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EDITORIAL

Welcome to the second issue of 2011. This edition focuses on the use of mobility aids, specifically motorised scooters and wheelchairs. Both are increasingly more common in the community and Residential Aged Care Services and readily available to the public to purchase "over-the-counter".

In the same way we all have the right to purchase and use complementary medicines we have the right to purchase and use motorised mobility scooters or wheelchairs.

The two cases presented describe issues about appropriate use and maintenance of this equipment. One of the challenges all health professionals and carers face is the boundary between, ensuring residents are informed and the individual's right to access aids that are freely available. It is vital we recognise that motorised mobility scooters provide a level of independence and better quality of life to users that are not otherwise possible. So any action we suggest that improves safety needs to be balanced against the limits it imposes on a persons lifestyle.

In contrast, there is no debate about equipment maintenance and ensuring mobility aids are mechanically fit for use. The challenge is overcoming our complacency. Our focus is on the resident not the equipment and wheelchairs are so commonplace that we forget about regular maintenance or if we do remember, we think that "someone else is looking after that".

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The Department of Forensic Medicine Monash University and the Victorian Institute of Forensic Medicine will publish the RESIDENTIAL AGED CARE COMMUNIQUE on a quarterly basis. Subscription is free of charge. The publication is sent electronically to your preferred email address.

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PUBLICATION TEAM

Editor in Chief: Joseph E Ibrahim
Consultant Editor: Rhonda Nay
Managing Editor: Fiona Kitching
Designer: Caroline Rosenberg

Address: Department of Forensic Medicine,
Monash University
57-83 Kavanagh St, Southbank
Telephone: +61 3 9684 4444

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FEEDBACK

Please email your comments, questions and suggestions to:
racc@vifm.org

DISCLAIMER

All cases that are discussed in the Residential Aged Care Communiqué are public documents. A document becomes public once the coronial investigation process has been completed and the case is closed. We have made every attempt to ensure that individuals and organizations are de-identified. The views and conclusions are those of the authors and do not necessarily represent those of the Coroners, Department of Health, Victorian Institute of Forensic Medicine or Monash University. If you would like to examine the case in greater detail, please contact us and we will provide the relevant website for the Coroner's Court jurisdiction.

WHO IS RESPONSIBLE?

Case Précis Author: Carmel Young RN

CLINICAL SUMMARY

Mr TD was an 88-year-old male who resided in a metropolitan low-level care facility for many years. Mr TD had required a wheelchair for mobilisation for over five years after major hip surgery. Past medical history included seizures, transient ischaemic attacks, diverticulitis and carcinoma of bowel.

It was late morning when staff went into Mr TD's room to transport him to the dining room for lunch. When staff entered the room his wheelchair was found empty and facing the bathroom. Mr TD was on the floor with his head lodged between the bed and armchair. While the staff attended Mr TD appeared to be having seizures.

An ambulance was called to transfer Mr TD to a major metropolitan hospital. CT Brain scan revealed right frontal lobe contusion that was managed conservatively. Over the next three weeks in hospital, Mr TD's condition deteriorated and he died.

PATHOLOGY

The pathologist did not conduct an autopsy. He concluded that the cause of death was: "Aspiration pneumonia, complicating a right frontal brain contusion which he sustained in a fall".

INVESTIGATION

The coroner directed that further investigation was required "but without a witness to the incident one can only speculate as to what actually occurred". The possibilities include falling from the wheelchair when attempting to transfer into or out of bed or a mechanical fault in the wheelchair.

An independent examination of the wheelchair reported to the coroner "the frame was damaged" and "the chair shows a definite lack of maintenance. Apart from the chair having bald tyres and ineffective brakes, it was filthy dirty".

The facility supplied the wheelchair and was responsible for its maintenance.

CORONER'S COMMENTS AND FINDINGS

The coroner was unable to ascertain if the wheelchair was "a factor which contributed directly to his death", and stated that "everything that can be done is done by those in a position of providing care to make sure that such equipment is appropriately maintained to ensure that the safety of the person is not in any way diminished."

EDITORS COMMENTS

Classically, the approach taken to investigate transport fatalities includes consideration of the environment, vehicle and person. In this case the focus was "mechanical/vehicle" factors.

Questions you may want to ask of yourself if a similar circumstance was to arise in your Residential Aged Care Service are:-

"Are environmental factors optimally managed for our long term residents?" We often assume the environmental factors specifically, the layout of the room, floor surface and entry and exit to the bathroom are suitable.

"Are the person factors optimally managed?" This requires medical and health professional review to ensure management of seizures is optimal, the resident's cognitive and physical state are appropriate for the mobility aid.

"Are our equipment maintenance programs optimally managed?" You may recall the RAC Communiqué June 2010 edition focused on the use of equipment and Health Technology Assessment.

AN INDEPENDENT SPIRIT

Case Précis Author: Carmel Young RN

CLINICAL SUMMARY

Mr D was a 90-year-old male with peripheral vascular disease and leg weakness due to a peripheral neuropathy. Past medical history included ischaemic heart disease. He was a widower and had used a mobility scooter extensively for six years.

Early one Friday afternoon, Mr D entered a busy 4-lane roadway on the scooter. After crossing the first three lanes, he was struck by a car in the final lane. The ambulance service attended and transferred Mr D to hospital where he died from injuries sustained in the collision.

PATHOLOGY

The cause of death was head injuries sustained in a collision with a motor vehicle whilst riding a motorised scooter.

INVESTIGATION

The coroner completed the investigation into Mr D's death.

Environmental factors were considered. The weather was fine, visibility good and the roadway was straight in the area of the collision. The road surface was dry and in good condition. The motor vehicle driver's vision of the whole road had been obstructed by the traffic in the first three lanes.

Mechanical factors were considered. A transport inspection completed on the motor vehicle and scooter found them both mechanically sound. The motor vehicle was slowing down at the time of the collision and was well below the posted speed limit.

Driver and rider factors were considered. The motor vehicle driver was tested for drug and alcohol and returned negative results. Mr D was also tested, returning negative results for alcohol and positive results for his prescribed medication.

However, the investigation revealed Mr D had purchased the motorised scooter privately and had a history of not using the motorised scooter in a responsible manner. Specifically, Mr D rode too fast, used the road rather than footpath, had little regard for traffic and generally did not use designated pedestrian crossings.

Also, doctors and health workers frequently advised Mr D to slow down and to be more aware of pedestrians.

CORONER'S COMMENTS AND FINDINGS

The case was closed without holding an inquest. The coroner concluded the "deceased's own actions in driving his scooter..., in the face of traffic were the direct cause of his unfortunate death".

The coroner noted that Mr D was not required to have a licence, nor undergo training or pass any test to operate the scooter. "A person riding a motorised scooter is classified under traffic regulations as a "pedestrian" and is required to obey pedestrian laws. A scooter is to be driven on footpaths and subject to pedestrian rules for crossing roads."

The coroner referred to information available from the National Coroners Information System and the Victorian Injury Surveillance Unit that indicated deaths from motorised scooter where becoming a public health and safety matter with 30 deaths reported to a coroner in Australia between July 2000 and May 2006.

The coroner also stated that " The death of the deceased highlights the need for serious and timely consideration and, if appropriate, action to be given to the safe use of motorised scooters in order to prevent or minimise the likelihood of further death and injury associated with their use."

The Coroner made several suggestions. Amongst these were: consideration be given to competency assessment and training for all potential users; manufacturing companies investigate safety features; riders should consider wearing protective equipment and consideration of a licensing, registration and insurance system.

EDITORS COMMENTS

The websites for the Victorian Injury Surveillance Unit's report and the National Coroners Information System are included in the resources section.

BACK TO THE FUTURE

In Autumn 2006, The Victorian Injury Surveillance Unit (VISU) Monash University, published 'Hazard' #62 which reported on "Injury Related to the use of motorised mobility scooters". A précis of selected cases from that report included:

A male in his 70's died from complications of a fractured hip that occurred when he fell getting out of the scooter at home.

A female in her 90's died from head injuries after losing control of her scooter while traveling downhill.

A male in his 90's died suddenly from natural causes, ischaemic heart disease, whilst riding his scooter to a shopping centre.

VISU collated and analysed injury data related to motorised mobility scooters from fatalities reported to the coroner, admissions to hospital and presentations to Emergency Departments. The most common circumstances leading to injury reported include: falls, collision with other objects, collision with motor vehicles and roll over or tipping over the scooter.

In 2010, the Australian Competition and Consumer Commission (ACCC) funded a research project for a targeted study of injury data involving motorised mobility scooters (MMS). This study contained three parts: (1) a review of the injury data, (2) a review of fatality data and (3) telephone interviews with a range of MMS users and key informant organisations.

The report suggested an emerging trend of increased injuries and deaths associated with MMS use. The community consultation indicated strong support for ongoing use of MMS for older persons and people with disabilities to maintain independence and engagement with the community.

Significant injuries and deaths related to the use of MMS continue to occur requiring improvement of safety measures. However, the safety measures need to be balanced with the impact on the quality of life of MMS users.

The ACCC, in conjunction with other agencies, is working to develop and implement strategies for a united approach to minimise deaths and injuries.

COULD I SEE YOUR LICENCE?

Evan Milne and Sally Holder,
Occupational Therapists, Ballarat Health
Services- Queen Elizabeth Centre

These are difficult issues as there are many contributing factors which may result in incidents and harm related to equipment use. The use of motorised mobility scooters is very complex because these are readily available commercially with no requirement for registration or testing of the user.

So how and what does an occupational therapist think about?

Many people in the community choose to use a scooter instead of a motor vehicle, but a scooter is more correctly an aid to long-distance pedestrian mobility. An occupational therapy assessment of the client, scooter and environment is certainly helpful. However, the current laws allow a client to purchase their own scooter against the recommendation of the therapist.

The occupational therapy assessment is not always straightforward. Independent community mobility carries some inherent risk for the user and the community, especially when age or disability has any impact on the user's physical, cognitive or emotional capacities.

When we are weighing up what is a 'reasonable risk' against the 'potential to benefit' this is a dynamic process and is

not as simple as a clear 'pass or fail'!

We have to consider sensory impairments (esp. vision and hearing), reduced speed of processing, reduced complex reasoning and foresight/insight, reduced co-ordination and fine motor control are all common issues affecting this population. Users may not perform well on a first attempt as it is an unfamiliar activity – so several trials may be necessary to determine capacity.

We consider the difference between what a client 'can do' versus what they 'do do'. Many clients have the ability to regulate their speed, choose appropriate road crossing points and plan a route that involves suitable footpaths. But it's not uncommon to see these same clients exhibiting unsafe or undesirable behaviours – high speeds in busy areas, poor road crossing choices or choosing the road instead of the footpath.

We must also appreciate that many of these clients are changing or fluctuating in capacity. How often should the review be undertaken? What funding program will cover initial assessment as well as ongoing review? If performance is poor on review – what is the therapist's capacity to provide training or, harder still, to remove a scooter from the client? Who monitors the condition of the scooter? Who arranges and pays for repairs? There's no such thing as a roadworthy certificate for a scooter!

So how do we use this information in a practical way in our Residential Aged

Care Service with a specific resident?

At the moment, there are few hard and fast rules that can be enforced. A commonsense approach is required that balances the independence the resident desires with the risk of harm to themselves or others.

To approach the issue systematically we should:-

(1) Consider the person's motives particularly why they use a scooter and what it means to their quality of life,

(2) Consider the person's capacity, cognitive and physical ability to safely use the scooter and to cope with the unexpected incident

(3) Review the product: Is it fit for the purpose for which it is being used? Does it have the safety design features necessary for this individual? And,

(4) Review the environment in which the scooter is used. There are different considerations depending on whether it is used indoors or outdoors. If use is indoors we need to consider other residents, their mobility aids and traffic flow in corridors and common rooms. If use is outdoors, the width and evenness of footpaths and the slope of gutters, weather conditions etc.

(5) If in any doubt ask for a formal assessment by an occupational therapist.

LIST OF RESOURCES

1. The ACCC's "Help cut mobility scooter accidents" booklet provides safety tips and outlines key things to consider when buying and using mobility scooters. <<http://www.productsafety.gov.au/content/item.phtml?itemId=982281&nodeId=e277e63f2424dfc336f53659f9168696&fn=Help%20Cut%20Mobility%20Scooter%20Accidents.pdf>>
2. Cassell E and Clapperton A., Consumer Product-Related Injury (2): Injury related to the use of motorised mobility scooters. Hazard Publication – #62/2006: Victorian Injury Surveillance Unit, Monash University Accident Research Centre.–is available for free at <<http://www.monash.edu.au/muarc/VISU/hazard/haz62.pdf>>
3. The ACCC mobility scooter injury data research report is available at <<http://www.productsafety.gov.au/content/item.phtml?itemId=985925&nodeId=aa8864219ef7ffd9896da173d0c90825&fn=Targeted%20Study%20of%20Injury%20Data%20Involving%20Motorised%20Mobility%20Scooters.pdf>>.
4. National Coroners Information System: is a national internet based data storage and retrieval system for Australian coronial cases. The information about every death reported to an Australian coroner since July 2000 provides a valuable hazard identification and death prevention tool for coroners and research agencies. For more information visit <<http://www.ncis.org.au/>>
5. RAC-Communiqué Volume 5 Issue 2 June 2010. The theme was about the need for Health Technology Assessments. Available at: <http://www.vifm.org/education-and-research/publications/residential-aged-care-communique/>>