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## 2009 NSW FALLS PREVENTION NETWORK MEETING

WEDNESDAY, 17th June 2009

9:30am - 4:00pm

*Venue: Mathews Theatres and Pavilions  
University of NSW*



### PROGRAM & ABSTRACTS

8:40am-9:30am REGISTRATION MATHEWS PAVILIONS

Arrival Tea/Coffee

#### OPENING SESSION

##### MATHEWS THEATRE B

Chairperson: Liz Develin, Director, Centre for Health Advancement,  
NSW Department of Health

9:30am ACKNOWLEDGEMENT TO COUNTRY

9:40am OPENING - Dr Kerry Chant,  
Chief Health Officer & Deputy Director-General Population Health,  
NSW Department of Health



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MEDICAL RESEARCH INSTITUTE

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NSW HEALTH

## 2009 NSW FALLS PREVENTION NETWORK MEETING

### PLENARY SESSION 1: MATHEWS THEATRE B

9:50am - 11:20 am

Chairperson: Liz Develin, Director, Centre for Health Advancement, NSW Department of Health

- 9:50am Prof Kaarin Anstey, Director Ageing Research Unit, Centre for Mental Health Research, Australian National University  
*Psychological factors that influence falls risk: implications for prevention*
- 10:20am A/Prof Lindy Clemson, Associate Professor in Ageing, Faculty of Health Sciences, Sydney University  
*Empowering older people to prevent falls*
- 10:50am Dr John Ward, Clinical Leader, Aged Care, Hunter New England Area Health Service  
*Prevention of falls in residential aged care: randomised trial of a project officer to assist aged care facilities to implement best practice strategies*

### MATHEWS PAVILIONS

11:20am - 11:45am

MORNING TEA AND TRADE DISPLAY

### PLENARY SESSION 2: MATHEWS THEATRE B

11:45am - 12:45pm

Chairperson: Dr John Ward, Clinical Leader, Aged Care, HNE Health

- 11:45am Professor Stephen Lord, Senior Principal Research Fellow, Falls and Balance Research Group, Prince of Wales Medical Research Institute  
*Evidence based best practice falls prevention*
- 12:15pm Ms Lorraine Lovitt, Leader NSW Falls Prevention Program, Clinical Excellence Commission  
*Falls Prevention in NSW*

### MATHEWS PAVILIONS

12:45pm - 1:45pm

LUNCH AND TRADE DISPLAY

### CONCURRENT SESSION HOSPITAL: MATHEWS THEATRE C

1:45pm - 3:15pm

Facilitated by Patsy Bourke, Area Falls Injury Prevention Coordinator, Hunter New England Area Health Service & Mary-Clare Maloney, Area Falls Prevention Coordinator, North Coast Area Health Service.

- 1:55pm Dr Anne Tiedemann, Postdoctoral Research Fellow, Falls and Balance Research Group, Prince of Wales Medical Research Institute  
*Screening for falls risk in the ED- study outline and progress*
- 2:05pm Ms Kathy Bullen, CNC Aged Care & Rehabilitation, Rankin Park Centre  
*Phone follow-up of fallers presenting to the Emergency Department (ED)*
- 2:15pm Ms Julia Poole, CNC Aged Care, Royal North Shore Hospital  
*Delirium and falls in Acute Care*

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**CONCURRENT SESSION COMMUNITY: MATHEWS THEATRE B**

**1:45pm - 3:15pm**

Facilitated by Jenny Bawden, Area Falls Coordinator, Sydney West Area Health Service & Jacaline Kelly, Area Falls Coordinator, Greater Western Area Health Service.

- 1:55pm Ms Christine Burrows, CNC Primary Health Care, Hawkesbury District Health Service  
*Falls prevention Where Community Matters ..."It Starts with You!"*
- 2:05pm Ms Melanie Kingsland, Program Manager, Capacity Building team, Hunter New England Population Health  
*Building Capacity for Sustainable Physical Activity Programs*
- 2:15pm Ms Minh Pham, Senior Physiotherapist, Ambulatory Care Unit, Fairfield Hospital  
*Bold and Balance: preventing falls in the CALD population of an Aged Day Care Centre*

**CONCURRENT SESSION RESIDENTIAL AGED CARE: MATHEWS THEATRE D**

**1:45pm - 3:15pm**

Facilitated by Margaret Armstrong, Coordinator NSW Falls Policy, Northern Sydney Central Coast Area Health Service & Kathy Richardson, Area Falls Coordinator, South Eastern Sydney Illawarra Area Health Service.

- 1:55pm Ms Mandy Harden, CNC Aged Care Education for Community Services, HNEAHS  
*Falls Injury Prevention in Residential Aged Care: How can we translate strategies into effectiveness*
- 2:05pm Ms Sharon Butler, Better Balance Coordinator, Anglican Retirement Villages  
*The Better Balance Program—A falls prevention initiative at Anglican Retirement Villages*
- 2:15pm Ms Kate Perry, Jim McMillan & Rey Baluyot, Twilight Aged Care  
*Twilight Aged Care Falls Minimisation and Minimisation of Harm from Injury*
- 3:15pm - 3:30 SHORT BREAK

**CONCLUDING DISCUSSION: MATHEWS THEATRE B 3:30pm - 4:00pm**

**Chairperson: Ms Lorraine Lovitt, Leader NSW Falls Program, Clinical Excellence Commission**

Reports from Concurrent Sessions - Facilitators from Concurrent sessions

Overview of Day - Ms Joanne Smith, Director, Strategic Policy & Partnerships Branch,  
Centre for Health Advancement, NSW Department of Health

Presentations will be available (as PDFs) after the meeting on the NSW Falls Prevention Network website:

<http://www.powmri.edu.au/fallsnetwork>

ABSTRACTS

**Prof Kaarin Anstey, Australian National University**

***Psychological factors that influence falls risk: implications for prevention***

In addition to age-related changes in sensorimotor function, the importance of psychological factors are increasingly recognised as influencing falls risk. In this paper results of two studies examining psychological predictors of falls will be presented.

The Australian Longitudinal Study of Ageing examined falls in community dwelling older adults over a period of 8 years. We used multilevel models to evaluate measures of cognitive function and wellbeing, as predictors of falling. The measures of wellbeing included depression, sense of control and morale. Results showed that all baseline aspects of psychological health were associated with subsequent fall risk, after adjusting for several medical conditions and sensorimotor function including balance. An increase in depressive symptoms and reduction in morale longitudinally were also associated with increasing risk of falling over time.

In a second study of over 650 older adults, we investigated the specific cognitive mechanism that indicates fall risk. It was found that while single fallers did not differ in typical measures of cognitive function, they showed deficits in executive control tasks. This suggests that age-related changes to the frontal lobe in normal ageing, may lead to very subtle cognitive change that increases fall risk.

In conclusion, a range of psychological factors have now been associated with fall risk in older adults. There is a need to incorporate psychological measure in falls risk assessment. The implications of these findings for prevention of falls in older adults will be discussed.

**Professor Kaarin Anstey is Director of the Ageing Research Unit at the Centre for Mental Health Research, Australian National University (ANU).** She leads a team of researchers who work on

epidemiological studies focussing on cognitive decline, mild cognitive impairment, dementia, mobility and mental health in late life. Prof Anstey is the Principal investigator on the DYNOPTA project which involves pooling nine Australian Longitudinal Ageing studies to develop models of ageing that will inform the compression of morbidity. She is also the Principal investigator on a large project on hazard perception and cognitive ageing in older drivers, and leads the PATH Through Life Project, an epidemiological study of mental health and cognition based at the ANU. Prof Anstey is a member of the Medical and Scientific Panel of Alzheimer's Australia Research, and on the editorial boards of Ageing, Neuropsychology and Cognition, Ageing International, Gerontology, and Journals of Gerontology: Psychological Science.

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**A/Prof Lindy Clemson, University of Sydney**

***Empowering older people to prevent falls***

Working with older people to prevent falls also requires an understanding of key concepts that enable people to become more aware, make decisions to change lifelong habits and incorporate and sustain changes over time. This presentation will explore some of these concepts- empowerment, enablement, exerting control, efficacy beliefs, decision making and how we might use them in falls prevention. The research and experiences of Stepping On, a group based preventive program and LiFE, an individualised program to incorporate balance and strength training into daily activities, will be used to provide examples.

**Lindy Clemson is an Associate Professor in Ageing and Head of Discipline (Occupational Therapy) at the Faculty of Health Sciences, the University of Sydney.**

She is a specialist in public health research and an occupational therapist with a PhD in epidemiology. Her specific focus is on the physical environment, functional capacity and adaptation, daily life activity, enabling participation and preventing falls with older people. Lindy has over 40 publications, with more than half of these on falls prevention, and has produced several practical manuals providing frameworks for practice.

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## 2009 NSW FALLS PREVENTION NETWORK MEETING

**Dr John Ward, Hunter New England Area Health Service**

***Prevention of falls in residential aged care: randomised trial of a project officer to assist aged care facilities to implement best practice strategies.***

**Objective:** To test the effectiveness of a full-time project officer to assist residential aged care facilities to utilise evidence-based approaches to falls injury prevention.

**Design setting and participants:** Randomised controlled trial involving 5,391 residents in 82 aged care facilities in the Hunter Valley and Lower Mid North Coast of Australia. Residents were followed for 545 days or until death or discharge.

**Main outcome measures:** Monthly data about falls, falls injury and falls injury prevention programs; audit of hospitalisation for fractured neck of femur.

**Results:** Despite significantly increasing the provision of hip protectors in the intervention facilities and the use of vitamin D in both intervention and control facilities, there was no difference in the number of falls or falls injuries between the intervention and control groups. There was also no difference in the number of falls or falls injuries between the baseline, pre-intervention, 6 months and the final 6 months of the intervention period. Resident factors related to increased risk of falls included being ambulant, having dementia, increasing age and a high falls risk assessment.

**Conclusion:** It is difficult to reduce falls risk among high risk populations including people with dementia. Important strategies such as hip protectors, vitamin D and calcium supplementation, increased during the study, possibly with contamination of control facilities. Longer follow-up may be required to measure the impact on falls outcomes.

**John Ward is a Geriatrician and Clinical Leader in Aged Care for Hunter New England Area Health Service.** His major interests are the organisation of community services for people with dementia and other neurodegenerative diseases and the prevention of sarcopenia in older people and people with chronic diseases by physical activity programs.

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**Professor Stephen Lord, Prince of Wales Medical Research Institute**

***Evidence based best practice falls prevention***

This presentation will review recent studies on risk assessment, falls prevention interventions and hip protectors. Studies and reviews that will be discussed will include:

- Preventing falls in older multifocal glasses wearers by providing single-lens distance glasses: the VISIBLE randomised controlled trials.
- The Winchester Falls Project; a randomised controlled trial of secondary prevention of falls in older people.
- The new Cochrane review on interventions for preventing falls in older people.

The presentation will also include an update on the best practice guidelines for preventing falls and harm from falls in older people: community, hospital and residential aged care facility settings.

**Stephen Lord is an NHMRC Senior Principal Research Fellow in the Falls and Balance Research Group at the Prince of Wales Medical Research Institute.**

His research interests include the identification of risk factors for falls in older people and the evaluation of fall prevention strategies. He has published over 200 scientific papers, and co-written two editions of a research book "Falls in Older People - risk factors and prevention strategies". Updated in 2007, this work comprehensively summarises the research evidence base undertaken in this field.

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**Ms Lorraine Lovitt, Clinical Excellence Commission**

***Falls Prevention in NSW***

A wide range of people are championing falls prevention initiatives for older people in NSW. This presentation will provide highlights of some key initiatives and provide an update on falls prevention in NSW.

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Lorraine Lovitt is the Leader of the NSW falls Prevention Program and works from the Clinical Excellence Commission and is leading the implementation of the NSW Falls Prevention Program. Lorraine has a nursing background with experience in aged care that includes policy development, strategic planning, consultation, management, health promotion and community care. She is a long serving board member of a not-for-profit aged care provider.  
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### ABSTRACTS FOR CONCURRENT SESSIONS

#### HOSPITAL SESSION

**Dr Anne Tiedemann, Prince of Wales Medical Research Institute**  
***Screening for falls risk in the ED- study outline and progress***

**Aim:** The aim of this study is to develop a falls risk screening tool for use with older patients admitted to hospital Emergency Departments (EDs).

**Methods:** People eligible to take part in the study are those who attend the ED as a result of a fall or have fallen 2 or more times in the past year and are not admitted. Variables measured include routinely collected ASET assessment (socio-demographic factors, falls and fracture history, medical history and medication usage, use of community services, physical impairment and problems with balance and mobility), plus six objective measures of vision, balance and mobility. Fall rates are monitored monthly for 6 months from date of inclusion in the study. At the conclusion of the falls follow-up, statistical analysis will be undertaken to determine which assessment variables distinguish between people who do and do not fall following their presentation at the ED and will be included in the screening tool.

**Progress:** Recruitment for the development phase of the screening tool is complete, 220 participants recruited from Prince of Wales Hospital ED. A further 220 participants are being recruited from the Royal North Shore Hospital ED to externally validate the developed screening tool, recruitment is currently at 120 people.

**Significance:** The developed screening tool will be used to identify differing levels of falls risk and in doing so will assist in identifying people most in need of intervention.

This presentation will outline the study protocol, progress to date and preliminary results from the screening tool development phase.

Anne Tiedemann is a Research Officer in the Falls and Balance Research Group, Prince of Wales Medical Research Institute, Sydney, where she works in the field of falls and balance research in older people. Her PhD research concerned the development of a validated falls risk assessment suitable for use in clinical settings. Anne's current work builds on this and concerns the development of screening tools for use in Emergency Departments and by the Ambulance Service of NSW.  
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**Kathy Bullen, Rankin Park Centre, Hunter New England Area Health Service**  
***Phone follow-up of fallers presenting to the Emergency Department (ED)***

This paper will report the results of a 12 month project aiming to reduce the rate of re-presentation for falls injury. Operating independently of ED and using data trawling, an algorithm is used to stream prospective patients into risk groups, make appropriate referrals and subsequently increase the uptake of appropriate falls injury prevention strategies. Around 48% of eligible people accepted the offer of some form of intervention and follow-up indicates good compliance.

Kathy Bullen is the Clinical Nurse Consultant in Aged Care and Rehabilitation at the Rankin Park Centre, Hunter New England Area Health Service. Kathy is a member of the NSW Falls Prevention Network Advisory group and Co-Chair of the HNE Health Acute/Subacute Falls Injury Prevention Working Party. Kathy has a keen interest in Falls Prevention, especially staff education, and works closely with other preventative care teams to help implement best practice.  
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**Julia Poole, Royal North Shore Hospital, Northern Sydney Central Coast Area Health Service**  
***Delirium and Falls in Acute Care***

The single most common cause of falls in hospital is confusion. The most common cause of confusion is delirium. Delirium is a medical emergency which results in poor outcomes and is not well understood or managed. An overview of delirium definition, risk assessment, causes, diagnosis, prevention and management will be provided.

**Julia Poole is the Clinical Nurse Consultant (CNC) in Aged Care at Royal North Shore Hospital (RNSH).** Julia has been the CNC for Aged Care at RNSH for 13 years in which she has concentrated on solving the challenges of caring for people with disturbed behaviour or behaviours of unmet need. The publication of the *Poole's Algorithm: nursing management of disturbed behaviour in older people* series plus justification and evaluation journal articles has led to the undertaking of a PhD at UTS. This has involved using Action Research to facilitate a person-centred approach to the care of older people in acute care. Completion is expected by the end of 2009.

Contact e-mail: [jpoole@nscchahs.health.nsw.gov.au](mailto:jpoole@nscchahs.health.nsw.gov.au)

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### COMMUNITY SESSION

**Christine Burrows, Hawkesbury District Health Service**  
***Falls Prevention Where Community Matters ..... "IT STARTS WITH YOU!"***

In 2006 Hawkesbury District Health Service became a community partner of the 'Stepping On - Falls Prevention Sustainability Project' conducted by Sydney University. A journey of 'Falls Prevention' began that united clinicians from Community and Hospital toward a common goal of care. We are now entering our third year of delivering the 'Stepping On Programme' and have forged relationships with multiple partners across the community. A clear referral pathway and an integrated, systemic approach are guiding the work toward sustainability but there is more that needs to be done.

The aim of this presentation is to share the 'Hawkesbury Experience' and to demonstrate the power of community because falls prevention is not just everyone's business it also "STARTS WITH YOU".

**Christine Burrows RNM MN is the Clinical Nurse Consultant in the Primary Health Care Team of the Hawkesbury District Health Service.** Christine has had many years experience working in the community throughout Sydney's West and currently coordinates the team of community nurses who deliver the falls prevention programme to the Hawkesbury community.

Contact e-mail: [cburrows@chcs.com.au](mailto:cburrows@chcs.com.au)

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**Melanie Kingsland, Hunter New England Population Health**  
***Building Capacity for Sustainable Physical Activity Programs***

The availability of sustainable community-based physical activity programs depends on effective capacity building at both the level of fitness professionals and those who provide them with training. As part of its falls prevention program, Hunter New England Health aims to establish sustainable physical activity programs for adults over 50 through the implementation of the following capacity building strategies:

- Incorporating fall prevention specific content into fitness professional training programs provided by TAFE NSW and Active Over 50, including gaining Fitness Australia accreditation for the latter.
- Establishing mechanisms for fitness professional mentoring in class delivery and business skills.
- Providing fitness professionals with a marketing guide, promotional resources and templates to assist in attracting and sustaining a client base.
- Providing leaders with equipment start-up packs to encourage the incorporation of balance and strength choreography into programming.
- Connecting leaders into processes for health professional and community enquiry referral.

This presentation will provide an overview of the content, process of implementation and impact of these strategies to date.

**Melanie is a Program Manager within the Capacity Building Team of Hunter New England Population Health,** where she has worked for the past 8 years. She currently manages the unit's fall injury

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prevention program of work, which is focused on the establishment of appropriate physical activity programs for adults over 50. One of the main challenges Melanie faces is the diversity of communities across the Hunter New England Health area, which results in the need for strategies flexible to varying need and capacity.

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**Minh Pham, Ambulatory Care Unit, Fairfield Hospital, Sydney South West Area Health Service**  
***Bold and Balance: preventing falls in the culturally and linguistically diverse (CALD) population of an Aged Day Care Centre (ADCC)***

**Aim:** To implement an effective, sustainable falls prevention exercise program to improve regular participation in physical activity, leading to reduced falls risks amongst CALD communities.

**Method:** Physical activity is widely recognised as improving health and well-being and preventing falls and fall related injuries. In Australia, the proportion of the population aged 65 and over from CALD background is anticipated to increase to one million by 2026. Anecdotally it is a widely held view that CALD communities have been traditionally underrepresented in physical activity programs. 788 clients from over 15 different nationalities attending the Fairfield ADCC consented to the program. A daily exercise program for the clients was implemented to specifically address impairments in balance and gait, muscle weakness and movement speed. Staff were trained to deliver the evidenced based group exercise sessions. This was incorporated with an educational program for staff and clients focusing on: physical activity, home hazards, walking aid and hip protectors, vision, continence and “after a fall” strategies.

**Outcome measures included:** client physical activity level, knowledge questionnaire; sit-to-stand test. Measurements of clients were to be taken at: 2, 12, 25 and 52 weeks post-commencement of project. A staff exercise competency checklist was conducted at the completion of the training.

**Results:** Following the completion of the program there was 65% increase in the number of clients participating in physical exercise at least once a week; 53% improvement in passing rate of timed sit-to-stand; 100% of staff and clients demonstrated an increased knowledge of falls prevention. In addition, staff was successfully conducting the daily exercise groups.

**Conclusion:** 30 minutes of weight-bearing exercises integrated into the daily routine of a community ADCC plays a significant role in increasing physical activity level and functional strength in the frail CALD elderly population. Empowering staff with knowledge and strategies to prevent falls and fall related injuries among clients increases opportunities of sustaining the program.

**Minh Pham is the senior physiotherapist of the Ambulatory Care Unit at Fairfield Hospital and part of the Fairfield Falls Intervention Team (FIT).** Minh completed her Bachelor of Physiotherapy degree in 1999 and obtained her Master’s degree in Physiotherapy in 2005. Minh’s experience spans many years of both public and private health sectors. She is currently involved in the development and implementation of the Fairfield FIT initiative, which is a multidisciplinary Falls Prevention program recognised by the Clinical Council of Excellence for clients in the Fairfield local government area.

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## RESIDENTIAL AGED CARE SESSION

**Mandy Harden, Community Aged Care Services, Hunter New England Area Health Service**  
***Falls Injury Prevention in Residential Aged Care: How can we translate strategies into effectiveness.***

**Introduction:** Implementing falls injury prevention strategies in residential aged care is not easy. There is tremendous pressure on aged care facilities which leaves staff with little time or energy to concentrate on programs such as falls injury prevention. There are many lessons to be learnt from this research project to test the hypothesis that a full-time project officer could facilitate the reduction of falls injuries, especially hip fractures, in aged care facilities.

**Method:** A three year research project was funded by the NSW Health under the NSW Health Promotion

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Demonstration Research Grant Scheme 2005/2007 and was conducted by the Hunter New England Area Health Service, together with the University of Newcastle. Following the employment of the project officer, 88 residential aged care facilities were recruited from the Greater Newcastle and Lower Mid-North Coast area to participate in the project. Randomisation of the participating facilities into control or intervention groups occurred. The intervention was supported by the identification of a link person at each facility, provision of a resource kit, and the introduction of a range of best practice strategies for falls injury prevention in aged care facilities. After an initial six months base-line data collection, the intervention period went for 18 months.

**Results and Conclusion:** Data will be presented to show that we were able to increase the uptake of most strategies but unable to reduce the incidence of hip fractures in the intervention group. Some reasons for this negative result will be suggested. The real lessons from this project, however, are why the intervention worked in some facilities and not others. We would like to share these lessons in discussing the obstacles encountered in implementing best practice falls injury prevention strategies in residential care setting and what could be done to address these obstacles.

**Mandy Harden is the CNC in Aged Care Education in Community Aged Care Services, HNE Health.** Mandy is a registered nurse and has recently worked on this 3-year randomised controlled trial research project to reduce hip fractures resulting from a fall in residential care facilities. She was the project officer for this local collaborative project between the AHS and private RACF to support the RACF to implement Advance Care Planning.

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**Sharon Butler, Better Balance Coordinator, Anglican Retirement Villages (ARV)**

***The Better Balance Program - a falls prevention initiative at Anglican Retirement Villages.***

Anglican Retirement Villages (ARV) consists of 30 villages across greater Sydney. There are 18 Residential Aged Care Facilities which include 12 assisted living hostels and 6 nursing homes. The Better Balance Program is involved in the education of staff, residents and family in falls prevention. It has seen the commencement of 5 Falls Prevention Committees and this year joined with NSW Health by supporting April Falls Month. Part of the program is to assist RACF's in assessing residents in their falls risks and planning interventions to decrease these risks. The GP's referral through the Medicare Enhanced Primary Care (EPC) scheme completes the multidisciplinary approach.

**Sharon Butler is the Better Balance Coordinator for Anglican Retirement Villages.** She has a Bachelor of Applied Science (Physiotherapy) degree from Sydney University and a Graduate Diploma in Manipulative Physiotherapy also from, Sydney University and a Graduate Certificate in Health Promotion, Curtin University and has completed the Postgraduate Falls Course at Sydney University.

**Contact e-mail: [Sharon.Butler@arv.org.au](mailto:Sharon.Butler@arv.org.au)**

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**Kate Perry, Facility Manager, Jamieson House, Jim McMillan, Information Systems Coordinator, Rey Baluyot, Staff Development Coordinator, Twilight Aged Care.**

***Twilight Aged Care Falls Minimisation and Minimisation of Harm from Injury***

The Falls Minimisation Project for Twilight Aged Care commenced in October 2008 as a result of an increased number of falls at Jamieson House.

A project team was established to bring together available best practice resources to develop a falls minimisation program that could be linked to the company clinical documentation system, iCare. The Safety and Quality Council Preventing Falls and Harm from Falls in Older People program (the green box) formed the content of the Twilight Aged Care program. Clinical documentation is progressed in the iCare documentation system by all health care professionals and data collection and trend analysis is facilitated through internal monitoring and an external benchmarking contractor.

Identification of residents at risk of falls formulating strategies for care planning, implementation to prevent and or reduce the risk of injury. Residents are linked to appropriate exercise and mobility therapy, referred to a range of relevant healthcare professionals and care interventions are monitored by care staff and evaluated for effectiveness.

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### ACKNOWLEDGEMENTS

We would like to thank:

NSW Department of Health for supporting this meeting.

Dr Kerry Chant, Chief Health Officer & Deputy Director-General Population Health,  
NSW Department of Health for Opening the Meeting.

NSW Falls Prevention Program, Clinical Excellence Commission.

Staff from the Falls and Balance Research Group, Prince of Wales Medical Research  
Institute (POWMRI).

Our Exhibitors: Active Mobility Systems, AOK Health, Comfort & Fit, Home Modification  
Information Clearinghouse, Medical Industries Australia, Statina Healthcare Australia,  
Surgical Synergies, Vision Australia.

#### Area Health Service Falls Prevention Coordinators:

Margaret Armstong- Northern Sydney Central Coast Area Health Service

Jenny Bawden- Sydney West Area Health Service

Patsy Bourke- Hunter New England Area Health Service

Therese Findlay- Sydney South West Area Health Service

Jacaline Kelly- Greater Western Area Health Service

Mary-Clare Maloney- North Coast Area Health Service

Kathy Richardson- South Eastern Sydney Illawarra Area Health Service

Vacant -Greater Southern Area Health Service

#### The NSW Falls Prevention Network Advisory Group:

Lorraine Lovitt (chair), Leader NSW Falls Prevention Program, Clinical Excellence Commission

Ingrid Hutchinson, Project Officer, NSW Falls Prevention Program, Clinical Excellence Commission

Annie Warn, Manager, Injury prevention Projects, NSCCAHS

Christine Burrows, CNC for Primary Health Care, Hawkesbury District Health Service

Sonia Johnston, CNC Aged Care Geriatrics, Westmead Hospital, SWAHS

Dr Tai-Tak Wan, Medical Director, Ambulatory Care, Fairfield Hospital, SSWAHS

Glenys Francis, ASET Nurse, ED Maitland Hospital, HNEAHS

Kathy Bullen, CNC Aged Care/Rehabilitation, Rankin Park Centre, Greater Newcastle Cluster, HNEAHS

Louisa Squires, Nurse Manager, Trundle MPS, GWAHS

Anne Hulak, GWAHS Extended Care Service, Orange

Merrin Moran, Physiotherapist, Aged Care Serviced, Wagga Wagga, GSAHS

Denise O'Toole, Acting CNC, Falls Prevention Program, The Canberra Hospital.

Bharat Nepal, Health Promotion Officer, Falls Injury Prevention Team, Health promotion Service SESIAHS

Dr Anne Tiedemann, Postdoctoral Research Fellow, Prince of Wales Medical Research Institute (POWMRI)

Professor Stephen Lord, NHMRC Senior Principal Research Fellow, POWMRI

Esther Vance, Project Officer, NSW Falls Prevention Network, POWMRI

*Falls Prevention is Everyone's Business*