



FOOTHOLDS ON SAFETY (6)

YARRA PRIMARY HEALTH SERVICES FALLS PROGRAMS AUDIT REPORT

OCTOBER 2006

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EXECUTIVE SUMMARY

Falls amongst older Victorians is a financial burden for the health system. The incidence of falls remains excessively high and falls are often perceived to be a natural occurrence with the ageing process.

In fact, falls can often be prevented with the implementation of falls specific strategies which address risk factors through the use of health promotion strategies such as capacity building, community development and health education and skill development. The Foothold on Safety Project, funded by Department of Human Service, aims to reduce the incidence of falls amongst older Victorians working within an integrated health promotion framework.

This report serves to identify current falls prevention strategies, services and gaps in the City of Yarra. The recommendations from this report will facilitate the development of key actions and interventions to meet project objectives.

Baseline data was sourced from Victorian Episodes Admissions Dataset (VAED) and St. Vincent's Hospital Melbourne (SVHM) on the number of Yarra residents who are admitted to hospital as a result of a falls injury.

A literature review of evidence based falls prevention practices illustrated that multi strategic falls programs which focus on multiple risk factors are the most successful in reducing the risk of falls.

A cross section of local services ranging from primary health care settings, to local government to social/welfare services participated in a survey of current falls prevention practices. The questions were grouped under the following areas.

- Organisational details;
- Screening;
- Service provision;
- Workforce development;
- Organisational processes;
- Conclusion – perceived gaps and requirements of the FOS (6) program.

Salient findings of this audit are:

- There is a lack of screening of clients aged 65 and over.
- There is inadequate recording of data by most agencies interviewed.
- The Italian population are over represented in hospital admissions data sourced from VAED and SVHM.
- There is a lack of promotion and knowledge of existing falls prevention services.
- The greatest barriers faced by agencies in making falls risk referrals were long waiting lists, access and use of transport and boundary restrictions.
- Of the agencies involved in falls prevention assessments, the staff are adequately trained to do so.

Key Recommendations:

- Development and promotion of a common screening tool for use by all practitioners engaged in falls prevention. This tool should be an attachment to the SCTT initial needs identification form.
- The falls prevention model for Yarra services to be promoted and used as a guide to assist staff when referring clients to services or programs.
- Embed falls prevention training and education, targeting staff who work in a domiciliary environment.
- Encourage falls prevention data collection by agencies.
- Work with agencies to embed falls prevention strategies in local planning processes such as health promotion plans and City of Yarra Municipal Public Health Plan and Community Safety Plan.

ACRONYMS

FOS	Footholds on Safety
VAED	Victorian Admitted Episodes Dataset
NYCH	North Yarra Community Health
SVHM	St Vincent Hospital Melbourne
CALD	Culturally and Linguistically Diverse
OT	Occupational Therapy
HACC	Home and Community Care
SCTT	Service Coordination Tool Templates
HHA	Home Hazard Assessment
DHS	Department of Human Services, Victoria
CACPS	Community Aged Care Packages
PAG	Planned Activity Group
GP	General Practitioner
NCMPCP	North Central Metro Primary Care Partnership

1 INTRODUCTION

This report is an initiative of the Yarra Footholds on Safety (6) Program; FOS (6). It will provide information to support existing falls prevention strategies within the catchment and identification of gaps for further work. All participatory agencies will receive a copy of this report to assist them with service planning and delivery. The Yarra FOS (6) Working Group will also use this report to provide support and strategic advice in the implementation of their Work Plan. For the purposes of this report, 'local' is defined as the geographical borders of the City of Yarra.

2 BACKGROUND

The FOS (6) project is funded by the Aged Care Branch of the Department of Human Services. The North Central Metropolitan Primary Care Partnership FOS (6) project is funded for three years from 2005. This is the sixth State wide incarnation of Footholds on Safety Projects. The NCMPCP FOS (6) project operated in the City of Whittlesea for 2005 and in its second year, 2006, is based in the City of Yarra. The aim of the project is to reduce the incidence of falls amongst people aged 65 and over living in Yarra, working within a health promotion framework.

A fall is defined as: 'Any event in which a person inadvertently or intentionally comes to rest on the ground or another lower level such as a chair, toilet or bed'¹

The Monash Accident Research Centre (2003) reports the following facts on falls of Victorians aged 65 and over:

- One in three older Victorians experience a fall each year.
- Falls related injuries account for approximately 250 deaths, 12,000 hospital admissions and at least a further 12,000 emergency department presentations annually in Victoria
- Most falls occur in the home
- Women experience more falls than men
- 80% of fall related deaths, one half of hospital admissions and two thirds of emergency department presentations are due to fractures sustained in a fall
- Most fractures occur in the hip, followed by wrist and forearm
- Fifteen percent of women and six percent of men will suffer a hip fracture during their lifetime. Those who sustain a hip fracture, have twenty-eight percent probability of permanent admission to an aged care facility the year following the fracture
- Older people who have a fall may experience a loss of confidence and independence and may diminish their quality of life.
- The estimated lifetime cost of falls injuries for this target group is \$199.3 million

¹ Tideiksaar, R., cited in Aleksandra A. Zecevic, MSc¹, Alan W. Salmoni, PhD¹, Mark Speechley, PhD² and Anthony A. Vandervoort, PhD³ (2006). Defining a Fall and Reasons for Falling: Comparisons Among the Views of Seniors, Health Care Providers, and the Research Literature [Electronic version]. *Gerontologist*, 46: p376.

- An ageing population will place an enormous financial burden on health resources.²

The significance of preventative, sustainable falls prevention interventions is demonstrated by these facts.

3 METHODOLOGY

Baseline data collected for this report included

1. statistical data;
2. literature review; and
3. Individual agency personnel responses to a questionnaire.

3.1 STASTICAL DATA

Local statistical data was collected from the following:

- Local information of hospital falls admissions, obtained from the Victorian Injury Surveillance Unit (VISU) using the Victorian Admitted Episodes Dataset (VAED). The information provided was based on postcodes within the City of Yarra
- Local demographic data such as age distributions, number of residents born overseas and languages spoken at home other than English spoken at home was obtained from City of Yarra Community Profile Data.
- An audit of internal referrals at North Yarra Community Health Service, using SWITCH data, to examine the number of referrals received by physiotherapists, occupational therapists and GP for falls assessments during July 2005-June 2006. North Yarra Community Health Inc is the community health service which participated in the mapping exercise.
- Hospital admissions data on falls from St Vincent's Hospital Melbourne, (SVHM) specifically the number of patients from culturally and linguistically diverse (CALD) groups.

3.2 LITERATURE REVIEW

Literature review comprised of journal articles and falls prevention websites. This identified evidence based strategies which have been proven to be most effective in falls prevention. The information obtained from the literature review was used as a basis for comparison of current interventions and assisted in identifying gaps in current falls prevention practises

3.3 AGENCY PERSONNEL QUESTIONNAIRE

Key personnel were identified by the FOS (6) working group, a questionnaire was distributed to 12 agency staff and administered during a recorded face-to-face interview. A list of participatory agencies and personnel is attached as Appendix 1.

² <http://www.monash.edu.au/muarc/VISU/falls/fallfact.pdf> accessed 6th July 2006

The FOS (6) questionnaire comprised of 28 questions grouped under the following headings:

- Organisational details
- Screening
- Service provision
- Workforce development
- Organisational processes
- Conclusion

A copy of the questionnaire is attached as Appendix 2.

4 CONSTRAINTS

Access to data is a constraint. SVHM admissions data did not include all postcodes for Yarra. The omission of this data results in an inaccurate picture of admissions to SVHM. Some agencies do not record diagnostic or treatment codes in the SWITCH database. Some agencies do not include specific referrals for falls assessments. Data was not sourced from General Practitioners.

5 FINDINGS

The data collected is categorised under the following sub-headings; statistical information, literature review and interview findings.

5.1 STATISTICAL DATA

5.1.1 Victorian Injury Surveillance Unit

The Victorian Admitted Episodes Dataset (VAED) is a state-wide collection of data on hospital admissions. During the period July 2003 to June 2004, there were 329 hospitalised admissions for falls related injuries for persons aged 65 and over residing in the city of Yarra. This number represents 1.4% of all hospital admissions for falls related injuries of this target group, in Victoria. 37% of the injuries were sustained in the patient's home. Females accounted for 66.5% of admissions. 48.3% of those injured were of CALD background with the main group being of Italian background. Information on ATSI people was not provided.

5.1.2 St. Vincent's Hospital Melbourne Falls Admissions

Between January 2005 and December 2005 a total of 52 residents from the City of Yarra were admitted to SVHM with a total of 63 admissions due to some multiple admissions. Of these people 60.3% were of CALD background with the main group being Italian. No admissions were of people from the ATSI community.

5.1.3 North Yarra Community Health Service Switch Data

SWITCH data collected did not provide information on reasons for referral, treatment or diagnostic codes. Data collected only pertained to referral source however without the other information this data was not useful for this report.

5.1.4 City of Yarra Community Profile

The City of Yarra³ website provided Community profile information. The following charts were downloaded from this website and provide a comparison to the Melbourne Statistical Division, 2001 in age distribution, residents born overseas and language spoken at home other than English.

There are fewer Yarra residents aged between 60 & 69 and 70 & 84 compared to the Melbourne Statistical Average. Residents between 18 and 34 years account for the largest age group. Vietnamese, Greek and Chinese languages are the three most common languages other than English spoken at home.

All three languages are well above the Melbourne Statical Division. Residents born in Vietnam represent the highest number of residents born overseas. This is followed by residents born in the United Kingdom, Greece, New Zealand and Italy.

³ <http://www.yarracity.vic.gov.au/> accessed 30th June 2006

Chart 1 – Age comparison as percentage of the population of Yarra compared with the Melbourne Statistical Division.

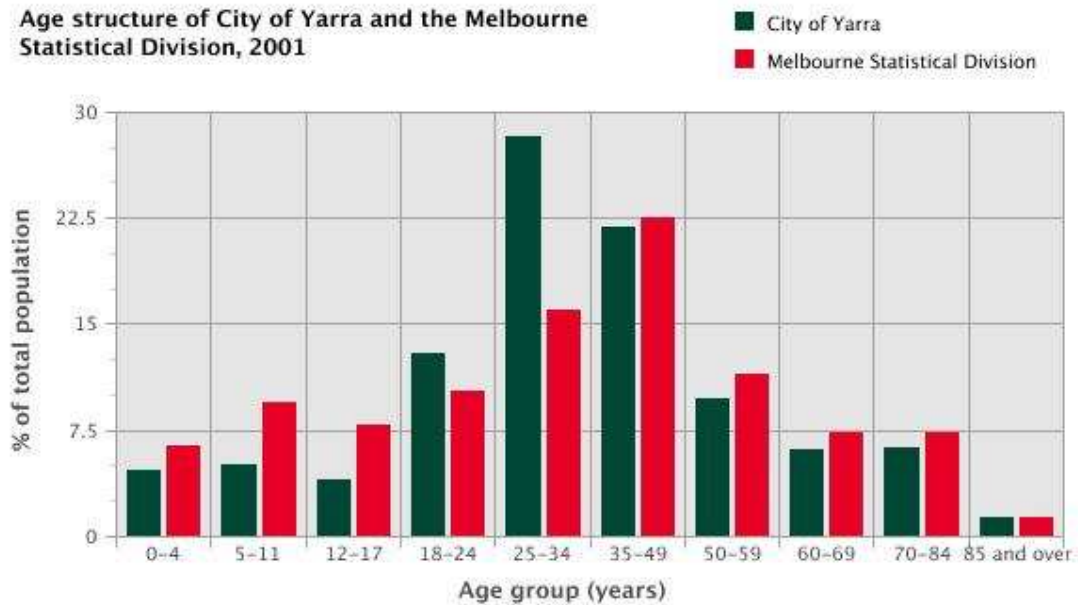


Chart 2 – Language spoken at home comparison between the City of Yarra and the Melbourne Statistical Division

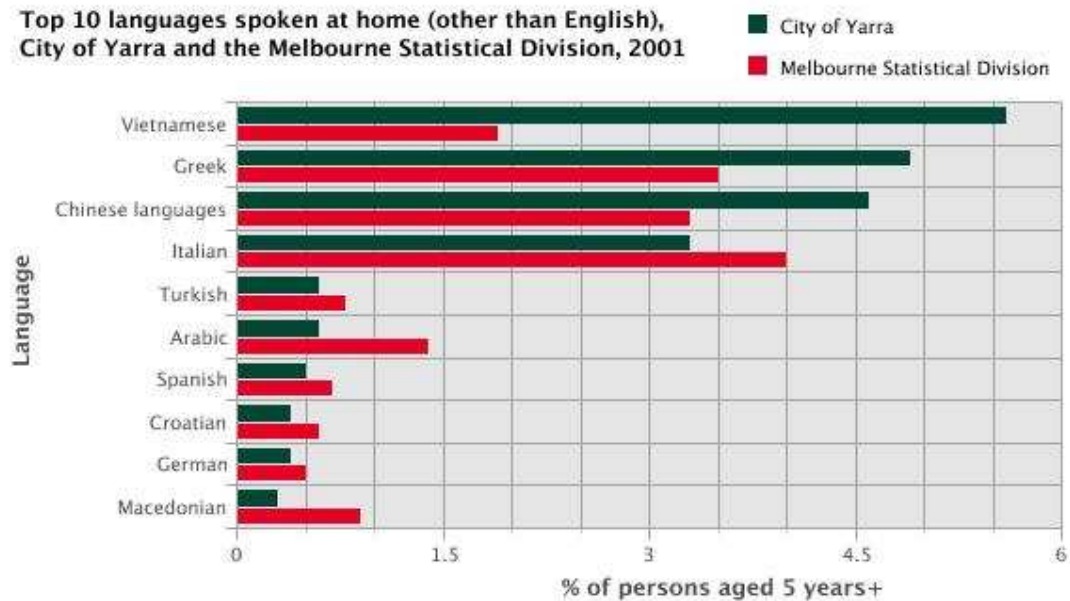
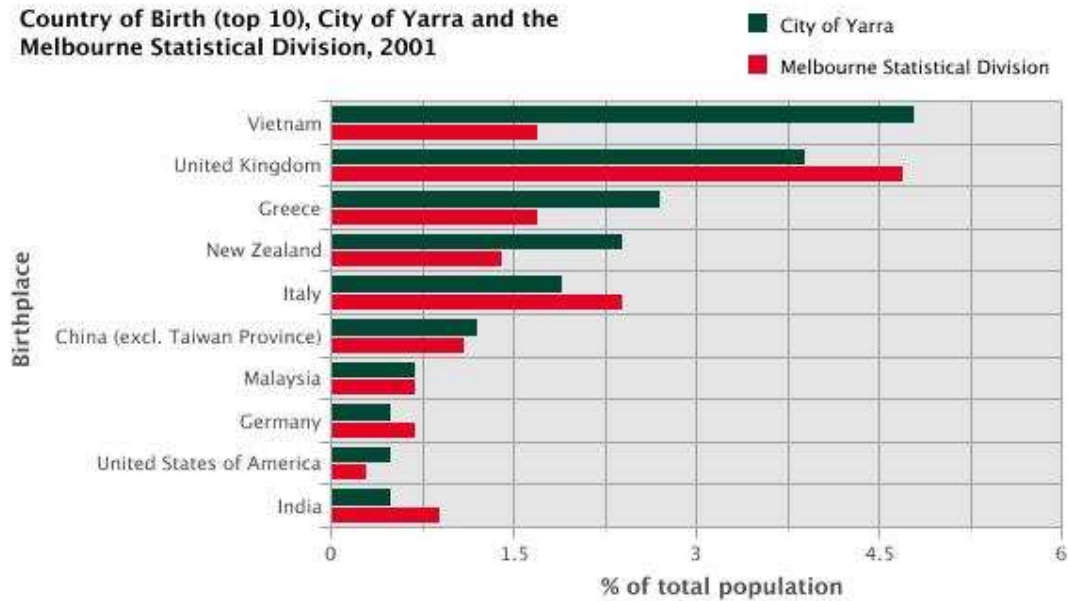


Chart 3 – Country of birth comparison as percentage of the population of Yarra compared with the Melbourne Statistical Division.



5.2 LITERATURE REVIEW

A number of websites and electronic articles provided information in relation to evidence based falls prevention practices and strategies. These sites are listed in APPENDIX 3. The findings demonstrate that as there are multiple risk factors (intrinsic and environmental) in falls amongst the elderly population, the most effective programs are those which implement multifactorial interventions.^{4,5}

In 2004, the Department of Ageing⁴, conducted an analysis of preventing falls and falls injury in older populations, comparing those in community dwellings, residential care and hospital settings. Research evidence from randomised controlled trials among community dwellers revealed the following interventions to be effective in falls reduction:

- A home exercise program developed by a physiotherapist post assessment which incorporates strength and balance exercises.
- Group exercise programs incorporating balance, strengthening mobility and fitness exercises
- Tai Chi
- Vitamin D and calcium supplementation
- Trained volunteers providing in home screening and falls prevention information

⁴ Hill K et al. *An analysis of research on preventing falls and falls injury in older people: Community, residential care and hospital settings* [Electronic version] Report to the Commonwealth Department of Health and Ageing by the National Ageing Research Centre. Updated February 2004.

⁵ Gillespie LD, Gillespie WJ, Robertson MC, Lamb SE, Cumming RG, Rowe BH. Interventions for preventing falls in elderly people. *Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No.: CD000340. DOI: 10.1002/14651858.CD000340.

- Management of psychotropic medication
- Occupation therapy home assessment
- Post hospital discharge plan for older people with impaired function and mobility

A 2002 randomised controlled trial of falls prevention compared three interventions: group based exercises, home hazard management and vision improvement. The trial concluded that an exercise program focusing on balance was the single most effective intervention in reducing the incidence of falls amongst the older community. Home hazard management and vision screening assessments were effective when used in addition to an exercise program⁶.

5.3 QUESTIONNAIRES

The questionnaire was developed under the following sub headings:

- Organisational details
- Screening
- Service provision
- Workforce development
- Organisational processes
- Conclusion

5.3.1 Organisational details

Four of the 12 interviews were conducted with team coordinators/managers. The remaining eight interviews were held with team members. A number of services could be offered within a single agency. The most common services provided were Occupational Therapy (OT), Physiotherapy and counselling followed by Podiatry and cardiac group rehabilitation services. Other services included speech therapy, in-home respite, case management, transport services and other HACC services, eg. Meals on wheels, nursing, outreach and case management. Domiciliary outreach/allied health services, continence clinic and impaired cognitive function clinic were also offered.

5.3.2 Screening

The most common form of identification of falls injury was through self reporting or a relative reporting the injury. Assumption by staff, based on the client's age and condition was a common method of identification. Referral from a General Practitioner's or staff in acute/subacute settings was also mentioned.

⁶ Day, L., Fildes, B., Gordon, I., Fitzharris, M., Flamer, H. & Lord, S. (2002).(Abstract) Randomised factorial trial of falls prevention among older people living in their own homes.[Electronic Version]. *British Medical Journal*, 325.(7356), 128-129. Accessed 28th July 2006. from www.bmj.com

Method of identification of 'at risk' clients	No. of agencies using method
Client reports history of falls	9
Relative reports history of falls	7
Assumption on age and condition based	5
Screening tool	3
Heavily medicated	2
Other direct referral due to falls from CHC's/GPs	2
SCTT assessment form	2
Direct referral; from acute- medical/nursing/Allied Health	2
Client is alcohol or drug affected	1

Three agencies formally screened clients by use of an 'in house' screening tool which some agencies used again when conducting a falls assessment. This point is discussed further in section 6.3.1. of this report

Two agencies used the SCTT assessment tool as a screening tool utilising questions relating to history of falls.

Two agencies record information on a database. A further two agencies held team case reviews/internal audits. All agencies recorded the information in the client's history however generally a centralised database was absent.

5.3.3 Service provision

Referrals

Clients identified to be at risk of falls were mainly referred to

- falls and balance clinics
- general practitioners
- exercise groups
- allied health services
- strength and balance training

When asked the number of falls risk referrals which had been made in the past month (June 06) one agency recorded seven referrals, two agencies estimated a total of 17 referrals.

Barriers to making referrals

The following table indicates the stated barriers faced by agency staff in making falls risk referrals.

Barrier	Number of agencies identifying barrier
Long waiting lists	9
Access and use of transport	5
Boundary restrictions	3
Transport cost	3
Eligibility criteria	2
Cost	2
Lack of motivation of clients	1
Time to make referral	1
Limited resources fro non CALD groups	1
HACC service(government funding restriction)	1
Knowledge of services available,	1
Fear of falling on transport,	1
No escort	1
Liability (insurance, first aid) issues with volunteer	1
Don't know.	1

The 'clients' state of mind is also a barrier to referral as indicated by the comment below made by a worker.

“Probably actual knowledge of services available – There’s a gap there. Also patient reluctance as well in that admitting that they need it – the fallers tend to be those who are worried about continuing to manage – and if they admit they are having problems managing at home, they think that we won’t let them go home. They don’t see it as a way of improving their independence they see it as admitting that they are not coping.”

Information provided to clients

Seven agencies provided written information on exercise groups to clients.

Five agencies distributed information specifically on falls prevention.

Five agencies distributed information in relevant community languages.

Most information was sourced from community health centres, followed by falls and balance clinics and other falls prevention programs.

5.3.4 Workforce development

Falls Assessments

Half of the agencies interviewed (6) conducted falls assessments. Staff qualified to conduct assessments were physiotherapists, occupational therapists or nurses who had received specific falls and balance training. The percentage of referrals received for a falls assessment (out of total referrals received) ranged from 33% to 90%. One agency did not record data.

The main sources of referrals for falls assessments were from general practitioners, self referral and the acute sector, including medical, nursing and allied health services.

“..... There are patients that do have multi medical problems we find here at this hospital. The patients who do have the most problems with falls and balance tend to be the multi-medical ones.”

Personal Alarms

All services interviewed were familiar with personal alarms. Occupational therapists and nurses were trained to issue them. Two services received three referrals for a personal alarm assessment during the preceding month (June 06). Others did not record this data.

“We aren’t necessarily trained to issue them (personal alarms). We recommend them. And we used to be able to complete the Vic Alert form. But DHS has now changed it so that Occupational Therapists aren’t able to do the assessment because we were making too many referrals for them. So it now needs to be community-based.”

Home Hazard Assessment

A Home Hazard Assessment (HHA) identifies falls risks to clients in their own home environment. These are completed by staff in client’s homes. The table below indicates the health discipline of the ‘assessor’, whether they are trained, has training been updated and what tool they used. The final column indicates the total number of HHAs conducted over the preceding month (June 06)

Discipline	Staff Trained in Falls Risk Assessment..	Refresher Course Provided	Type pf Tool Used	No. of HHAs Conducted
OT, physio	Yes	No	HHA tool	10
Intake and assessment coordinator	Yes	No	HHA tool	Unknown
nurse	Yes	No	Part of original assessment form	Unknown
Assessment staff(social worker, nurse)	Yes	Optional part of professional development	SCTT tool	Unknown
HHA not conducted	Not Applicable	Not Applicable	Not Applicable	Not Applicable
HHA not conducted	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OT, physio	Yes	No	OT Checklist	Unknown
HHA not conducted	Not Applicable	Not Applicable	Not Applicable	Not Applicable
OT	Yes	No	OT home assessment form	15

HHA not conducted	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Nurses	Yes	Updated don't know how often	Unknown	Unknown
OTs, others have informal training	Yes	Unknown	Part of original assessment form	Unknown

Occupational Health and Safety Risk Assessment

An Occupational Health and Safety Risk Assessment relates to risks to staff when providing services in the client's home environment. Of the 12 services interviewed, nine services conduct an occupational health and safety risk assessment for staff.

5.3.5 Organisational processes

Eleven services have a hazard identification form, or an Occupational Health and Safety representative and/or committee to report falls hazards.

5.3.6 Conclusion

Services were asked to identify current gaps in the provision of falls prevention. Inadequate knowledge or promotion of existing services was noted by four agencies. A lack of falls screening training for all workers in a domiciliary environment was commented on by three services with long waiting lists, support for clients attending exercise groups and safe, accessible exercise groups for frail people also identified.

Other interviewees commented on the need to increase services such as OT, Physio and podiatry domiciliary services. Other gaps include transport for clients and an increase in early intervention approaches such as prior to age 50 and increased screening. Other gaps include:

- Insufficient services accessible to CACPS clients due to HACC funding restrictions
- Home Medication Review
- GP and assessment tool
- OH & S assessment of all homes(government housing)
- Personal alarm criteria needs clarity
- Unsafe environments in rooming houses for outreach/HACC workers
- Embed falls prevention program in existing HACC services such as PAGs
- Ongoing support for those socially and physically isolated who are unable to access services e.g. no family support or social networks

Interviewees were then requested to provide information about what they would like the Yarra FOS (6) Project to achieve as follows:

- Increase training/education to staff on falls screening
- Greater marketing and promotion of existing falls prevention services
- Increased community awareness
- Increase screening for the at-risk groups

- Forge links with community services in area
- Community health service to take a lead role in falls prevention education focusing on prevention using OT and physio resources
- Embed falls prevention program in existing HACC services such as PAGs
- Development of exercise manual to be issued to clients
- Falls prevention week
- Increase in community OT services
- Increase in community podiatry service
- Establish a volunteer programme to assist clients to access groups
- Better access to services
- More rapid response for people who have had a fall
- Free transport
- More GPs conducting medication reviews
- Greater GP screening of clients
- Falls information programme providing information from various allied health and medical perspectives
- Appropriately geographically placed falls and balance/rehab services in Yarra

6 ANALYSIS

6.1 STATISTICAL DATA

The non Australian born cultural groups represented in the City of Yarra are as follows:

- Vietnamese – Largest number
- United Kingdom
- Greece
- New Zealand
- Italy

Of note is that VAED data reveals the Italian community as the largest number of people from CALD background in state-wide hospital admission for falls related injuries in 2003 - 2004. They are the fifth largest group of overseas born residents in Yarra and the fourth highest group who speak a language other than English at home. This cultural group is over represented in data obtained from VAED and SVHM admissions compared with other cultural groups.

The Vietnamese community represents the largest number of residents who are not Australian born and speak a language other than English at home. Although the largest CALD community residing in Yarra it has a low number of hospital admissions for falls related injuries.

Data collected by VAED (2003 – 2004) relates only to hospital admissions for a fall. It does not include patients who have received treatment for a falls related injury in an emergency department and have not required a hospital admission. This results in an incomplete picture of falls presentations to hospital. SVHM data (Jan 2005 – Dec 2005) only records patients who are admitted for a falls related injury.

There is under reporting of the number and type of falls related injuries presenting to hospitals.

6.2 LITERATURE REVIEW

There is a plethora of information and resources available on falls prevention. The purpose of undertaking a literature review was to provide an overview of falls prevention interventions which research has proven are effective in having a positive effect upon the incidence of falls amongst the older population. The search was comprehensive but not intended to be exhaustive.

The evidence supports that multi strategic falls prevention programs which address multiple risk factors have proven to be the most effective in reducing the incidence of falls amongst older people. A single intervention alone is less effective than a multi-strategic plan. The most effective single intervention in reducing the incidence of falls is exercise program.

6.3 QUESTIONNAIRES

There was significant diversity in the 'type' of services interviewed from hospital settings, social welfare settings to falls and balance clinics. This diversity of services demonstrates the breadth of falls prevention strategies. Of note for the purposes of this report some questions on the questionnaire were of more relevance to some services than others.

6.3.1 Screening

During the interview process it became clear that some agencies used the terms 'screening tool' and 'assessment tool' interchangeably. There is a need for clarity and differentiation between the two terms. For the purposes of this report the following is a definition for 'screening' – 'screening is the initial examination of an individual or group to determine if they have certain risk factors which increases their probability of developing given disease or condition'⁷.

For the purpose of this report assessment is defined as ' a systematic way of establishing the type and extent of client support needs. The identification of a range of appropriate services are implemented to meet those needs'⁸.

There is a distinct lack of formal screening of 'at risk falls' client's in interviewed services. This results in the lack of identification and subsequent service delivery to those clients with a low to moderate risk of a falls injury. As a result services capacity to engage in preventative approaches is diminished.

The SCTT tool, whilst essential in furthering service coordination strategies, is not an adequate screening tool on its own and requires supplementary information for falls risk assessment. .

⁷ www.dictionary.com

⁸ Royal District Nursing Service, Unpublished work.

All agencies interviewed actively maintained client files. Agencies use statistical information gleaned from client files to guide program and service development. There is a gap in the information obtained relating to falls injuries. This in turn does not allow for falls preventative strategies to be included in overall service or program development as a priority.

6.3.2 Service Provision

Eleven of the twelve agencies interviewed refer clients to falls and balance clinics, followed by referrals to general practitioners and exercise groups.

Referrals to GP's are appropriate as the primary medical carers. There are insufficient allied health funded services in community health to meet the demand. This results in lengthy waiting lists and clients not receiving timely care. Another issue is community transport. Although some agencies do provide transport to programs/exercise groups, the cost of transport is prohibitive for many clients.

6.3.3 Workforce Development

Staff who administer falls assessments currently are suitably trained to do so.

Personal Alarms

The number of personal alarms issued was adequately recorded by some agencies. Some interviews stated the guidelines required clarity although this was not identified as a priority for other interviewees.

Home Safety Assessment

Eight agencies have trained staff to conduct home hazard assessments. Two agencies provided a refresher course. A home hazard assessment should be conducted by all staff that provides a domiciliary service. With more than one third of falls occurring in the client's home, home hazard assessments are a significant method in reducing the number of falls amongst the elderly population.

A referral to an occupational therapist should be generated for a comprehensive assessment if indicated.

Occupational Health and Safety Assessment

Not all staff interviewed were required to conduct OH&S assessment due to diminished risk as perceived by staff. However, there is a lack of formal policy within organisations requiring staff to conduct such an assessment when entering client's homes.

6.3.4 Organisational Processes

Most agencies have processes in place for which to report falls hazards in their workplace

6.3.5 Conclusion

When asked about 'gaps' in service provision for clients at risk of falls interviewees spoke of issues requiring greater funding and service orientation towards falls prevention.

These issues include

- Number of community allied health staff
- Transport
- Affordable exercise programs.

These are larger political, social and economical issues which are considered beyond the scope of the NCMPCP. The lack of data, however, about falls occurrences impedes the process of lobbying for change on these issues.

When asked what they wanted from the Yarra FOS Project, with the exception of strategies beyond the scope of this project, some suggestions are possible and considered within the recommendations of this report.

These suggestions include:

- There is a gap in the knowledge and promotion of specific falls prevention services available in Yarra.
- Embedding falls screening training in the work practices of domiciliary services will assist in the development of a coordinated model of service for the management of clients who are at risk of falls.
- The NCMPCP Falls prevention model will serve as a guide to all workers when identifying 'at risk' clients and facilitate the coordination and development of a referral pathway.
- Provision of training and education to all workers in falls prevention
- Lobbying for improved transport and more affordable exercise groups

RECOMMENDATIONS

The following recommendations are for consideration by the Yarra FOS (6) working group for implementation in 2006 and beyond.

CAPACITY BUILDING

1. Development and promotion of a common screening tool for use by all practitioners engaged in falls prevention. This should become an attachment to the SCTT initial needs identification form.
2. Promotion of the agreed falls prevention model for Yarra services. The model will be used with the screening tool to assist staff when referring clients to services or programs.
3. The FOS (6) Yarra Project investigates the provision of falls specific training and education. Training should target workers in domiciliary, community health and council work places.
4. Encourage the use of an Occupational Health and Safety Risk Assessment for all workers in a domiciliary setting.
5. Encourage inclusion of falls prevention strategies in agency staff orientation to heighten staff awareness
6. Raise awareness in the Italian community of falls prevention strategies by inviting representation on the Yarra Working Group, targeting existing social and PAG groups and training of staff who are employed by Italian specific aged care and welfare agencies such as CO.AS.IT.
7. Encourage and provide information to local agencies to assist them in collecting falls prevention data.
8. Work with agencies to embed falls prevention strategies and approaches in local planning processes such as organisational health promotion plans, City of Yarra Municipal Public Health Plan and Community Safety Plan.
9. Continue to work with the /NCMPCP Integrated Health Promotion Steering group to enhance cross over opportunities with agencies outside of Yarra.

SOCIAL MARKETING

10. Raise community awareness of falls prevention through tools such as local media. FOS (6) Yarra Working group develop a media liaison strategy.

HEALTH EDUCATION AND SKILL DEVELOPMENT

11. Identify and support a local agency to be responsible for co-ordinating and overseeing a volunteer program which can provide health education sessions to groups to maintain community awareness and health education in prevention post project.
12. Support the embedding of a quality falls prevention exercise program in existing PAG and social groups. Vic Fit trained staff can deliver these programs
13. Distribution of falls prevention information kit to people aged 65 and over

APPENDIX 1 – LIST OF PARTICIPATORY AGENCIES AND LEVEL OF PERSONNEL

Name of service	Level of person interviewed within organisation	Sector
Brotherhood of St Lawrence	Manger of Community Care	Social welfare
Yarra City Council	Community Development Coordinator	Local Government
Cambridge RC	Physiotherapist	Sub-acute
North Yarra Community Health Service Outreach	Service Provider	Community Health
North Yarra Community Health Service Allied Health	Allied Health Manager	Community Health
North Yarra Community Health Service Medical	Service Provider	Community Health
St.Vincent's Hospital Melbourne Occupational Therapy	Service Provider	Acute
St.Vincent's Hospital Melbourne Physiotherapy	Service Provider	Acute
St. Georges Hospital Falls & Balance Clinic	Service Provider	Sub-acute
Northern Migrant Resource Centre	Aged Services Manger	Social-welfare
St.Vincent's at home	Service Provider	Acute home care
Royal District Nursing Service	Service Provider	Domiciliary Nursing Care

APPENDIX 2 – AUDIT QUESTIONNAIRE



This questionnaire will:

Provide the Footholds on Safety Project (6) an overview of existing strategies and interventions currently used by agencies in the prevention of falls amongst the 65+ population in the City of Yarra.

Information will be used to map existing strategies and identify gaps in the prevention of falls.

This will be used as to make recommendations and set priorities for a report to be released shortly.

This information is entirely confidential. Neither you nor the organisation will be identified in the report.

PART A – ORGANISATIONAL DETAILS

Name of organisation:

Person answering questions:

Position within organisation:

What services do you provide for the 65+ age group?

- Cardiac Rehab
- OT
- Physiotherapy
- Podiatry
- PAG Services
- Counselling
- Diabetes Services
- Other

PART B– SCREENING

1 How does your organisation identify someone at risk of falls over 65?

- Screening tool
- Client reports fall history
- Relative reports fall history
- Assumption – age and condition based
- Heavily medicated
- Other

If using a screening tool can you provide me with a copy?

2 Who developed the tool?

- 3 What happens to the information collected on the tool?
Recorded internally ie SWITCH
Used in program development
Who accesses the data after service provision for program development?

PART C – SERVICE PROVISION

- 4 Does your organisation refer at risk clients to: (Internal or external):
- GP's *in community health or clinics*
 - Allied Health – please state:
 - Falls and Balance Clinics
 - Medication review
 - Strength and Balance exercise groups
 - Other
- 5 How many referrals have been made in the last month?
- 6 Have you experienced any barriers when making referrals to agencies?
- Long waiting lists
 - Boundary restrictions
 - Eligibility criteria
 - Cost
 - Transport
 - other
- 7 Do you provide any other information to clients?
- Brochures in community languages
 - Information on exercise groups
 - Senior citizen activities
 - Other
- 8 Where do you source information provided to clients?
- Brochures: eg VicHealth
 - Exercise Groups:
 - Other
- 9 Can you provide me with a copy of Falls prevention literature?

D WORK FORCE DEVELOPMENT

Falls Assessment

- 10 Do your staff conduct falls assessments YES NO
- 11 If yes what qualifications/ falls specific training have they received?
- 12 How many falls assessment referrals have you received in the past month?
- 13 Who are the three main sources of referral for your organisation?

Personal alarms

- 14 Are your staff familiar with the use of personal alarms?
- 15 Are your staff trained to issue personal alarms?
- 16 If so, how many personal alarms have been issues in the past month?

Home Safety Assessment

Questions 16-20 relate to client focused home safety assessments.
These assessments identify a falls risk to clients in their home environment.

Note, an Occupational Health and Safety Risk Assessment relates to safety risks to staff members when providing services in the client's home environment. Questions 21 & 22 relate to this.

- 17 Has your staff trained in home safety assessment?
18 If yes, which staff have received training? (Discipline)
19 Is a refresher course offered
If yes: How often and by whom?

- 20 What home safety assessment tools does your staff use?
(Please provide a copy)
21 How many home safety referrals have you received in the past month?

Occupational Health and Safety Risk Assessment

- 22 Does your staff conduct an occupational health and safety risk assessment?
23 If yes, could you please provide a copy of the assessment?

E ORGANISATIONAL PROCESSES

- 24 What processes do you have in place to identify any falls hazard in your organisation eg Hazard identification form?
25 How do staff/clients access this form?
26 How many forms have been completed over the past month?
 - Staff
 - Clients

F CONCLUSION

- 27 What gaps do you think exist in falls prevention services?
28 What is the main thing you would like to see the FOS (6) project achieve?
29 Do you want a copy of the final report? YES NO

Thank you for your time

APPENDIX 3 – FALLS PREVENTION WEBSITES AND ELECTRONIC JOURNALS SOURCED FOR THIS REPORT

<http://www.nari.unimelb.edu.au/>

<http://www.monash.edu.au/muarc/>

<http://www.nisu.flinders.edu.au/pubs/biblio/biblio.html>

<http://www.cochrane.org>

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-publth-strateg-injury-falls-index.htm>

[http://www.health.gov.au/internet/wcms/publishing.nsf/content/phd-injury-fallsinfo-cnt.htm/\\$file/fallsinfo.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/content/phd-injury-fallsinfo-cnt.htm/$file/fallsinfo.pdf)

British Medical Journal