49%	Almost always (90% - 100%)
22%	Most of the time (70% - 89%)
11%	Often (50% - 69%)
10%	Not often (1 - 49%)
8%	I don't know

Q.6: Which ONE of the following do you consider NOT to be part of a good assessment process for an older person's risk of falling?

One answer only.

5%	Asking whether they have fallen in the last 12 months, including whether they have slipped, tripped or lost their balance
85%	Thinking of the medical record as the best source of information
4%	If they have fallen, asking them what they thought was the cause
3%	Seeking family/whanau and other carers' perspectives
3%	I don't know

Q.7: In my unit/workplace, I would estimate that the care plans for older people aged 75+ at risk of falling contain specific interventions and supports tailored to their risk

39%	Almost always (90% - 100%)
27%	Most of the time (70% - 89%)
13%	Often (50% - 69%)
12%	Not often (1 - 49%)
9%	I don't know

Q.8: Which ONE of the following do you consider NOT to be part of a good care planning process for an older person at risk of falling?

One answer only.

2%	A multidisciplinary approach and referrals within team
1%	Involving the person and their family/whanau and asking what will work for them
1%	Asking the person and their family/whanau how the interventions and support are working for them
95%	Only Registered Nurses can access the care plan
1%	I don't know

Q.9: Which of the following are key elements of a safe environment?

More than one answer allowed

99%	Tidy and uncluttered
96%	Items needed often are in reach
90%	Mats and rugs lie flat and won't slip
98%	Handrails on stairs
98%	Non-slip mat or surface in bathrooms
97%	Good lighting
0%	I don't know

**Q.10: Match the following medication types with the MAIN side effects that are associated with increased risk of falling, or harm if a fall happens:
More than one answer allowed each line**

	Increased risk of bleeding	Risk of dizziness	Risk of drowsiness	I don't know
Anticoagulants (thin the blood, e.g. Warfarin)	95%	11%	2%	4%
Benzodiazepines (anti-anxiety and sedative e.g. Diazepam, Zopiclone)	1%	37%	94%	4%
Antihypertensives (lower blood pressure e.g. Felodipine, Metoprolol)	2%	94%	14%	5%
Antipsychotics (e.g. Haloperidol, Risperidone)	1%	38%	87%	10%

Percentages sum to more than 100% as more than one answer was allowed

Q.11: Prescribing Vitamin D for older people who are frail, institutionalised or housebound prevents falls.

37%	True
47%	False*
16%	I don't know

*If you thought that prescribing Vitamin D is not the critical thing, but older people actually taking Vitamin D when it is prescribed, then 'False' is an accepted answer.

Q.12: What is the proportion of hip fracture patients who have previously had an osteoporotic fracture?

27%	A quarter (25%)
25%	Half (50%)
23%	Three quarters (75%)
2%	All (100%)
33%	I don't know

**Q.13: The extra costs of a fall with hip fracture in hospital include:
More than one answer allowed**

96%	Additional bed days
97%	Additional treatment costs including surgery
65%	Not treating another patient instead
2%	Staff time involved in reviewing the incident
0%	None of the above
2%	I don't know

Q.14: Who can take responsibility for helping keep older people on their feet?

More than one answer allowed

95%	Older people themselves
98%	Their families and friends
99%	Their health professionals and carers
0%	None of the above
0%	I don't know

Q.15: Which ONE of the following do you consider NOT to be part of keeping older people living at home 'on their feet'?

One answer only

1%	Ensuring that their medications are reviewed periodically to check that they are still appropriate
2%	Assessing their home for hazards that might cause them to trip, slip or fall and making it safe.
85%	Going out less and restricting activities as this will reduce the likelihood of falling.
9%	Recommending the exposure to sunlight for about 20 minutes every day (face and back of hands) to meet the daily requirement of vitamin D.
2%	Selecting a strength and balancing exercise programme they can do by themselves or with other in a group
1%	I don't know

Q.16: How strongly do you agree that your unit/workplace collects data on falls, analyses it, plans what actions to take, evaluates the results and adjusts practices to improve care?

43%	Strongly agree
34%	Agree
17%	Neither agree nor disagree
5%	Disagree
2%	Strongly disagree