

2010 NSW FALLS PREVENTION NETWORK MEETING
Wednesday, 23rd June 2010
9:30am-4:30pm
Venue: Mathews Theatres & Pavilions
University of NSW

PROGRAM & ABSTRACTS

8:50 - 9:30am REGISTRATION - MATHEWS PAVILIONS Arrival Tea/Coffee

OPENING SESSION MATHEWS THEATRE B

9:30am WELCOME
Ms Joanne Smith
A/Director Centre for Health Advancement
NSW Department of Health

WELCOME TO COUNTRY
Mr Allan Madden, Representative
Metropolitan Local Aboriginal Land Council

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

9:50 - 11:20am PLENARY SESSION 1 - MATHEWS THEATRE B

**Chairperson: Ms Joanne Smith, A/Director, Centre for Health Advancement,
NSW Department of Health**

- 9:50am** Associate Professor Jacqueline Close - Geriatrician,
Prince of Wales Hospital and Neuroscience Research
Australia
Preventing falls in the cognitively impaired older person
- 10:20am** Dr Eneida Mioshi- Research Occupational Therapist,
Frontotemporal Dementia Research Group,
Neuroscience Research Australia
Frontotemporal Dementia and its challenges
- 10:40am** Ms Isabel Baker - CNC Dementia and Behaviour
Management Team, Greater Southern Area Health Service
Falls and dementia “What’s that walker doing there?”
- 11:00am** Ms Daneill Haberfield - Occupational Therapist,
Behaviour Assessment and Interventions Service
(BASIS team), Northern Sydney Central Coast Area Health
Service
Practical approaches to dementia care
- 11:20am** **MORNING TEA AND TRADE DISPLAY - Mathews Pavilions**

11:50am - 1:00pm PLENARY SESSION 2 - MATHEWS THEATRE B

Chairperson: Dr Wendy Watson, Senior Research Fellow, Injury Risk Management Research Centre (IRMRC), UNSW.

11:50am Professor Stephen Lord - NHMRC Senior Principal Research Fellow, Neuroscience Research Australia
Update of recent research evidence (2009-2010)

12:15pm Ms Joanne Smith - A/Director, Centre for Health Advancement, NSW Department of Health
NSW Health Falls Prevention Plan 2010-2014

12:40pm Ms Lorraine Lovitt - Leader, NSW Falls Prevention Program Clinical Excellence Commission
Falls prevention: a community resource and web-based directory

1:00pm - 2:00pm LUNCH AND TRADE DISPLAY - Mathews Pavilions

2:00 - 4:00pm **CONCURRENT SESSIONS**

SESSION 1 HOSPITAL - MATHEWS THEATRE C

Facilitated by Ms Margaret Armstrong, NSCCH Falls Prevention Coordinator, Northern Sydney Central Coast Health & Ms Emma Fitzgerald, A/Area Falls Coordinator, Greater Western Area Health Service

Ms Denise Tomassini, Clinical Quality Manager, & Ms Gaye Sykes, Quality/Accreditation Manager, Wollongong Hospital, Southern Hospitals Network, South Eastern Sydney Illawarra Area Health Service
Sharing ideas -falls prevention

Ms Cheryl Baldwin, Ortho-Geriatric CNC, Gosford Hospital, Northern Sydney Central Coast Health (NSCCH) & Margaret Armstrong, NSCCH Falls Prevention Coordinator
Implementing a post-fall sticker

Dr Cathie Sherrington, Senior Research Fellow, George Institute for International Health
Development of the Prediction of Falls In Rehabilitation Settings Tool (Predict_FIRST): a prospective cohort study

Ms Elizabeth Taylor, Physiotherapist, St Joseph's Hospital, Sydney West Area Health Service
The challenges of falls prevention in people with Motor Neurone Disease

Ms Margaret Hargraves, Hospital Pharmacist, Prince of Wales Hospital, South Eastern Sydney Illawarra Area Health Service
Reduction in the use of night sedation to reduce the risk of falls

Discussion

4:00 - 4:30pm **SUMMARY AND FEEDBACK SESSION - Mathews Theatre B**

SESSION 2 COMMUNITY - MATHEWS THEATRE B

Facilitated by Ms Patsy Bourke, Area Falls Injury Prevention Coordinator, Hunter New England Area Health Service & Ms Niccola Follett, Coordinator NSW Falls Program, Greater Southern Area Health Service

Ms Kath Hayes, Senior Case Manager, Central Coast Case Management Services
WIIFY (What's In It For You) Program

Ms Shilo Preston-Stanley, Therapy ACT, ACT Government & Jan Yarrington, Clinical Educator, Occupational Therapy, ACT Health
Falls prevention for people with intellectual and developmental disabilities

Ms Monique Johns, Project Officer, Statewide Major Projects Branch, Centre for Health Advancement, NSW Department of Health
Implementing the Stepping On Program

Ms Amanda Bates, Health Promotion Service, South Eastern Sydney Illawarra Area Health Service
Home based strength and balance pilot study

Ms Josephine Mortimer, Occupational Therapist, & Ms Minh Pham, Physiotherapist Fairfield Hospital, Sydney South West Area Health Service
Incorporating exercises in activities of daily living: will it increase adherence to home exercises at 3 month follow-up?

Dr Stuart Smith, Senior Research Officer, Neuroscience Research Australia (NeuRA)
Video games for falls prevention

Ms Jenny Bawden, Falls Prevention Coordinator, Sydney West Area Health Service & Ms Sharon Butler, Better Balance Coordinator, Anglican Retirement Villages
The "Challenge": An example of social marketing for falls prevention

Discussion

4:00 - 4:30pm SUMMARY AND FEEDBACK SESSION - Mathews Theatre B

SESSION 3 RESIDENTIAL AGED CARE - MATHEWS THEATRE D

Facilitated by Ms Mary-Clare Maloney, Area Falls Prevention Coordinator, North Coast Area Health Service & Ms Katica Siric, Area Coordinator Falls Prevention, Sydney South West Area Health Service

Mrs Sally Castell, Physical Activity Coordinator, Northern Sydney Central Coast Health
“Basic Steps” - Lessons learnt from an exercise training project for staff working in residential care settings

Ms Anne Meller, CNC Advanced Care Directives, Prince of Wales Hospital, South Eastern Sydney Illawarra Area Health Service
Advanced Care Directives

Ms Mandy Harden, CNC Aged Care Education/Community Aged Care Services, Hunter New England Area Health Service
Developing forms to promote action and improved outcomes in falls prevention

Ms Louise Howell, Quality Coordinator, Wallsend Aged Care Facility, Hunter New England Area Health Service
Implementing a Falls Injury Prevention Policy: What our staff found useful.

Discussion

4:00 - 4:30pm SUMMARY AND FEEDBACK SESSION - Matthews Theatre B

ABSTRACTS FOR PLENARY SESSIONS

Associate Professor Jacqueline Close, Prince of Wales Hospital and Neuroscience Research Australia (NeuRA).

Preventing falls in the cognitively impaired older person

Dementia is a well known risk factor for falls with multiple prospective studies highlighting this population as being at increased risk of falls and fractures. Unfortunately there is limited evidence to support a particular approach to intervention in community dwelling older people with dementia although more evidence exists in hospitals and residential aged care settings. This presentation will review the current international evidence and provide local examples of where strategies can and have been put in place to minimise risk of harm in this population.

Jacqueline Close is a Senior Staff Specialist in Geriatric Medicine at the Prince of Wales Hospital where she runs the Falls, Balance and Bone Health Service and has Chaired the local Falls Advisory Group for 4 years. She is the Chair of the NSW ACI Aged Care Network. Her academic areas of interest include falls and fracture prevention including understanding risk factors for falls and development of approaches to intervention in people with cognitive impairment.

Contact e-mail: j.close@neura.edu.au

Dr Eneida Mioshi, Neuroscience Research Australia (NeuRA)

Frontotemporal dementia and its challenges

Frontotemporal dementia (FTD) is the second commonest form of dementia in people under 65, with devastating impact on patients and families. In this talk the three main variants of FTD will be presented, and we will cover the main cognitive, behavioural and functional challenges that families and professionals will face when dealing with falls prevention.

Eneida Mioshi is a Research Occupational Therapist, Frontotemporal Dementia Research Group, Neuroscience Research Australia (NeuRA). Eneida trained and worked as an occupational therapist, and also completed a Masters of Science in Sao Paulo, Brazil. She then moved to Cambridge in 2003 to work as a research assistant to Prof John Hodges, where she concomitantly conducted her PhD. Eneida's research interests are largely related with the practical impact of FTD on patients' functional abilities, as well as the impact of the dementia on their carers and family members. This research has led to better understanding of the different disease stages and how FTD progresses. Eneida hopes her research will lead to grounded investigation of therapeutic interventions that can address patient disability and caregiver stress. Eneida has been working with patients and families affected by dementia for over 12 years.

Contact e-mail: e.mioshi@neura.edu.au

Ms Isabel Baker, Dementia and Behaviour Management Team, Greater Southern Area Health Service
Falls and dementia "What's that walker doing there?"

Falls are a major cause of increased disability and admission to aged care facilities for people with dementia. The differing causes of the dementing illness and the parts of the brain affected in each individual have an impact on the potential for falls. The compounding issues of memory loss, disorientation, and decreasing communication ability also greatly increase the risk of fall following admission to hospital. Other factors such as lack of exposure to sunlight leading to Vitamin D deficiency,

loss of muscle strength, electrolyte imbalances, common medications that increase confusion in the elderly and the use of psychotropic medication to manage behaviour also contribute to the impact of falls for people with dementia. The introduction of volunteer sitter programs in hospital, strengthen exercise programs in the community and aged care facilities, the Alzheimer's Australia Safe to Walk program, and the use of Hip Protectors all have a place in maintaining the safe mobility of people with dementia.

Isabel Baker is a Clinical Nurse Consultant, with the Dementia Behaviour Assessment and Management Service (DBAMS) covering the western and central sectors of Greater Southern Area Health Service. Isabel has a Diploma in Psychiatry of Old Age from the NSW Institute of Psychiatry. Her experiences working with people with dementia include working as personal care assistant and recreation officer in a hostel dementia program, hostel manager of a 68 bed Aged Care Hostel and managing an in-home dementia respite service in rural NSW. She has also worked for the Alzheimer's Association as a sessional trainer and dementia support worker and teaches the dementia module for the Certificate III Aged Care Workers course at Wagga Wagga TAFE.

Contact e-mail: Isabel.Baker@gsahs.health.nsw.gov.au

Ms Daneill Haberfield, Behaviour Assessment and Interventions Service (BASIS team) NSCCAHS

Practical approaches to dementia care

The Behavioural and Psychological Symptoms of Dementia (BPSD) affect as many as 90% of the population who have dementia. It has been well documented throughout research that first-line management for BPSD should be non-pharmacological.

Coming up with creative, practical and person-centred ways to manage these behaviours associated with dementia through psychosocial means is an ongoing challenge facing carers and health care professionals alike.

We can often modify a person's behaviour by assessing and adjusting the biopsychosocial aspects of the person's being rather than suppressing their needs and emotions through the use of psychotropic medications as a means to control behaviour.

Practical approaches will be presented today through a case study of a biopsychosocial assessment and corresponding interventions devised for a person presenting with behaviours including wandering, aggression and falls as a result of her dementia.

Daneill Haberfield works for the Behaviour Assessment & Intervention Service (BASIS) in NSCCAHS. She provides assessments and interventions for people over the age of 65, who present with moderate to severe Behavioural & Psychological Symptoms of Dementia (BPSD). She comes from an Occupational Therapy background. Daneill has a particular interest in person centred care and restraint reduction in the care of older people.

Contact e-mail: dahaberfield@nsccahs.health.nsw.gov.au

**Professor Stephen Lord, Falls and Balance Research Group, Neuroscience Research Australia (NeuRA)
*Update of recent research evidence (2009-2010)***

This presentation will review recent studies on fall and fracture risk assessment and falls prevention. Studies and reviews that will be discussed will include:

- Vitamin D therapy as a fall prevention strategy -a systematic review
- A multiple profile assessment for falls in older community-living people-findings from the Falls and Balance Research Group
- Indoor and outdoor falls have different risk factors: implications for fall prevention initiatives
- A new fracture prediction algorithm developed in the UK
- The recently released Cochrane review on interventions for preventing falls in older people in hospitals and residential aged care facilities.

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 Neuroscience Research Australia (NeuRA). 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 summarizes the research evidence base undertaken in this field.

Contact e-mail: s.lord@neura.edu.au

**Ms Joanne Smith, Centre for Health Advancement, NSW Department of Health
*NSW Health Falls Prevention Plan 2010-2014***

Prevention of falls among older people is a priority within the NSW State Health Plan. This presentation will provide an overview of the NSW Health *Plan for the Prevention of Falls and Harm from Falls among Older People, 2010-2014*. Development of the plan has been led by the Population Health Division, NSW Department of Health, in conjunction with the Clinical Excellence Commission.

The new plan aims to build on the supporting infrastructure established by the first statewide policy, while taking into account current evidence about effective approaches to preventing falls, updated national falls prevention best practice guidelines, recommendations from the evaluation of the first plan, and the current organisational context of NSW Health. Implementing effective strategies for prevention of falls and harm from falls among older people requires action across a range of clinical settings, in addition to population-focussed health promotion activities.

Joanne Smith is the A/Director of the Centre for Health Advancement at the NSW Department of Health. The Centre leads the development, implementation and evaluation of population health policy and strategy to address non-communicable causes of disease, and promotes the environmental and lifestyle changes required to raise the health status of the people of NSW. The key priorities of the Centre are tobacco control, obesity prevention, and falls prevention in the elderly, and the Centre oversees NSW Health’s response to the State Plan and State Health Plan priorities for these areas.

Contact e-mail: josmi@doh.health.nsw.gov.au

Ms Lorraine Lovitt, NSW Falls Prevention Program, Clinical Excellence Commission (CEC)

Falls prevention: a community resource and web-based directory

This presentation will showcase 2 projects: a community falls prevention resource and a Web-based directory of falls prevention physical activity programs.

A review conducted by the CEC of community falls prevention resources available in NSW found that there was a need for a NSW falls prevention community resource booklet. A web-based directory for the community and health professional (including GPs) of falls prevention physical activity programs was a recommendation from a review of physical activity falls prevention programs in NSW.

Lorraine Lovitt is NSW Leader Falls Program, Clinical Excellence Commission and has a nursing background with experience in aged care in both community and acute care settings and across a large Area Health Service. At NSW Health, 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. Lorraine is also a long serving board member of a not-for-profit residential aged care provider.

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ABSTRACTS FOR CONCURRENT SESSIONS

HOSPITAL SESSION

Ms Denise Tomassini, Clinical Quality Manager, & Ms Gaye Sykes, Quality/Accreditation Manager, Wollongong Hospital, Southern Hospitals Network, South Eastern Sydney Illawarra Area Health Service

Sharing ideas - falls prevention

April Falls Day 2010 within Southern Hospital Network (SHN) is a day where falls prevention projects and initiatives highlight our staff's commitment to minimising the risk of falls to patients while they are in our care.

This year marks the fourth year that this annual event has been held in SHN. All participating hospitals, Mental Health Units and Community Health Centres who participated used not only various displays and decorations to highlight falls prevention awareness but there was evidence of clinical practice change, education programs and evaluation in relation to falls prevention, harm minimisation and ongoing risk management. These are all part of the judging criteria that is advertised to staff well in advance of the day. Participants may choose to focus on only one or all four of the judging criteria to showcase their efforts.

After April Falls Day the best projects and initiatives are disseminated to staff across SHN in two ways. They are sent to all Hospital DONS and Facility Managers and each project is then showcased in the SHN Newsletter one per month so that all staff can learn and share in preventing falls within the hospital environment.

Denise Tomassini is the Southern Hospital Network (SHN) Clinical Quality Manager and has worked as a Registered Nurse for 27 years prior to taking on the role as Network Clinical Quality Manager. Denise worked as the Nurse Unit Manager of the Day Surgery and Peri-operative Clinic at Wollongong Hospital and worked in private hospitals and clinics in Italy where she lived for 6 years. Denise obtained a Degree

in Public Health at The University of Wollongong in 2004. Denise in her quality role works closely with the Directors of Nursing and facility managers at the nine hospitals, Mental Health and Community Health Centres within SHN on Falls Prevention and also chairs the SHN Falls Prevention Advisory Group.
Contact e-mail: Denise.Tomassini@sesiahs.health.nsw.gov.au

Ms Cheryl Baldwin, Ortho-Geriatric CNC, Gosford Hospital & Margaret Armstrong, NSCCH Falls Prevention Coordinator, Northern Sydney Central Coast Health (NSCCH), *Implementing a post-fall sticker*

The NSCCH Falls Prevention Policy outlines the post-fall management and the documentation in patient's notes if a fall does occur in hospital. In practice, however, it was determined that some staff, particularly transient staff, were not aware of the protocol for various reasons and therefore the correct procedures may have been lacking. To alleviate this, a Central Coast ward developed and implemented a post-fall sticker that would be placed in the progress notes and would serve as a clear template for post-fall documentation.

The sticker reflects the NSCCH fluoro orange fall colour, and is of a size that highlights very clearly to clinicians accessing the patient's notes, that an in-hospital fall has occurred. After implementation, a follow-up audit indicated that the post-fall documentation was much improved across a number of elements. The sticker also clearly highlights patients who have multiple falls. Staff acceptance of the sticker was high. This sticker was then successfully implemented into other Central Coast facilities.

The NSCCH Acute/Sub-Acute Falls Prevention Committee then endorsed the use of the sticker for all facilities and it was rolled out in all our NSCCH hospitals as of April Falls Day 2010. An area wide follow-up audit will be conducted later in 2010.

Cheryl Baldwin is an Ortho-Geriatric CNC at Gosford Hospital, and the Chair of the Central Coast Hospitals Falls Prevention Committee.
Contact e-mail: cbaldwin@nsccaahs.health.nsw.gov.au

Margaret Armstrong is the NSCCH Falls Prevention Coordinator, and has an Occupational Therapy and Health Promotion background.
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Dr Cathie Sherrington, Senior Research Fellow, George Institute for International Health, *Development of the Prediction of Falls In Rehabilitation Settings Tool (Predict_FIRST): a prospective cohort study*

This prospective cohort study aimed to develop and internally validate a simple falls prediction tool for rehabilitation settings (*Predict_FIRST*). Participants were 533 patients aged 50 years and over consecutively admitted to rehabilitation wards in two hospitals. A range of possible risk factors for falls was collected from medical records, interview and physical assessment. Fourteen percent of participants fell during their inpatient stay.

A multivariate model to predict falls was used to develop the *Predict_FIRST* tool which includes male gender, CNS medication use, a fall in the past year, frequent toileting and the inability to perform a tandem stance. People with none of these risk factors had a 2% probability of falling during their inpatient stay, those with 3 risk factors had an 18% probability and those with all 5 risk factors a 52% probability of falling.

The AUC for the *Predict_FIRST* tool was 0.73 (95% CI of 0.68 to 0.79, bootstrap-corrected AUC also 0.73). The *Predict_FIRST* tool provides good discrimination between fallers and non-fallers and enables the probability of falling (absolute risk) to be calculated for individual patients.

Cathie Sherrington is an NHMRC-funded Senior Research Fellow at The George Institute for International Health, The University of Sydney. Prior to completing her PhD, Cathie worked for 10 years as a clinical physiotherapist in aged care and rehabilitation. Her current research focuses on studies of the prediction and prevention of falls and disability in older people.
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Ms Elizabeth Taylor, Physiotherapist, St Joseph's Hospital, SWAHS, *The challenges of falls prevention in people with Motor Neurone Disease*

Motor Neurone Disease (MND) is a fatal, progressive neurodegenerative disease of which there is no cure. Life expectancy is approximately 5 years from symptom onset. People with MND have multiple risk factors for falls, the most significant being increasing muscle weakness. The MND service at St Joseph's Hospital services the western suburbs of Sydney. We reviewed the incidence of falls in people with MND, the injuries sustained and the consequences of those injuries. Approximately 50 patients were seen by the MND service between 2007-2009. Of those patients, approximately 90% of patients had experienced at least 1 fall, with at least 50% of patients experiencing multiple falls. There were also 5 injurious falls in the period 2007-2009.

There are many challenges in prevention falls in this population group. These include the sometimes rapid progressive nature of the disease, the slowness of people to acknowledge their deterioration and the poor prognosis of the disease can result in falls prevention being seen to be insignificant. Yet injurious falls can have an impact on activities of daily living and carer burden.

Falls are very common in people with MND. Prevention of falls is a significant issue that needs to be addressed in people with MND.

Liz Taylor is head of the Physiotherapy Department at St Joseph's Hospital, Auburn a small public hospital in Sydney West Area Health Service. The hospital specialises in Rehabilitation, Palliative Care and Aged Care Psychiatry - all populations with a high risk of falls.
Contact e-mail: elizabeth_taylor@wsahs.nsw.gov.au

Ms Margaret Hargraves, Hospital Pharmacist, Prince of Wales Hospital, SESIAHS, *Reduction in the use night sedation to reduce the risk of falls*

This presentation will focus on an initiative at Prince of Wales Hospital which has targeted medications associated with falls. Data on the decreased use of night sedation across medical and surgical wards will be presented and the strategies used to achieve this will be discussed.

Margaret Hargraves is a Hospital Pharmacist working on the Aged Care Wards at Prince of Wales Hospital. Margaret originally worked in Community Pharmacy but has worked as a Hospital Pharmacist since 1990. Her principal interest is the safe use of medications in older people.
Contact e-mail: Margaret.Hargraves@sesiahs.health.nsw.gov.au

COMMUNITY SESSION

Ms Kath Hayes, Senior Case Manager, Central Coast Case Management Services, WIFY (What's In It For You) Program

Background

Central Coast Case Management Services (CCCMS) receives funding from HACC to provide case management for frail older people and young people with a disability living in the Gosford LGA.

In 2008 CCCMS responded to Service Users need for Fall Risk Prevention education by developing a 7 week program. The program called WIFY (What's In It For You) was repeated in 2009 and 2010.

The Program

Eligible Service Users were identified following a comprehensive assessment including a Falls Risk Assessment (FROPCom), and with a particular focus on people who experience social isolation, have a history of non participation in regular exercise and poor nutritional practice. The FROPCom gathered statistical information prior to commencing the program and again at completion to assist determine the success of the project.

The 7 week program will consists of three parts:

- Weekly Information Sessions with a different guest speaker each week engaging with the clients on a range of different topics
- Weekly Exercise Sessions encouraging safe and simple exercise run by an exercise physiologist
- 'Cooking For You And Me' - nutrition and cooking instructions on a weekly basis over a six weeks.

Lessons Learned

- Statistical data identified if the project assisted participants improve their health, wellbeing, knowledge/awareness, socialisation and reduced their risk of falling
- Participants require follow-up during and post WIFY program by Case Manager to encourage ongoing exercise and access to providers to which they had been referred.

Kath Hayes is a Senior Case Manager Central Coast Case Management Services. She has a Diploma in Community Services (Case Management), Advanced Diploma Community Sector Management and Certificate IV Workplace Assessor and Trainer. Kath's work experience includes Trainer, Assessor and Manager at a specialist employment where she assisted people with a disability obtain and maintain open employment; Project Manager assisting year 11 and 12 students undertaking Vocational Education and Training (VET) access meaningful and supported work placement and school based traineeships.

A component of the project was developing a national model to support students with a disability undertaking VET work placement and school based traineeships. Kath designed, implemented and managed a Youth Pathways Program supporting young people at risk or have disengaged from school and community. Kath is currently case managing frail older and younger people with a disability to assist support them to remain living in the community and maintain quality of life.

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Ms Shilo Preston-Stanley, Therapy ACT, ACT Government & Jan Yarrington, Clinical Educator, Occupational Therapy, ACT Health, *Falls Prevention for people with intellectual and developmental disabilities*

Therapy ACT has been granted funding to conduct a 12 month pilot falls project for aging adults (40-65) with Intellectual/Developmental Disabilities (ID/DD) in the ACT. The main aims of providing education to carers and support staff, identify issues specific to people with ID/DD and to provide strategies to reduce the risk of falls.

There is limited research specifically related to falls in this client group. American studies summarised by Dr Rein Tideiksaar (*Falls and People with Intellectual and Developmental Disabilities CD Rom 2007*) indicate that “each year up to one third of individuals with ID/DD fall, and two thirds of these individuals experience multiple falls. Approximately 15% of falls result in serious injury.” There is no Australian research but anecdotal evidence from support staff and family carers supports the above research.

The four main components of the project:

- Falls training sessions for group home (Disability ACT) staff
- Family carer training
- Development and use of a falls risk screening assessment tool
- Mobile Falls Clinic with an Occupational Therapist and Physiotherapist.

The project is into its eighth month. The screening tool has proved effective and the clinics are successful for assessment. The main problems so far have been low attendance by group home staff and family carers at training sessions. Resulting referral numbers have therefore been lower than expected.

Shilo Preston-Stanley is an occupational therapist, currently working as the Falls Prevention Project Manager for Therapy ACT. Shilo has spent the past 7 years working as a community occupational therapist and has just returned to Australia after 10 years in Britain.
Contact e-mail: shilo.preston-stanley@act.gov.au

Jan Yarrington is currently working as the Clinical Educator for Occupational Therapy in ACT Health. Jan has extensive experience working with people with ID/D in the community. Jan initiated the falls prevention pilot as the Project Manager during her employment with Therapy ACT.

Ms Monique Johns, Project Officer, Statewide Major Projects Branch, Centre for Health Advancement, NSW Department of Health, *Implementing the Stepping On Program*

The *Stepping On* program is based on a published RCT that demonstrated a 31% reduction in falls and an increase in protective behaviours. The program is a multifactorial, self-management program for community dwelling 65s and over. Strategies to enhance confidence, self-efficacy and reduce falls risk are presented in a facilitated group learning environment. The program consists of 7 x 2 hour group sessions, follow up phonecalls at 2 and 24 weeks, and a group booster session at 12 weeks. Program content includes embedding a strength and balance exercise routine, and an educative component from expert guest presenters. From the initial rollout in February 2009 until December 2010, an estimated 1500 participants will have benefitted from 91 programs held across 5 Area Health Services.

The program engages and strengthens the link between local public, private and community health networks, as well as local government and non-government organisations.

Preliminary data indicates significant improvements in subjective and objective outcome measures between sessions 1 and 7. The independent evaluation is expected to be complete later in 2010.

NSW Health has developed and supplied resources and staff training for the Statewide implementation of *Stepping On*.

Monique Johns is currently a Project Officer focussing on Falls Prevention for the Statewide Major Projects Branch of the Centre for Health Advancement, NSW Department of Health.

As a physiotherapist, Monique has worked in a diversity of acute and community public settings, including her own domiciliary private practice. She was a co-ordinator and research assistant for the University of Sydney Seniors' ADAPT Pain Management Program. Monique was the North Coast Area Health Service Stepping On program co-ordinator for the first year of the funded program rollout. Monique is passionate about Falls Prevention, Aged Care and Rehabilitation and Womens' Health.

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Ms Amanda Bates, Health Promotion Service, South Eastern Sydney Illawarra Area Health Service, Home Based Strength and Balance Pilot Study

BEST (Balance Exercise Strength Training) at home is a home based exercise program. It is based on the Otago Exercise Program but delivered in the group format. Participants attend an initial workshop and receive exercise instruction from a physiotherapist. Participants are asked to record their activity on a calendar and return on a monthly basis. Twelve weeks later, participants attend a follow up workshop to ensure they are still doing the exercises correctly and receive further exercise instruction. Participants are then asked to continue the exercises and recording on a calendar for a further twelve weeks.

There were significant improvement in measures of strength and balance. A large proportion of participants plan to continue to do the strength and balance exercises.

Amanda has a background in Exercise Science and Nutrition. Amanda has worked in Health Promotion for the past ten years and is currently working in the area of falls prevention and physical activity at South Eastern Sydney Illawarra Area Health Service.

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Ms Josephine Mortimer, Occupational Therapist, & Ms Minh Pham, Physiotherapist Fairfield Hospital, Sydney South West Area Health Service, *Incorporating exercises in activities of daily living: will it increase adherence to home exercises at 3 month follow-up?*

Background: The falls prevention education and exercise program run at Fairfield Hospital, "Able and Stable", is based on the "Stepping-on" program format, but with an emphasis each week on group exercises and individually tailored home program. The program focuses on reducing falls incidence and on improving physical / functional capacity to resume home and community activities. Results have been very promising. However, the extent of participants' adherence to home exercises at three months post-program varies; 2009 data indicating 45% of participants are exercising three or more times a week. This is despite therapists encouraging all participants to schedule in times during their day to perform exercises.

Aim: To increase levels of adherence to home exercises reported at three months post- completion of the program.

Method: Clemson reported at the 2009 Falls Network Meeting and in the Australian Journal of Occupational Therapy (February 2010, 57(1),42-51) on the LiFE Pilot Study that aimed at incorporating exercises in daily activity. It was decided to trial this approach with current participants.

Results: The adherence to home exercises reported by past participants will be compared with that of a recent group trialling the new approach.

Conclusion: The response of participants and therapists to the application of this approach will be discussed.

Jo Mortimer (Occupational Therapist), and Minh Pham (Physiotherapist) are part of the Falls Intervention Team at the Ambulatory Care Service of Fairfield Hospital.

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**Dr Stuart Smith, Senior Research Officer, Neuroscience Research Australia (NeuRA),
*Video Games for falls prevention***

The ability to make timely and appropriately directed steps underpins our ability to maintain balance, move unaided through the environment as well as counter potentially-destabilising events (such as slips and trips) and avoid obstacles. Recent studies suggest that stepping ability is significantly impaired in older versus younger adults, particularly in those older adults at higher risk for falls. There is also evidence that stepping ability can be significantly improved in older adults via repetitive training of stepping responses. However, repetitive practice can be boring and is likely to have poor adherence. One possible method to increase adherence involves the use of video games such as Dance Dance Revolution (DDR).

We have developed an age-appropriate version of this game that can also acquire data on stepping ability. We have demonstrated clear differences between older and younger adults on game play but more importantly, we have established parameters of system use that will guide subsequent use of DDR in older adults. Our system is also capable of acquiring fall related information such as the Choice Step Reaction Time (CSRT). This suggests that long-term in-home monitoring of fall risk is possible.

Stuart Smith is a Senior Research Officer, Falls and Balance Research Group, Neuroscience Research Australia. Stuart has both an MSc (University of Sydney,1995) and a PhD in Experimental Psychology (Macquarie University 2000). Following his postgraduate studies, Stuart held a postdoctoral fellowship at NASA's Ames Research Center (2000-2002). Following academic positions at Trinity College Dublin and University College Dublin (2002-2007), Stuart returned to Australia to undertake further research on the determinants of postural instability and falls in older people, funded by an NHMRC Career Development Award-Industry. He is also Chair of a Health Informatics Society of Australia Special Interest Group on the topic of Games for Health. The aim of this group is to bring together health researchers, professionals and consumers together with video game developers, interaction designers and sensor technologists to develop video games that are appropriate for use in health contexts.

Contact e-mail: s.smith@neura.edu.au

Ms Jenny Bawden, Falls Prevention Coordinator, Sydney West Area Health Service &

Ms Sharon Butler, Better Balance Coordinator, Anglican Retirement Villages,

The “Challenge”: An example of social marketing for falls prevention

The *Fit & Strong: 65 & Beyond Challenge* is a social marketing campaign developed by Sydney West Area Health Service to promote key fall injury prevention messages to older people:

- be physically active
- improve balance and strength
- get enough calcium and vitamin D.

Over 1300 older people in the SWAHS area have now done the Challenge.

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, also indicating they intend to maintain these behaviours.

Following a positive experience of the SWAHS Challenge, Anglican Retirement Villages (ARV) adopted the concept, running their “Better Balance Challenge” for 3 weeks in April 2010.

822 people signed up to participate, comprising 734 independent living residents, 68 hostel residents and 20 community non-residents.

ARV Independent Living Coordinators provided healthy morning teas to explain the Challenge to participants and demonstrate the use of the theraband and balance/strength exercises. Results of the ARV Challenge will be known in May.

The Challenge concept is a good example of a population health approach to fall injury prevention.

Jenny Bawden is the Falls 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 both Occupational Therapy and Health Promotion, primarily working with older people and helping implement falls prevention in various settings.

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Sharon Butler is the Better Balance Co-ordinator for Anglican Retirement Villages. Sharon is a musculoskeletal physiotherapist with many years experience in Private Practice. She is responsible for the assessment and education of ARV residents and community clients in falls prevention. Her role also extends to the education of staff in the Aged Care Facilities and setting up Falls Prevention Committees in these facilities.

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RESIDENTIAL AGED CARE SESSION

Mrs Sally Castell, Physical Activity Coordinator, Northern Sydney Central Coast Health (NSCCH),
“Basic Steps” - Lessons learnt from an exercise training project for staff working in residential care settings

Basic Steps is a 3 hour broad based training program for staff who work directly with less active and frailer older (65+) clients living in residential care facilities on physical activity and falls prevention initiatives e.g. Diversional therapists, Activity and Recreation officers. It was piloted across Northern Sydney Central Coast Health (NSCCH).

‘Basic Steps’ was developed from fundamental elements of the Fall Proof training program and incorporated the exercise format of the NSCCH “Staying Active - Staying Safe” resource. It consists of theoretical and practical exercise and recreational activities that maintain functional abilities identified to reduce the risk of falls and related injuries. The staff acquired the extra skills to apply the appropriate strength and balance ‘exercise prescription’ within their classes.

Training was conducted in 2009 across 21 settings across NSCCAHS with 255 staff attending. Evaluations were conducted at the initial training and 3 months follow-up. 83.1% evaluations were returned and of these, 82.4% found that the training was excellent to good, with 78% reporting they could apply the training to their work situation.

The program has now been completed. A resource is currently being compiled to continue the program without the need for face to face training.

Sally Castell is currently working part time as Physical Activity Co-ordinator for NSCCH as well as running her own private exercise classes and training business. She has nearly 40 years of experience working in the field of fitness and health. Over the years she has been involved in 6 falls research projects developing and conducting the exercise program components of the projects. In the past few years her work has had a major focus relating to physical activity, the older adult and falls’ prevention issues and still remains passionate in helping people remain active and independent for as long as possible.

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Ms Anne Meller, CNC Advanced Care Directives, Prince of Wales Hospital, *Advanced Care Planning*
Advance Care Planning primarily benefits those people who will lose decision-making ability at the end of life and those close to them, to provide an opportunity to discuss wishes for care and treatment when they can no longer speak for themselves. Volicer & Hurley describe the decline in independence for people with dementia (a large % of RACF High care population). Falls may occur at any point along this trajectory so opportunities to consider Advance Care Planning arise, not only for competent residents, but for those who have lost decision-making ability.

A 12 month project with 49 RACFs across SESIAHS using a Continuous Quality Improvement (CQI) process can alert care providers to consider the disease trajectory and anticipate medical events so the focus can be on providing care in accordance with the resident’s expressed wishes in the event of deterioration. A resource folder was developed.

A follow up CQI reported an increase in RACFs implementation of ACP activity throughout the care continuum.

Anne Meller has been working as a Clinical Nurse Consultant in Advance Care Planning at Prince of Wales Hospital since 2001. She holds a Bachelor of Health Science (Nursing), and has completed postgraduate studies in Gerontology, Public Health and Health Administration. She has worked in aged care for over 25 years in a variety of settings.

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Ms Mandy Harden, CNC Aged Care Education/Community Aged Care Services, Hunter New England Area Health Service, *Developing forms to promote action and improved outcomes in falls prevention* Hunter New England Health has developed a suite of tools and forms for falls risk assessment; management planning and review of a fall in residential care services. This suite of forms has recently been reviewed taking Human Factors into consideration. We will discuss why this process was initiated, the review process undertaken and how this has changed the forms. We will share the steps the working group took to improve the quality of the forms to enhance decision making from the user's perspective.

Mandy Harden is the CNC Aged Care Education/Community Aged Care Services, Hunter New England Area Health Service. Mandy recently completed a three year Randomised Control Trial on Preventing falls and falls injuries, especially hip fractures in residential care including RACF in the Newcastle, Upper & Lower Hunter and Lower Mid-north Coast of HNEH . This project was published this year in the MJA March 2010. Currently Chair of the Res Care FIP Working Party for HNEH and developing e-Learning topics around caring for the older person.

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Ms Louise Howell, Quality Coordinator, Wallsend Aged Care Facility, Hunter New England Area Health Service, *Implementing a Falls Injury Prevention Policy: What our staff found useful.*

The Residential Care Falls Injury Prevention Working Party developed a Policy Compliance Procedure that relates to the NSW Health Falls Injury Among Older People - Management Policy to Reduce in NSW Health (PD 2005_353). This policy has been endorsed by the HNEH Falls Advisory Committee and now the work has really just begun. The greatest challenge lies in the implementation of this policy in our residential care settings. The working party developed tools, forms and resources to support the implementation phase. We will share with you the resources and process we used to obtain staff engagement for implementing this policy.

(Marie) Louise Howell is the Quality Coordinator for Wallsend Aged Care Facility, a 103 high care bed facility with a dementia secure unit and a unique population of younger people with disabilities. Louise has many years of aged care experience as a registered nurse and nurse educator prior to her current role. Louise is a member of the Residential Care Falls Injury Prevention Working Party for HNEH and was involved in the development and trialling of the resources developed by the working party prior to the roll-out to other services.

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Presentations will be available (as PDFs) after the meeting on the NSW Falls Prevention Network website: <http://fallsnetwork.neura.edu.au>

ACKNOWLEDGEMENTS

We would like to thank:

NSW Department of Health, Centre for Health Advancement, for supporting this meeting.

Dr Kerry Chant, Deputy Director-General, Population Health, & Chief Health Officer, NSW Department of Health

NSW Falls Prevention Program, Clinical Excellence Commission.

Staff from the Falls and Balance Research Group, Neuroscience Research Australia (NeuRA).

Our Exhibitors: Active Mobility Systems, Alzheimer's Australia NSW, Comfort & Fit, Home Modification Information Clearinghouse, Invisa-Beam International, Medical Industries Australia, Osteoporosis Australia NSW, Statina Healthcare Australia, Surgical Synergies, Total Mobility, VitalCall, Vision Australia.

Area Health Service Falls Prevention Coordinators:

Margaret Armstrong- Northern Sydney Central Coast Area Health Service

Jenny Bawden- Sydney West Area Health Service

Patsy Bourke- Hunter New England Area Health Service

Katica Siric- Sydney South West Area Health Service

Emma Fitzgerald (Acting)- Greater Western Area Health Service

Mary-Clare Maloney- North Coast Area Health Service

Kathy Richardson- South Eastern Sydney Illawarra Area Health Service

Nicola Follett -Greater Southern Area Health Service

The NSW Falls Prevention Network Advisory Group:

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Kylie Kearns, A/Project Officer, NSW Falls Prevention Program, Clinical Excellence Commission

Anthony Best, Physiotherapist in Charge, Port Macquarie Base Hospital, NCAHS

Sharon Butler, Better Balance Coordinator, Anglican Retirement Villages

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

Juli Thwaite, NUM Acute Geriatric Medicine, Westmead Hospital, SWAHS

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

Kathy Bullen, Service Manager/DON, Rankin Park Centre, Greater Newcastle Cluster, HNEAHS

Catherine Leys, NUM Narrabri Community Health, HNEAHS

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

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

Dr Anne Tiedemann, Research Fellow, Musculoskeletal Group, The George Institute for International Health

Professor Stephen Lord, NHMRC Senior Principal Research Fellow, NeuRA

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

Falls Prevention is Everyone's Business