

## APRIL FALLS QUIZ 2014

Welcome to the Second National Annual April Falls Quiz.

***Thank you for participating in the Quiz, which surveys knowledge and attitudes about falls. It will take approximately 10 minutes to complete.***

- Anyone interested in falls prevention and reducing harm from falls can enter the April Falls quiz – whether you work in a hospital, residential care, home care, primary health care provider or community organisation, or have some other involvement with falls or the welfare of older people.
- All entries qualify for one of three prizes, each to the value of \$1000, for a development activity which grows the capability of an individual, team or organisation. The prizes will be awarded to individual entries<sup>1</sup> selected at random from each of three categories: hospital, residential care and primary/community/other. Prize winners will be announced on 16 May 2014.
- Doing the Quiz means you can test your own knowledge about falls - copy or print off your answers to compare them to the correct answers which will be available on 16 May 2014 at [www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/](http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/)
- The Quiz surveys knowledge and attitudes about falls, and participating means that you are helping the Commission's national falls programme understand what the priorities should be. Findings in the aggregated responses will be made available in a national report.
- All the answers you provide are held in complete confidence. We report summary results about groups (e.g., 50% of people said...) and we do not identify which individuals have said what.
- The results of the Quiz are being collected by Versus Research, an independent research company, on behalf of the Health Quality & Safety Commission.
- You can also enter the Quiz online at this link <https://surveys.versus.co.nz/Surveys/J1573AprilFalls2.htm> or from your smartphone.



The Quiz opened on 10 April and we have extended the close date to 5pm on 09 May 2014.

***If you have any questions about this survey please contact me on 0800-837-787 or email me at [lucy@versus.co.nz](mailto:lucy@versus.co.nz)***

Thank you,

Lucy Taua'i,  
Research Executive,  
Versus Research

P.S. Some of the questions note which of the [10 Topics](#) in reducing harm is relevant, if you want to 'slow down and swot up' to do the Quiz.

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<sup>1</sup> Staff and contractors (and their relatives) of the Health Quality & Safety Commission are not eligible to enter, nor members of the expert advisory group for the 'Reducing Harm from Falls' programme. The prizes are intended to build capability in health and related services in New Zealand, preferably related to falls prevention or quality improvement. Winners of the prizes will be New Zealand-based and work with their organisations to propose an activity (which could be personal professional development, or which supports team/service/organisation development) acceptable to the Commission in order to receive the prize. Arrangements for uptake must be completed within a year of announcement of the prizes.

**Please ignore any numbers beside the tick boxes or in brackets – they are there for coding purposes.**

**Q1: How strongly do you agree or disagree that a significant proportion of falls in older people can be prevented?**

<i>Please tick one</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Strongly agree
<input type="checkbox"/> 2	Agree
<input type="checkbox"/> 3	Neither agree nor disagree
<input type="checkbox"/> 4	Disagree
<input type="checkbox"/> 5	Strongly disagree

**Q2: For the following three scenarios, use this operational definition of a fall from interRAI assessment tools: ‘Any unintentional change in position where the person ends up on the floor, ground, or lower level; includes falls that occur while being assisted by others’.**

*For the following three scenarios, please indicate if this scenario counts as a fall:*

<b>Scenario</b>	<b>YES this does count as a fall Please tick</b> <input checked="" type="checkbox"/>	<b>NO this does not count as a fall Please tick</b> <input checked="" type="checkbox"/>	<b>DON'T KNOW</b> Please tick <input checked="" type="checkbox"/>
<b>Scenario One:</b> Mrs Brown normally mobilises safely using her walking stick, but today she stumbled and lost her balance. Fortunately she fell onto the bed and wasn't hurt.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>Scenario Two:</b> Mr Smith is often unsteady on his feet and requires supervision to mobilise safely. He is walking down the hall unaccompanied, and as you walk towards him to assist him, he trips and starts to tumble over. Instinctively, you reach out to steady him and he regains his balance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>Scenario Three:</b> Mr Jones is often unsteady on his feet and requires supervision to mobilise safely. He is walking down the hall unaccompanied, and as you walk towards him to assist him, he trips and starts to tumble over. Instinctively, you reach out to steady him and you're able to safely lower him into a nearby chair.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Q3a: This question mostly applies to hospital and aged residential care.**

**Can you remember the last patient or resident fall that happened when you were on duty?**

<i>Please tick one</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Yes
<input type="checkbox"/> 2	No
<input type="checkbox"/> 3	Does not apply

**Q3b: If YES, how certain are you that this fall was documented in an incident report?**

<i>Please tick one</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	I am certain it was reported
<input type="checkbox"/> 2	I think it was probably reported
<input type="checkbox"/> 3	I doubt that it was reported
<input type="checkbox"/> 4	I don't know

**Q4: Certain essential elements - such as making sure that call bells and personal possessions are in safe reach, and ensuring a clear pathway to the toilet - make the care environment safer for all patients/residents irrespective of their individual falls risk.**

[\[Topic 4\]](#)

<i>Please tick one</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	True
<input type="checkbox"/> 2	False
<input type="checkbox"/> 3	I don't know

**Q5: In my unit/workplace, I would estimate that older people aged 75+ are assessed for their risk of falling ...**

<i>Please tick one</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Almost always (90% - 100%)
<input type="checkbox"/> 2	Most of the time (70% - 89%)
<input type="checkbox"/> 3	Often (50% - 69%)
<input type="checkbox"/> 4	Not often (1 - 49%)
<input type="checkbox"/> 5	I don't know
<input type="checkbox"/> 6	Does not apply (e.g. because my organisation is not delivering care or a service to older people).

**Q6: In my unit/workplace I would estimate that the care plans for older people aged 75+ who have been assessed as at risk of falling, contain specific interventions and supports tailored to their risk...**

<i>Please tick one</i>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Almost always (90% - 100%)
<input type="checkbox"/> 2	Most of the time (70% - 89%)
<input type="checkbox"/> 3	Often (50% - 69%)
<input type="checkbox"/> 4	Not often (1 - 49%)
<input type="checkbox"/> 5	I don't know
<input type="checkbox"/> 6	Does not apply (e.g. because my organisation is not delivering care or a service to older people).

**Q7: Compared to those without dementia, older people living with dementia have a higher rate of falls, fractures and mortality after a fracture.** [\[Topic 6\]](#)

<i>Please tick one</i>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	True
<input type="checkbox"/> 2	False
<input type="checkbox"/> 3	I don't know

**Q8: Older people living with dementia may not remember the advice they've been given. Which of these approaches do you think could be effective?**

*Select as many options as you wish:*

<i>Please tick</i>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Reducing the risk of tripping by ensuring clear pathways in the living environment.
<input type="checkbox"/> 2	Providing simple visual cues, such as signage or a blue door for the toilet.
<input type="checkbox"/> 3	Using communicating devices, such as individual alarms (sensor mat, electronic bracelet) which alert staff or carers.
<input type="checkbox"/> 4	Tapping the wisdom of family and other carers who know the older person well.
<input type="checkbox"/> 5	Installing impact-absorbent flooring in institutional environments.
<input type="checkbox"/> 6	Selecting stable and suitable furniture, e.g. chairs with arms.
<input type="checkbox"/> 7	Removing unsuitable footwear so that only the footwear that is well-fitting and supportive can be used.
<input type="checkbox"/> 8	None of the above
<input type="checkbox"/> 9	I don't know

**Q9: Mr Smith has become acutely confused (the reason is not yet known). He is agitated and trying to get out of bed. Because he is often unsteady on his feet, he is considered to have a higher risk of falling, but is normally able to mobilise safely with supervision. Which actions would increase his safety and reduce his risk of falling while he is in this confused state?**

*Select as many options as you wish.*

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Ask Mr Smith's family to arrange for family members to be present.
<input type="checkbox"/> 2	Consider requesting a watcher for Mr Smith.
<input type="checkbox"/> 3	Ensure the bedrails on Mr Smith's bed are up as high as possible.
<input type="checkbox"/> 4	Put Mr Smith's mattress on the floor and advise his family as to why.
<input type="checkbox"/> 5	Transfer Mr Smith to a high observation area.
<input type="checkbox"/> 6	Increase the frequency of staff checks on Mr Smith.
<input type="checkbox"/> 7	None of the above
<input type="checkbox"/> 8	I don't know

**Q10: How strongly do you agree or disagree with this statement?**

*Each risk factor identified in an older person's fall risk assessment should be an addressed by an intervention or support appropriate for the individual.* [\[Topic 3\]](#)

<i>Please tick one</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Strongly agree
<input type="checkbox"/> 2	Agree
<input type="checkbox"/> 3	Neither agree nor disagree
<input type="checkbox"/> 4	Disagree
<input type="checkbox"/> 5	Strongly disagree

**Q11: Prescribed vitamin D supplements for older people likely to be deficient (frail, institutionalised or housebound) improves neuromuscular and psychomotor performance; this is thought to be why vitamin D supplementation may reduce falls.**

[\[Topic 7\]](#)

<i>Please tick one</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	True
<input type="checkbox"/> 2	False
<input type="checkbox"/> 3	I don't know

**Q12: What is the proportion of hip fracture patients who have previously had an osteoporotic fracture?**

[\[Topic 6\]](#)

<i>Please tick one</i>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	A quarter (25%)
<input type="checkbox"/> 2	Half (50%)
<input type="checkbox"/> 3	Three quarters (75%)
<input type="checkbox"/> 4	All (100%)
<input type="checkbox"/> 5	I don't know

**Q13: 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?**

<i>Please tick one</i>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Strongly agree
<input type="checkbox"/> 2	Agree
<input type="checkbox"/> 3	Neither agree nor disagree
<input type="checkbox"/> 4	Disagree
<input type="checkbox"/> 5	Strongly disagree

**Q14: Match the following medication types with the MAIN side effects that are associated with increased risk of falling, or harm if a fall happens:**

[\[Topic 8\]](#)

*More than one answer allowed each line*

	Increased risk of bleeding	Risk of dizziness	Risk of drowsiness	I don't know
	<i>Please tick</i>	<i>Please tick</i>	<i>Please tick</i>	<i>Please tick</i>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anticoagulants (thin the blood, e.g. Warfarin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepines (anti-anxiety and sedative e.g. Diazepam, Zopiclone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antihypertensives (lower blood pressure e.g. Felodipine, Metoprolol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotics (e.g. Haloperidol, Risperidone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15: Mrs Jones is an independent 87 year old who has these medicines prescribed, which she says she has been taking ‘forever’:**

- Digoxin 62.5microgram daily
- Simvastatin 20mg daily
- Bendrofluazide 2.5mg daily
- Risperidone 500microgram nocte
- Warfarin as per INR.

Her use of these medicines should be reviewed because:

[\[Topic 8\]](#)

Select as many options as you wish

Please tick	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	The risk of an adverse drug event increases with the number of medicines taken
<input type="checkbox"/> 2	Some of these medicines are associated with an increased risk of falling or increased risk of fall related injury
<input type="checkbox"/> 3	The reasons some of these medicines were originally prescribed may no longer be relevant
<input type="checkbox"/> 4	Stopping or reducing medicines associated with a higher risk of falls may prevent an older person from falling
<input type="checkbox"/> 5	I don't know

**Q16: Use of bedrails increases the risk of harm associated with falling from bed.**

One answer only.

Please tick one	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	True
<input type="checkbox"/> 2	False
<input type="checkbox"/> 3	I don't know

**Q17: Which of the following two statements best reflects what ‘an individualised care plan for an older person at risk of falling’ means to you?**

[\[Topic 3\]](#)

One answer only.

Please tick one	
<input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Each older person at risk of falling needs the same set of interventions to ensure nothing is missed.
<input type="checkbox"/> 2	Each older person at risk of falling needs different interventions because every person is different.

***Thank you for those answers, your feedback is appreciated.***

We now have a few questions regarding the Quiz itself.

**Q18: Could you please indicate how you were made aware of the Quiz:**

*Please tick as many as you wish.*

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	I saw it in a print flyer at my workplace
<input type="checkbox"/> 2	It was on the intranet at work
<input type="checkbox"/> 3	I heard about it in an email from the Health Quality & Safety Commission
<input type="checkbox"/> 4	I heard about it in an email from another source
<input type="checkbox"/> 5	I heard about it via social media (twitter, facebook, etc.)
<input type="checkbox"/> 6	It was recommended to me by a colleague
<input type="checkbox"/> 7	Other, please specify

**Q19: Which of these have you participated in?**

***Please select all that apply***

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	The 2013 April Falls Quiz
<input type="checkbox"/> 2	Signing up for alerts to the 10 topics in reducing harm from falls
<input type="checkbox"/> 3	Reading any of the 10 topics. Please specify how many: _____
<input type="checkbox"/> 4	None of the above

***For statistical purposes please can you supply us with the following demographic details?***

**Q.20 Which of the following best describes your current role?**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Nursing
<input type="checkbox"/> 2	Assistant or caregiver
<input type="checkbox"/> 3	Allied Health
<input type="checkbox"/> 4	Medical
<input type="checkbox"/> 5	Educator
<input type="checkbox"/> 6	Manager
<input type="checkbox"/> 7	Other - Please specify

**Other role - please specify** \_\_\_\_\_

**Q.21: And are you currently working in...?**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	A District Health Board (DHB)
<input type="checkbox"/> 2	Aged residential care
<input type="checkbox"/> 3	Home care services
<input type="checkbox"/> 4	Primary health care
<input type="checkbox"/> 5	Other - Please specify

Other - please specify \_\_\_\_\_

**Q.22: In which DHB region are you located?**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Northland
<input type="checkbox"/> 2	Waitemata
<input type="checkbox"/> 3	Auckland
<input type="checkbox"/> 4	Counties Manukau
<input type="checkbox"/> 5	Bay of Plenty
<input type="checkbox"/> 6	Waikato
<input type="checkbox"/> 7	Lakes
<input type="checkbox"/> 8	Tairāwhiti
<input type="checkbox"/> 9	Taranaki
<input type="checkbox"/> 10	Hawke's bay
<input type="checkbox"/> 11	Whanganui
<input type="checkbox"/> 12	Mid Central
<input type="checkbox"/> 13	Hutt Valley
<input type="checkbox"/> 14	Capital and Coast
<input type="checkbox"/> 15	Wairarapa
<input type="checkbox"/> 16	Nelson Marlborough
<input type="checkbox"/> 17	West Coast
<input type="checkbox"/> 18	Canterbury
<input type="checkbox"/> 19	South Canterbury
<input type="checkbox"/> 20	Southern

**Q.23: Which ethnic group do you MOST identify with?**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	New Zealand European
<input type="checkbox"/> 2	New Zealand Maori
<input type="checkbox"/> 3	Asian
<input type="checkbox"/> 4	Pacific Islander
<input type="checkbox"/> 5	Other (please specify)
<input type="checkbox"/> 6	Prefer not to answer

**Other ethnic group - please specify** \_\_\_\_\_

**Q.24: Which of the following age groups do you belong to?**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Under 18 years
<input type="checkbox"/> 2	18 - 29 years
<input type="checkbox"/> 3	30 - 39 years
<input type="checkbox"/> 4	40 - 49 years
<input type="checkbox"/> 5	50 - 59 years
<input type="checkbox"/> 6	60 - 65 years
<input type="checkbox"/> 7	65 years or more
<input type="checkbox"/> 8	Prefer not to answer

**Q.25: Are you?**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Male
<input type="checkbox"/> 2	Female

**Q26: Thank you for your answers. If you have any comments you would like to make regarding the Quiz, please leave them in the box below:**

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**Q.27: Please provide your details for alerts to the new national falls newsletter**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Yes, I wish to receive alerts to the new national falls newsletter, and will supply my contact details below
<input type="checkbox"/> 2	No thank you, I do not wish to receive alerts to the new national falls newsletter (SKIP TO Q28)

***Please provide:***

**First and last name:**

\_\_\_\_\_

**Email address:**

\_\_\_\_\_

**Mobile phone**

**number:** \_\_\_\_\_

**Preferred mode of contact:**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Email
<input type="checkbox"/> 2	Mobile Phone

**Q.28: Please provide your details for the prize draw. There are three prizes, each to the value of \$1000, for a development activity which grows the capability of an individual, team or organisation. Prizes will be awarded to individual entries selected at random from each of these three categories: hospital, residential care and primary/community/other.**

***Please note your responses to the Quiz will remain anonymous and contact details will be used solely for the purpose of the prize draw. This information is also separate from the email and mobile alerts for the falls newsletter.***

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Yes, I wish to enter the draw and will provide contact details below
<input type="checkbox"/> 2	No thank you, I do not wish to enter the draw (SKIP TO THE END OF SURVEY)

**So we can enter you into the draw, please provide:**

**First and last name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Mobile phone number:** \_\_\_\_\_

**Preferred mode of contact:**

<i>Please tick</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> 1	Email
<input type="checkbox"/> 2	Mobile Phone

**Q29: Which category best describes your involvement:**

- Hospital
- Residential care
- Primary/community and OTHER (includes all other possibilities)

**Name your organisation:** \_\_\_\_\_

*(This information is to help us support you in working with your organisation to propose the development activity).*

**Thank you again for taking the time to complete the Second National Annual April Falls Quiz.**

**Don't forget the answers will be available online at [www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/](http://www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls/) from 16 May 2014.**

**Please send your responses to reach us by 5pm on 09 May 2014**

**POST via Freepost 172567**

**TO: Lucy Taua'i  
Versus Research  
PO Box 5516  
Frankton  
Hamilton 3242**

**Please consider posting a bundle of responses in one envelope.  
Or scan your response and email it to [register@versus.co.nz](mailto:register@versus.co.nz)**