The iSOLVE project establishing pathways to implement and sustain evidence based fall prevention in primary care

Professor Lindy Clemson
Associate Professor Lynette Mackenzie
Dr Amy Tan
and The iSOLVE team

Partners: Northern Sydney North Primary Health Network & the Clinical Excellence Commission
Challenges in evidence uptake and taking to scale

- Older people think a fall is just a part of ‘ageing’
- GP’s report lack of time, ‘more pressing’ health issues, see injury, not prevention, lack of educational materials
- Screening does not lead to interventions
- Interventions in research have better outcome
- < 30% of health care providers routinely screen for falls.
- GPs not aware who does what
- Too few organisations regularly offer evidence–based falls prevention
- Multiple stakeholders in falls prevention– different roles
- No clear model for delivery in primary care
The iSOLVE team
Integrated SOLutions for Sustainable Falls PreVEntion
NHMRC Partnership grant

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Amy Tan

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› Margaret Armstrong (NSLHD fall prevention coordinator)
› Mary Potter (Consumer)
› Alexandra Fletcher (GP)
› Elizabeth Sabolch (Pharmacist)
› Liz Irwin (OT)
› Nadia Williams (OT)
› Amanda Cooke (PT)
› Michael Kline (EP)
› Shawn Tomkins (Podiatrist)
› Jan Eaton (Practice Nurse)
Aims of the iSOLVE project

- **Establish** integrated processes and pathways to identify older people at risk of falls and engage a whole of primary care approach to fall prevention.

- **Form** referral pathways and networks with GPs and allied health service providers

- **Improve** access to appropriate fall prevention interventions for older people, ensure ongoing knowledge acquisition and sustainable action by healthcare professionals and organisations,
iSOLVE Pathways model

- **GPs**: academic detailing, decision-making tools– iSOLVE resources, computer systems & software, waiting room app, to identify older people at risk of falls, falls alerts to GP, facilitate management plan

- **Ambulance services**: referral pathways to GPs

- **Referral pathways**: mapping links to AHPs and other service providers

- **Medication reviews**: between GPs and accredited pharmacists, Home Medicine Review and part of educational detailing

- **AHP/Service Providers**: up-skilling, educational modules

- **Dissemination**: website, Guiding strategy document
iSOLVE: The Patient referral journey

Sydney North Primary Health Network fall prevention options

Older person falls or at risk of falling

Identified by GP /practice staff

Community exercise

Allied health (PT, EP, OT, podiatrist)

Ambulance

Pharmacist

Ophthalmologist

Fall prevention program (e.g. Stepping On)

Clemson, L., Mackenzie, L., Tan, A., Lovarini, M and the iSOLVE team.
The aim is to practice change, implement and sustain effective falls prevention across the PHN.
iSOLVE evaluation – a hybrid phase 2 design

Blended implementation and effectiveness evaluation (Curran, 2012)

- Planning and development phase
- Academic detailing and education of GPs and AHPs

- **Is it effective:** Cluster RCT of 28 practices – 560 patients: falls outcome/ GP behaviour

- **How does it work:** Process evaluation
  - Surveys and In-depth interviews
  - Comparative evaluation of regional uptake

- **Sustainability** of resources and training
GP falls prevention practice survey

- 500 GPs in the Northern Sydney network.
- Responses received from 26
GP survey

Proportion of GP patients receiving falls prevention interventions from GPs

- Assess for falls risk
- Review medications likely to contribute to falls risk
- Give verbal or written advice about falls prevention
- Refer to AHPs for falls management

Percent

Most
Some
Very few
GP survey

Proportion of GPs making referrals for falls prevention

- Practice nurse
- Geriatrician
- Physiotherapist
- Exercise physiologist
- Occupational therapist
- Pharmacist
- Optometrist/ophthalmologist
- Podiatrist
- Community exercise class
- Stepping On
- Falls clinic
- Community nurse
- Specialist doctor

Legend:
- Often
- Sometimes
- Rarely
- Never
Gap in falls prevention practice amongst GPs
Capacity to improve referral practices to Allied Health Professionals (AHPs) and to access available community resources
To improve falls prevention practice overall, AHPs need to provide evidence based interventions
Both GPs and AHPs identify difficulties in providing fall prevention services, and these need to be overcome
GP iSOLVE process and resources adapted from STEADi

- Updated with evidence from Cochrane Review (Gillespie, 2012) and Risk factor review (Deandrea, 2010)
- Streamline and simplify
- Algorithm shows process
- Patient check List/GP risk assessment to Tailored Fall management processes
- Paper versions and Waiting room App/GP software version
- Other GP resources
iSOLVE algorithm for fall risk assessment/management
### Check your risk for falling

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Waiting Room information

Check your risk of falling and talk to your doctor about what you can do to prevent falls and stay independent.

HEALTHY LIFESTYLE

LEARN TO STOP BURNS + SCALDS IN THE KITCHEN

TERM 2 2016
8877 5300

Stay Independent

Falls are common in older people
But falls can be prevented

Stay Independent

Check your risk of falling and talk to your doctor about what you can do to prevent falls.
GP fall risk assessment

### GP Fall Risk Assessment

This assessment checklist is to be used in conjunction with the patient’s Stay Independent checklist.

#### Ask the patient about their fall history

- **Have you had any falls in the past year?**
  - [ ] Yes
  - [ ] No
- **How many?**
  - [ ] 1
  - [ ] 2 or more
- **Did you injure yourself?**
  - [ ] Yes
  - [ ] No
- **What do you think is the cause of the fall(s)?**
- **Are you worried about falling?**
  - [ ] Yes
  - [ ] No

#### Risk factors

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<tr>
<th>Date</th>
<th>Balance, Strength and Gait</th>
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<tr>
<td></td>
<td>Using walking aid or have been advised to use walking aid</td>
</tr>
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<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Unsteady</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Weakness, balance and mobility problems</td>
</tr>
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<td></td>
<td>[ ] Yes</td>
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<tr>
<th>Date</th>
<th>Medications</th>
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<td></td>
<td>Sedatives, antidepressants or antipsychotics</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
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<td></td>
<td>5 or more medications</td>
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<td>[ ] Yes</td>
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<th>Date</th>
<th>Vision</th>
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<td>Severe impairment (macular degeneration, glaucoma, diabetic retinopathy)</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Cataract formation</td>
</tr>
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<td></td>
<td>[ ] Yes</td>
</tr>
</tbody>
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<tr>
<th>Date</th>
<th>Postural Hypotension, Light-Headedness or Dizziness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A decrease in systolic BP $\geq 20$ mm Hg or a diastolic BP of $\geq 10$ mm Hg from lying or sitting to standing?</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Light-headedness or dizziness</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

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<tr>
<th>Date</th>
<th>Other Medical Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Foot pain</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Urge incontinence</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Recent hospitalisation</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Cognitive impairment</td>
</tr>
<tr>
<td></td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>
Tailoring interventions to fall risk

- Gillespie Cochrane review of intervention evidence
- Risk factor evidence (Deandrea) for practice guidelines (e.g. postural dizziness)

### Tailoring Interventions to Fall Risk Factors

The following is a guide that can be used to develop a tailored management plan for your patient.

<table>
<thead>
<tr>
<th>Date</th>
<th>Risk Assessment</th>
<th>Intervention/Management</th>
<th>Referral To/Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 fall in past year + no other fall risk factor</td>
<td>Refer patient to information on the Stay Independent brochure.</td>
<td>Community exercises (with balance component).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.activeandhealthy.nsw.gov.au">www.activeandhealthy.nsw.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>1 fall in past year, or worried about falling</td>
<td>• Group exercise with balance component (e.g. Tai Chi), or Fall prevention program (e.g. Stepping On).</td>
<td>Community exercises (with balance component) or fall prevention programs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.activeandhealthy.nsw.gov.au">www.activeandhealthy.nsw.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>Problems with balance/strength/gait</td>
<td>Consider individual prescription for balance and lower limb strength exercise.</td>
<td>Physiotherapist or exercise physiologist for exercise prescription.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>≥ 2 falls in past year, or injurious falls, or 1 fall + unsteadiness, or 1 fall + recent hospitalisation</td>
<td>• Refer for individual prescription for balance and lower limb strength exercise.</td>
<td>Physiotherapist or exercise physiologist for exercise prescription.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Consider Falls Clinic for high risk patients.</td>
<td>Falls Clinic for high risk patients.</td>
</tr>
<tr>
<td></td>
<td>Taking sedatives, antidepressants or antipsychotics, or ≥ 5 medications</td>
<td>Review indication, side effects and use of medication(s). Consider discussion with a pharmacist.</td>
<td>HMR pharmacist for comprehensive medication review.</td>
</tr>
<tr>
<td></td>
<td>Cataract(s)</td>
<td>Assess for cataract(s) surgery.</td>
<td>Ophthalmologist.</td>
</tr>
<tr>
<td></td>
<td>Postural hypotension, dizziness, or light-headedness</td>
<td>Investigate underlying cause(s).</td>
<td>GP action: medical and/or medication management.</td>
</tr>
<tr>
<td></td>
<td>Disabling foot pain</td>
<td>Assess foot pain.</td>
<td>Podiatrist, physiotherapist, or exercise physiologist for exercise prescription.</td>
</tr>
<tr>
<td></td>
<td>Urge incontinence</td>
<td>Investigate underlying cause(s).</td>
<td>GP action: medical and/or medication management.</td>
</tr>
<tr>
<td></td>
<td>Cognitive impairment</td>
<td>Select falls prevention activity suited to patient’s cognitive ability.</td>
<td>Inform referred provider(s) of patient’s cognitive status.</td>
</tr>
</tbody>
</table>
Resources for GP

- Key points from evidence
- Who to refer to – which AHPs have completed fall workshops
- MBS reimbursement options
- Medication management summary
- Developed case studies that illustrated the algorithm and tailoring options
- Downloadable fact sheets (CRE)

Home Safety

Evidence

- Home safety in high risk population: falls up to 38% (Gillespie et al. 2012).
- Home safety assessment and adaptation conducted by an occupational therapist are more effective in people at higher risk of falling, such as:
  - those who are frail
  - those with multiple falls or injurious falls
  - those with multiple morbidities
  - those with severe visual impairment
  - those who have been recently hospitalised

Key points

- Environmental adaptations include: raising awareness of potential hazards, removing hazards, adding protective features (such as non-slip stair strips) or assistive devices, moving furnishings and other strategies to create clear pathways, and using safer behaviours when doing tasks or just walking about.
- A crucial role for occupational therapists includes educational and behavioural change support in facilitating patients to raise awareness and make adaptations to the environment.
- Community safety, by an occupational therapist or physiotherapist, can include correct use of mobility aids, training in protective walking strategies, and coping with low vision.

Referral and patient resources

- Find an occupational therapist (speciality: aged care)
- Patient education leaflet: Falls Prevention – Home Safety (click here for other patient flyers on the CEC website)
- Home safety checklist for you or your patients (Active and Healthy website)

References


Resources for GP

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**REFERRAL OPTIONS FOR FALL PREVENTION (KU-RING-GAI)**

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<th>Group/Community Fall Prevention Exercises</th>
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<tr>
<td><strong>Active Seniors Health Centre</strong> Suite 21, Level 2, Gordon Centre, 802-808 Pacific Hwy, Gordon</td>
</tr>
<tr>
<td><strong>Australian Academy of Tai Chi and QiGong</strong> 7 Lord St, Roseville</td>
</tr>
<tr>
<td><strong>Body and Brain Fitness</strong> Rehab on the Move, 1228 Pacific Hwy, Pymble</td>
</tr>
<tr>
<td><strong>Fallproof</strong> Gordon Physiotherapy and Rehabilitation, 17/2 St Johns Ave, Gordon</td>
</tr>
<tr>
<td><strong>Healthy Lifestyle (balance, strength training, tai chi, yoga)</strong> Available across Northern Sydney LHD</td>
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<td><strong>Physiofit Lindfield (Kerry Weston)</strong> 8/345 Pacific Hwy, Lindfield</td>
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<tr>
<td><strong>Strength, Balance &amp; Falls Prevention</strong> Lady Davidson Private Hospital, 434 Bobbin Head Rd, North Turramurra</td>
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Find a different exercise program: www.activeandhealthy.nsw.gov.au

**Fall Prevention Program**

- **Stepping On program (no cost)** (Nadja Williams) Available across Northern Sydney LHD | Ph: 9808 9685/0401 715 845

**Physiotherapist**

- **Advance Rehab Centre** www.arcarehealth.com.au 3/41 Herbert St, St Leonards (mobile) | Ph: 9906 7777
- **At Home Physiotherapy & Rehabilitation** (Danielle McKendrick) (mobile) | Ph: 0422 133 831
- **Keep Moving Physiotherapy (Louise Peffer)** (mobile) | Ph: 0403 502 494
- **Sydney Neurological Physiotherapy (Lauren Wade)** (mobile) | Ph: 8901 3727
- **Physiofit Lindfield (Kerry Weston)** 8/345 Pacific Hwy, Lindfield | Ph: 9416 3155
- **St Ives Physiotherapy & Sports Therapy Centre (Jan Cockburn)** The Loft, Level 3 St Ives Shopping Village, Mona Vale Rd, St Ives | Ph: 9144 1118

**Exercise Physiologist**

- **Active Movement (Michael Kline)** (mobile) | Ph: 0438 823 882
- **Bitsies Health Clinic (Chantelle Wardini)** (mobile) | Ph: 0452 458 146
- **Kinetic Concepts (Heidi Keen)** 6 Kendall St West Pymble | Ph: 0404 121 154
- **Northshore Exercise Physiology & Plates (Nicki McMahon)** 10-12 West St, Pymble | Ph: 0414 262 124

Find a different exercise physiologist: Exercise and Sports Science Australia (specialty: older adult)

**Occupational therapist**

- **Advance Rehab Centre** www.arcarehealth.com.au (mobile) | Ph: 9906 7777
- **Adelle Getz Occupational Therapy (Adelle Getz)** (mobile) | Ph: 0412 148 721
- **Carr Rehab (Belinda Carr)** (mobile) | Ph: 0402 824 586
- **Catholic Community Services (Eoin Stubbs – exercise and home safety)** (mobile) | Ph: 1800 225 474
- **Helen Wood Occupational Therapy Services** (mobile) | Ph: 0425 273 584
- **Libby Mercuro** (mobile) | Ph: 0411 284 124
- **Melanie Ponsiak Occupational Therapist** (mobile) | Ph: 0412 465 304
- **Optimal Occupational Therapy Services (Uz Irwin – exercise and home safety)** (mobile) | Ph: 9499 8410/0437 502 421

**Falls Clinic/Multidisciplinary**

- **Bone and Balance Clinic** Hornsby Ku-ring-gai Hospital | Ph: 9477 9282 (enquiries)/9477 9514 (appt)
- **Lady Davidson Private Hospital PT/OT** (Refer to a rehab specialist for Better Balance Fall Prevention program or other PT/OT services) Lady Davidson Hospital, 434 Bobbin Head Rd, North Turramurra | Ph: 9488 0135

**Other services**

- **Northern Sydney LHD Health Contact Centre** (for primary and community allied health or nursing services) | Ph: 1300 732 503

*Practitioner(s) from this service attended ISOLVE fall prevention workshop(s).*

This list is intended to increase awareness of falls prevention service providers in your local area. This is not a comprehensive list and additional services may be added. Version 12 October 2015 (ISOLVE trial 2015-2017).
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- Downloadable fact sheets for patients (state Falls network (CRE))

**Ms Rossi**

Ms Rossi is a 82 years old single woman who lives alone at home. Her 50-year-old niece visits occasionally. She was discharged from hospital about a month ago due to a urinary tract infection that has now been resolved. She has come in to your practice, accompanied by her niece, for a follow-up. She is otherwise well and her diabetes condition is stable.

Ms Rossi completes the Stay Independent brochure in the waiting room.

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**Medical conditions and medications:**

- Type 2 Diabetes → Diaformin® (metformin)
  → Melizide® (glipizide)
- Osteoarthritis → Osteomol 665® (paracetamol)
- Hypertension → Avapro HCT® (irbesartan/hydrochlorothiazide)
- Hyperlipidemia → Lipitor® (atorvastatin)
Preliminary feedback and observations

- Need for speed and efficiency
- Difficult to balance process, detailing
- RCT versus routinisation
- Waiting room approach – iPADs?
- How fits with MBS reimbursement system
- Professional Development (CPD) points for GPs
- Lists of trained AHPs gets a tick
- But how can upskilling be sustainable?
- GPs find it challenging to convince some patients to exercise
- Patients not always willing to pay for services (most people are not aware there are a range of options with variable costs)
- Lots of questions.............
Next steps

- Continue recruitment cluster RCT
- Process evaluation – GPS and AHP interviews
- Continue workshops – expanded to pharmacy, and an ‘ankle, foot & footwear’ workshop
- 3 and 12 month follow up surveys
- Develop guidelines for sustainable model of training for AHPs

BUT how to make routine and sustainable?
Final Guiding Strategies Document planned
Website

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- Lindy.clemson@sydney.edu.au

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References


