

Session 6B Concurrent Practical issues in delivering falls prevention programmes

Lorraine Lovitt, is the Leader, NSW Falls Prevention Program, Clinical Excellence Commission. She has a nursing background in aged care in community and acute care. At NSW Health she developed the Discharge Planning policy, implemented Dementia Strategy initiatives and had a key role in the development and implementation of ComPacks, a community facilitated discharge initiative.

Jenny Bawden is the Falls Injury Prevention Coordinator in Sydney West Area Health Service, facilitating implementation of the NSW Health Falls Policy in this Area. Jenny has a clinical and management background in Occupational Therapy and Health Promotion, primarily working with older people and implementing falls prevention in various settings.

Ann Rose has a wide background in the health sector and works as a Programme Manager in Injury Prevention at ACC, Wellington, in particular with older adults and child falls prevention. Since commencing at ACC, Ann has trained as an instructor in Tai Chi and takes Tai Chi for staff.

Michelle Taylor has been with the Injury Control Council of WA (ICCWA) for over a year as the Manager, Falls Prevention Programs. Her Agribusiness degree and previous work experience at Farmsafe WA has assisted with strengthening ICCWA's rural networks. She has a passionate belief in promoting safety and injury prevention in both metropolitan and regional communities.

Filipo Motulalo works as an Injury Prevention Consultant in Counties Manukau, Auckland specializing in Injury Prevention for the Pacific community. Filippo has been leading the Langi Mai project that aims to prevent falls in the older Pacific communities.

Christina Isaksson has over 20 years experience working as a physiotherapist in rehabilitation and falls prevention. Christina currently is the Community Falls Liaison, Health Service Integration, Population & Primary Health Care, Southern Adelaide Health Service. **Michele Sutherland** will present Christine's talk.

Patsy Bourke is the Falls Injury Prevention Coordinator for Hunter New England Health in NSW. This role translates the NSW Falls Injury Prevention policy into practice across community, hospital and residential aged care settings. An MPH compliments prior clinical, education and health promotion experience for this diverse role.

Prue McRae is a physiotherapist who currently works in the Safety and Quality Unit at Royal Brisbane and Women's Hospital. She has chaired the hospital's Falls Working Party for 4 years and has been involved in a number of research projects on falls prevention in the hospital setting.

WEB BASED RESOURCE DIRECTORY: ACTIVE AND HEALTHY

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Background:

There is strong evidence that exercise is a priority intervention in preventing falls in older people. NSW Department of Health commissioned the development of evidence-based minimum standards for community based physical activity programs for falls prevention among older people,

based on a meta-analysis of exercise interventions for falls prevention.¹ This included the type, frequency and intensity of physical activity programs to prevent falls.

To determine what proportion of exercise programs adhered to falls prevention best practice, a review of exercise programs in NSW provided recommendations for service providers.

This review identified the need for a web-based directory of such programs. In February 2010, a project commenced to develop a web-based resource directory of physical activity falls prevention programs. This directory will provide access to falls prevention programs for the general community and health professionals across NSW.

Description:

A web-design company was contracted to build the web-site. Consultation with key experts resulted in the development of an online registration form, an information package with introductory letter, frequently asked questions and registration form mailed to providers, Area Health Services and local Councils in April 2010. The web-site will enable the community and health professionals to identify a falls prevention physical activity program in a local area and general falls prevention information and best-practice guidelines. Newsletters and emails to the provider network will update them on evidence and training opportunities.

Results:

To date over 300 providers have registered. An expert consultant review accepted 81% in first review and declined 10%. Ongoing programs for the web-site are determined by 'inclusion criteria' established by an expert panel.

Conclusion:

The project will continue to grow the service provider network and will provide comprehensive information about falls prevention and relevant physical activity programs.

Reference:

1. Sherrington C, Whitney JC, Lord SR et al. Effective exercise for the prevention of falls: a systematic review and meta-analysis. *J Am Geriatr Soc* 2008;56:2234-43.

THE "CHALLENGE": AN EXAMPLE OF SOCIAL MARKETING FOR FALLS PREVENTION

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Aim:

To raise older people's awareness of how to prevent fall injury through a local social marketing strategy.

Methods:

A community social marketing approach was selected as this can engage a larger population sample size for a lower per person intervention cost. The intervention – the "Fit & Strong: 65 & Beyond" Challenge – was developed by Sydney West Area Health Service (SWAHS) to raise awareness and encourage participation in four daily health behaviours that help prevent fall injuries among older people:

- Be active – engage in 30 minutes of physical activity
- Do balance and strength exercises
- Spend some time in the sun – 5 to 15 minutes before 10 am or after 3 pm to optimise vitamin D levels
- Eat dairy foods – 3 to 4 serves per day for adequate calcium intake

Participants were provided with an information pack and tools to record their daily participation for the designated period (two to four weeks).

Following a positive experience of the SWAHS Challenge, Anglican Retirement Villages adopted the concept, running their "Better Balance Challenge" for three weeks in April 2010.

Results:

Over 1200 older people have participated in the SWAHS Challenge and 822 people, mostly independent living unit residents, in the Anglican Retirement Villages Challenge. Of the participants, 66% completed the full three-week program.

Evaluation results indicate that this strategy is acceptable to older people. Most participants increased their knowledge of fall injury prevention and self-reported increased levels of physical activity, balance and strength exercises and intake of calcium and vitamin D. Most participants indicated their intention to maintain these behaviours.

Conclusion:

The Challenge concept is a promising population health strategy for addressing fall injury prevention among older people.

FROM CONCEPTION TO MATURITY – THE METAMORPHOSIS OF ACC'S MODIFIED TAI CHI PROGRAMME

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Aim:

Using the analogy of the story of the Very Hungry Caterpillar by Eric Carle, the development of the Accident Compensation Corporation (ACC)'s Modified Tai Chi programme will be discussed. Over the years, many attempts have been made to gain partnerships with other organisations to achieve sustainability, with very little response.

Methods:

ACC introduced Modified Tai Chi for falls prevention in 1998 when it funded 11 community fall prevention pilot projects with various providers in five areas. So the egg was laid. These projects continued quietly until additional funding from ACC allowed expansion. By the end of 2004, ACC funded Modified Tai Chi delivered twice a week for 20 weeks in 23 areas throughout New Zealand. So the caterpillar had hatched.

ACC contracted a Master Tai Chi trainer to provide training for instructors. In 2007, ACC conducted a national tender to increase the number of providers throughout NZ and to gain consistency of delivery. Forty Modified Tai Chi providers were secured and instructor training increased to enable the providers to deliver the programme. And so the chrysalis formed. Following this, ACC commissioned Auckland University of Technology to evaluate the programme which commenced in 2006 and completed April 2009.

Results:

This research, along with international research led to the decision to change the delivery of the programme to once a week for 16 weeks from December 2009.

Conclusion:

ACC has delivered Modified Tai Chi to over 35,000 people and has seen many of its providers commence their own classes. Other providers have set up independently of ACC and instructor training has been offered to ensure sustainability. With over 700 trained instructors the programme has reached maturity....it is ready to fly.

DEVELOPING FALLS PREVENTION RESOURCES FOR THE ABORIGINAL POPULATION IN WESTERN AUSTRALIA

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Aim:

To develop evidence based and culturally appropriate falls prevention resources for the community dwelling Aboriginal population in Western Australia. The WA Falls Network identified this as a priority area for resource development as current community based falls prevention resources were inappropriate for use with this population due to their cultural, social and linguistic differences, health status and health service needs.

Methods:

A needs assessment and stakeholder consultation was conducted with Aboriginal Health Workers from the Kimberley and South West regions of WA and the Department of Health WA Falls Network to determine the top resources required for development. Initially two separate resources were to be developed, one for use in the Kimberley and the other for the South West of Western Australia.

Working parties and reference groups were established and Aboriginal people from the Kimberley and South West were consulted with to guide the development of the resources format, content and method of dissemination as well as to ensure the resources were based on evidence and best practice guidelines. The development of the South West resource was finalised in June 2010. After consultation with a number of people in the Kimberley, a pre-existing resource for this region was identified and the decision was made to collaborate with the author to disseminate this resource.

Results:

Due to the feedback from the needs assessment surveys and collaboration with community members and Aboriginal Health Workers, a speaker's kit was developed for health professionals to use when educating their clients on falls prevention.

Conclusion:

The establishment of population specific and culturally appropriate falls prevention resources provides a consistent and coordinated approach to informing the Aboriginal population of the contributing risk factors to a fall and some of the strategies to assist in the prevention of a fall.

LANGI MAI – FALL PREVENTION FOR PACIFIC OLDER ADULTS

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Aim:

In New Zealand, falls are the leading cause of injury-related hospitalisations for persons aged 65 years and over. A range of older adult falls prevention programmes such as Modified Tai Chi has proven to be popular with mainstream older New Zealanders. However, they have received a poor response and up take from the isolated and difficult to reach Pacific immigrant community within New Zealand.

Within the Pacific community there is a rich and diverse culture of traditional song and dance. Many of these songs have actions and dances of varying degrees of physical exertion. The Langi Mai programme was created to encourage older Pacific adults to dance regularly to these cultural and tradition based songs in order to improve their muscle flexibility and lower limb strength.

Methods:

Manukau City in South Auckland, New Zealand has the world's largest Pacific population. Between July 2009 and November 2009 a pilot project was delivered in three Tongan and three Samoan communities across South Auckland.

The target groups were older Pacific adults aged 55 years and over. The pilot ran for 15 weeks with a step test assessment taken at the start and on completion of the pilot.

Results:

Results from the pilot have shown not only good improvement in muscle flexibility and lower limb strength but a re-awakening of identity and a sense of self worth.

Conclusion:

A major factor to the success of Langi Mai was the way the participants embraced the programme and actively participated in it. Langi Mai was more than just an exercise programme, it evoked a sense of identity and reinforced the role of the older Pacific adult to pass on the dance traditions to the next generation.

AN INNOVATIVE APPROACH TO COORDINATION OF FALLS PREVENTION SERVICES IN SOUTHERN ADELAIDE

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Aim:

With an ageing population there are greater numbers of older people with chronic conditions and co-morbidities who are at risk of physical decline and increased likelihood of falls. Evidence indicates with screening, comprehensive assessment, referral to, and participation in appropriate falls prevention interventions the Older Person can optimise their physical function and reduce risk of falls.

A lack of comprehensive assessment, poor knowledge of service availability and service coordination and no follow up for the Older Person was identified in the Southern Adelaide Region. The Pathways to Independence (PTI) Program was developed in response to these issues.

Methods:

PTI targets people with early physical decline identified through a systematic screening process in 3 hospitals, SA Ambulance Service (SAAS) and the region's General Practices with referral via a common entry point.

An innovative approach to identifying clients who have fallen at home and been attended to by the Ambulance Service but not transported to hospital, has also been implemented – a group that would previously have “slipped through the gaps”.

Agreements with multiple community service providers has enabled a collaborative approach to falls prevention in this region using an agreed common assessment tool to provide comprehensive in home safety assessments and falls risk screening. Appropriate services or interventions are recommended and monitoring and support is offered for up to 6 months.

Results:

There were 270 clients who received the PTI home safety assessment and falls risk screen in 2008-2009. Available data on 12 months pre intervention and 12 months post intervention for these clients, demonstrates a 79% reduction in falls related admissions.

Conclusions:

This paper will outline the Pathways To Independence Program, including outcomes measures and what we have learned to date.

References:

1. Blackberry I, Galvin P, Bingham A et al. A literature review on falls prevention for older people presenting to Emergency Departments following a fall: Effective approaches and barriers to best practice. Report by the National Ageing Research Institute (NARI) to the Australian Government Department of Health and Ageing 2007.
2. Logan PA, Coupland CA, Gladman JR et al. Community falls prevention for people who call an emergency ambulance after a fall: randomised controlled trial. *BMJ* 2010;340:c2102.

ENHANCING OLDER PERSONS' INDEPENDENT COMMUNITY LIVING IN HUNTER NEW ENGLAND HEALTH, NSW

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Aim:

To develop programs that promote independent living for community dwelling people aged 65 and over within Hunter New England Health (HNEH), in northern NSW. The NSW Health Policy¹ and Australian guidelines² provide fall injury prevention best practice evidence. Guided by these key documents, HNEH is building capacity for early identification and referral to appropriate services to maximise self care for those at risk.

Methods:

Relevant strategies within the HNEH Fall Injury Prevention plan include:

- Increased access to physical activity programs that include challenge to balance and improved muscle strength to reduce falls risk.
- Standard screening and assessment protocols for early identification of actual and potential risk factors.
- Partnerships with Ageing, Disability and Home Care (ADHC) and Home and Community Care (HACC) services to develop interventions for frail older people.

Results:

- Increased number of physical activity providers and across more communities; registration of older persons training module with Fitness Australia; partnerships to deliver training and business support to rural providers in areas of high need.
- Standard screening and assessment protocols across all HNEH sites; innovative Emergency Department follow-up, Stepping On program grant.
- Get Active New England program in partnership with New England Home and Community Care (HACC); falls prevention education for Hunter HACC service providers.

Conclusion:

Through partnerships within HNEH and with service providers across a large geographic area, the capacity for programs that enhance home based living for older people has commenced and will continue to expand.

References:

1. NSW Department of Health. Management policy to reduce fall injury among older people: Detailed strategies and performance requirements 2003-2007. North Sydney: NSW Department of Health; 2003. Available from: http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_353_36-97.pdf (accessed 27 Sept 2010).
2. Australian Commission on Safety and Quality in Health Care. Preventing falls and harm from falls in older people: Best practice guidelines for Australian hospitals, residential aged care facilities and community care 2009. Available from: <http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/FallsGuidelines> (accessed 27 Sept 2010).

NOT ANOTHER TOOL – SUPPORTING BED SETUP DECISIONS IN FALLS PREVENTION

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Background:

Falls from bed or at the bedside are common in the hospital setting. A recent systematic review advocated individualised decisions on bed-rails and bed heights over the use of wholesale strategies. However, translation of this into practice has proven difficult. Consequently, various tools have been devised to aid decision-making related to bed setup. However the Royal Brisbane and Women's Hospital uses an integrated patient risk assessment process with a supported clinical judgment model for falls prevention. Available decision tools on bed rails and bed heights were found to articulate poorly with this model due to their inherently reductionistic approach and reliance on a 'tool' to generate a decision.

Aims:

The aims of this pilot study were 1) to develop an integrative model to support individualised patient centered decisions when considering bed setup; 2) to test the model with a focus group of nurses to clarify whether this model was perceived by staff to enhance their clinical judgment on bed setup and considered transferable to practice.

Methods:

A model was developed using a 'key principles' approach (being patient centric, design aware and consequence aware). Pre- and post-session surveys were completed to measure the

usefulness and potential applicability of the model in clinical practice.

Results:

Fifteen nurses and nursing students participated in the focus group. Comparison of pre–post results demonstrated nearly all (92%) participants found the model useful and the majority of participants indicated they would apply the model to support individualised decision-making on bed setup for falls prevention. There was also a shift in

the profile of decisions made in relation to the hypothetical scenario after participation in the session.

Conclusion:

Our findings suggest that a clinical judgment-based model is a feasible alternative to prescriptive tools to facilitate patient-centered decisions on bed setup for preventing falls.