



North Central Metro Primary Care Partnership

**Foothold on Safety Forward Planning Workshop
19 February 2008**

Workshop Report



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Part 1. Background - Foothold on Safety Project

The Foothold on Safety project was a three year project funded by the Aged Care Branch of the Department of Human Services (DHS). In its first year the project operated in the City of Whittlesea; in the second year in the City of Yarra, and has operated in the City of Darebin since March 2007. The project is scheduled to finish 29 February 2008.

The project has been managed by the North Central Metro Primary Care Partnership (NCMPCP) and resourced by a Foothold on Safety Project Officer based at the NCMPCP. The four key deliverables of the PCPs which are DHS driven are:

- Partnerships;
- Service Coordination;
- Integrated Health Promotion, and
- Integrated Chronic Disease Management.

Falls prevention crosses all four of these initiatives and it is this understanding which underpins the effectiveness, and embodiment of falls prevention in organisational policies and work practices.

The NCMPCP Foothold on Safety (FoS) project has developed a range of resources suitable for use with older residents and their families and for service providers. These include: Falls Prevention Services Directories, Physical Activities Directories, Falls Risk Screening and Action Plan Tool.

Part 2. Foothold on Safety Forward Planning Workshop

In light of the fact that the FoS project will not have a dedicated PCP Project Officer after February 2008, it was decided to hold a workshop with key stakeholders from within the PCP to discuss the options for the initiative's future development and sustainability.

The aim of the workshop, held February 19 2008, was to identify and reach agreement on prioritising key attainable strategies to sustain and develop project initiatives.

These strategies included:

- embedding falls prevention in organisational policies, and included
- sustaining project initiatives:
 - update of resources and directories,
 - increase falls risk screening of older residents,
 - continue community education and awareness,
 - capacity building;
- establishing local network/s with a falls prevention priority, and
- advancing a coordinated catchment approach to falls prevention, including:
 - establish workforce development (refresher training to PCA and domiciliary staff),
 - encourage uptake of uniform screening tool and resources across the PCP catchment,
 - establish a catchment wide Falls Prevention network,
 - encourage a sharing of resources and shared knowledge across the PCP catchment.

The above strategies formed the basis for the agenda of the Forward Planning Workshop (please see Appendix 1).

As an introduction to the workshop, Jan Lewis, Project Officer Integrated Health Promotion, provided workshop participants with background information regarding the establishment and purpose of the North Central Metro Primary Care Partnership (NCMPCP). Kerina Princi, Project Officer Foothold on Safety (FoS), then provided the background to the FoS project, and a summary of the project's objectives and achievements. Kerina explained that funding for the position of FoS Project Officer would be coming to an end in February and that the purpose of the workshop was to identify strategies to sustain and further progress work on the project in the absence of a dedicated Project Officer.

Workshop participants were asked to work in small groups of 4 or 5 prior to coming together to provide feedback on their discussions.

The first task was to: ***Identify the key elements required to sustain the achievement of the FoS project at an organisational level***

Participants were provided with 'prompts' for their discussions. These included consideration of:

- appointing a champion to drive FoS initiatives within the organisation;
- the best 'fit' for falls prevention in most organisations? ie. should it sit with:
 - health promotion,
 - chronic disease management, or
 - elsewhere in the organisation?
- how to ensure the principles of falls prevention are embedded within organisational policy and practice;
- how to ensure progress/outcomes are measured through organisational QA activities.

Each group reported back to the group as a whole. The following table provides a summary of the discussions under each of the above points.

Table 1. Key elements at organisational level

CHAMPIONING FoS	ORGANISATIONAL 'FIT'	EMBEDDING PRINCIPLES INTO POLICY AND PRACTICE	MEASURING PROGRESS
<ul style="list-style-type: none"> ▪ provide education/professional development as to the need for vigilance with regards FoS practices across the organisation ▪ agree to share responsibility for championing the issues across the organisation – individuals or working parties ▪ ensure management are informed, involved and supportive ▪ ensure the NCMPCP is represented on the DHS Falls Prevention Network ▪ use evidence of recent achievements to inspire and stimulate staff interest ▪ ensure FoS principles are included in individual/team and organisational plans 	<p>The best 'fit' for FoS was identified as being within:</p> <ul style="list-style-type: none"> ▪ Health Promotion areas/activities ▪ Positive/Healthy Ageing Strategies ▪ Chronic Disease Management areas/activities ▪ Allied Health Departments 	<ul style="list-style-type: none"> ▪ Implement/adapt the NCMPCP Screening Tool for Falls Prevention ▪ Link falls prevention to other broad initiatives within the organisation ie. Positive /Healthy Ageing, Health Promotion, HACC Active Service Model ▪ Ensure falls prevention is 'named' within organisational policy and procedures ▪ ensure FoS principles are included in work, team and organisational plans, Memoranda of Understandings ▪ ensure falls prevention is a standing agenda item for the organisation 	<ul style="list-style-type: none"> ▪ enlist Health Promotion /Quality Assurance expertise to assist in monitoring and measurement of progress ▪ ensure progress on falls prevention initiatives are regularly monitored and measured as components of individual, team and organisation plans

The second small group exercise required workshop participants to: ***Identify the key elements required to sustain the achievement of the FoS project at a broader level – within the catchment of the PCP.***

Participants were asked to consider:

- establishing a falls prevention network *OR* linking in with established networks;
- how the NCMPCP Integrated Health Promotion Group can be used as a resource;
- strategies to build organisational and sector capacity with regards knowledge, training, resource sharing;
- the use of the uniform screening tool developed by the FoS project, and
- implementation of uniform data collection, reporting processes and resources.

Again each group reported back to the group as a whole. Table 2 following provides a summary of the discussions under each point.

Table 2. Key elements at LGA/catchment level

NETWORKING	BUILDING SECTOR/CATCHMENT CAPACITY	DATA COLLECTION/RESOURCES/REPORTING
<ul style="list-style-type: none"> ▪ link into existing networks eg. LGA Working Groups ▪ raise Falls Prevention issues within other relevant networks eg. Whittlesea Older Adults Physical Activity Network ▪ ensure LGA/PCP representation on DHS Falls Prevention Network ▪ link into email networks ie. DHS Falls Prevention Network ▪ coordinate LGA/catchment wide education sessions – forward emails to all agencies ▪ link with NCMPCP Integrated Health Promotion Group as a resource for: <ul style="list-style-type: none"> ▪ help with relevant funding submissions ▪ central coordination point for existing /establishing networks ▪ updating of resources ie. Service Directories, brochures 	<ul style="list-style-type: none"> ▪ coordinate best practice forums across catchment ▪ enlist allied health staff within key Community Health Services to run refresher courses ▪ continue to engage with the PCP as a central resource for the catchment 	<ul style="list-style-type: none"> ▪ consider engaging GPs and pharmacists as providers of resources for generic falls prevention information ▪ use of SCoTT profiles to identify clients at risk of falls ▪ consider at organisational level whether an additional tool ie. FoS Screening Tool is required as well ▪ investigate contents of sector level accreditation processes ie. EQuIP as a further potential means by which to monitor performance in falls prevention ▪ disseminate check-list for client self assessment of being at risk of falls ▪ identify process for sharing the responsibility for maintenance of existing resources (Darebin Community Health will take ownership in the first instance)

Part 3. Action Planning *or* Where to from Here?

There was considerable consistency between participants on the points they raised during the discussions and their suggested strategies as to how they would like to see the project initiatives progressed. Any points of difference reflected the different organisational structures within which participants worked, their level of authority for decision-making within that structure, and their own and their organisation's knowledge of and connection to the NCMPCP.

While the group was able to clearly identify key priorities for progressing and sustaining the work of the FoS Project, the process of assigning responsibility for progressing actions was impacted by the fact that few of those in attendance had the requisite authority to be able to make a decision or commitment on behalf of their organisation. In addition, it became evident that a number of the organisations represented are not closely linked with, or currently part of the PCP's networks and working groups. This suggests that some of those present may have more work to do to engage the key players within their organisation in progressing the FoS objectives.

The following key priorities from each of the small group discussion topics were identified as requiring action.

The priorities for action at the *organisational level*

- Ensure management are informed, involved and supportive by:
 - seeking manager level approval/support for falls prevention to become a team focus;
 - request manager coordination/support for ongoing professional development forums incorporating falls prevention strategies;
 - engage those managers in key organisational units including Health Promotion and/or Quality Improvement;
 - alert management to the importance of falls prevention initiatives acting as an organisational risk management strategy;
- Link falls prevention to other broad initiatives within the organisation ie. Positive /Healthy Ageing, Health Promotion, the HACC Active Service Model ie.
 - design Active Service models with a focus on falls prevention;
 - introduce the issues around falls prevention into community education forums – raise awareness of health promotion and illness/injury prevention as early and widely as possible;
 - link falls prevention into OH&S assessments conducted prior to providing services into clients' homes – rectify risk areas and reinforce the issued with clients and their carers;
- Ensure falls prevention is 'named' within organisational policy and procedures by:
 - having falls prevention as a standing agenda item in team, clinical and management meetings;

- identifying falls prevention initiatives as a strategy for managing risk for the organisation, clients, clinicians and direct care workers;
- Ensure progress on falls prevention initiatives are regularly monitored and measured through:
 - incorporating measures into individual, team and organisational workplans;
 - seeking agreement on the preferred process for assessing for falls risks via the use of relevant items within the SCoTT, the FoS screening tool or a combination of both;
 - create internal fora for the discussion of falls prevention issues and the ongoing use of data collected to measure the success of falls prevention activities.

The priorities for action at the *LGA/catchment* level

- Raise Falls Prevention issues within other relevant networks eg.
 - Whittlesea Older Adults Physical Activity Network;
 - engage with hospital-based Falls and Balance clinics;
- Ensure LGA/PCP representation on DHS Falls Prevention Network ie.
 - PCP to call for expressions of interest from PCP member agencies to represent the catchment's interests and provide feedback to the PCP network via email;
 - request that a range of member agencies share this responsibility on a rotating basis;
- Link into email networks ie. DHS Falls Prevention Network
 - it is suggested that the PCP or organisation attending the meetings of the DHS Falls Prevention Network also forwards the minutes of these meetings to the PCP membership;
 - it is suggested the PCP establish a local email network/chat room for ongoing discussion/sharing of ideas/successes amongst agencies;
- Continue to engage with the PCP as a central resource and disseminator of information for the catchment:
 - it is suggested that the NCMPCP agree to coordinate an annual 'best practice' forum for agencies to come together to share their achievements and plan falls prevention initiatives for the coming year.

Part 4. Summary

The participants of the Foothold on Safety Forward Planning Workshop were engaged and keen to further the work achieved thus far. Discussions were productive and useful.

- Role for participants

It was agreed that each participant, on receipt of this report, would discuss the outcomes with their team and/or team manager.

- Role for organisations

It is hoped that with the support of their peers and managers, participants will be in a position to accept or allocate to others, an appropriate level of responsibility and task ownership to further FoS practices within their own organisations and further, to agree on their capacity to contribute to or accept responsibilities for furthering the work within the PCP catchment.

- Role for NCMPCP

With the approval of the Project Management Group the NCMPCP will continue to support falls prevention initiatives across the catchment. Falls prevention will be a standing agenda item for the Integrated Health Promotion (IHP) Steering Committee meetings and will be included in the PCP planning process.

The PCP will undertake the role to coordinate communication and networking between agencies that encourages a wide dissemination of information and actions for falls prevention in the catchment. Communication and information dissemination would occur via internal NCMPCP communication strategies between IHP Steering committee and Project Managers Group.

Part 5. Attendees

Name	Position	Organisation
Zalak Tripathi	Community Link Physiotherapist	Darebin Community Health
Tameaka Marchant	Health Promotion Officer	Darebin Community Health
Sarath Gamlath	Social & Community Development Officer	Darebin City Council
Michelle Marinelli	Co-coordinator Aging Communities Unit	Darebin City Council
Sheridan Oakey	CACPs Coordinator	Austin Health
Tracey Jarvis		RDNS Diamond Valley
Kate Barwick	OT	Darebin Community Health
Nicole Leury	OT	Darebin Community Health
Sue Misso	OT	Darebin Community Health
Dorah Panagopoulos	Social Support Coordinator	Southern Cross Care
Kristin Hosking	Community Nurse	Southern Cross Care
Cynthia Firth	PT	North Yarra Community Health Service
Martine Woods	Div 1 Nurse	Amity at Thomastown
Rhonda Woolster	DON	Meadow Glen Nursing Centre
Minh Huynh	PT	Plenty Valley Community Health
Janice Schickerling	Diversional Therapist	Meadow Glen Nursing Centre
Jasmine Sison	Falls Prevention Project Officer	Brimbank Melton WestBay PCP
Kerina Princi	Project Officer Foothold on Safety	NCMPCP
Jan Lewis	Project Officer Integrated Health Promotion	NCMPCP



Foothold on Safety – Forward Planning Workshop

DATE: Tuesday 19th February 2008,

1.00 – 4.00pm

Facilitator: Debra Barrow, Effective Change

AGENDA

TIME	ITEM	FACILITATOR
1.00	<p>Welcome and Introduction</p> <ul style="list-style-type: none"> ▪ overview of the NCMPCP <p>The Foothold on Safety Project</p> <ul style="list-style-type: none"> ▪ original project objectives ▪ outcomes/achievements 	<p>Jan Lewis</p> <p>Kerina Princi</p>
1.10	<p>Outline of the afternoon</p> <ul style="list-style-type: none"> ▪ introduction to Effective Change ▪ outline of workshop 	Debra Barrow
1.30	<p>Small Group Discussion</p> <ul style="list-style-type: none"> ▪ How can the achievements of the FoS project be sustained and further developed– at the <i>organisational level</i>? 	Group exercise
2.00	Feedback from Groups	Debra Barrow
2.30	Afternoon Tea	
2.45	<p>Small Group Discussion</p> <ul style="list-style-type: none"> ▪ How can the achievements of the FoS project be further developed– at the <i>LGA /NCMPCP catchment level</i>? 	Group Exercise
3.15	Feedback from Groups	Debra Barrow
3.30	Action Planning	Debra Barrow
3.45	Where to From Here?	Kerina Princi
4.00	Close of Workshop	