INTEGRATED SOLUTIONS FOR SUSTAINABLE FALL PREVENTION

THE iSOLVE PROJECT

Establishing pathways and processes to implement and sustain evidence-based fall prevention in primary care

Trans Tasman Symposium, 2017
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THE iSOLVE PROJECT

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Northern Sydney Local Health District, GP, pharmacist, occupational therapist, physiotherapist, exercise physiologist, podiatrist, nurse, hospital, consumer representatives

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NHMRC Partnership Project Grant:
1072790 (2014-2019)
ANZ Clinical Trial Registry:
ACTRN12615000401550
Website: www.bit.ly/isolve
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
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: the patient referral journey

Sydney North Health Network fall prevention options

Older person falls or at risk of falling

Identified by GP/practice staff

Ambulance

Pharmacist

Ophthalmologist

Community exercise

Allied health (PT, EP, OT, podiatrist)

Fall prevention program (e.g. Stepping On)

ACTIVE INGREDIENTS OF ISOLVE IMPLEMENTATION INTERVENTION

- GP educational detailing
- Decision support tools and fall management tailoring
- GP computer systems
- Medication reviews
- Knowledge translation, education and upskilling of allied health professionals
- Establishing referral pathways
- Diffusion and dissemination of the iSOLVE model
**Research methods: hybrid type 2 effectiveness-implementation study**

<table>
<thead>
<tr>
<th>Develop implementation intervention</th>
<th>Is it effective? Cluster randomised trial 27 practices; 560 patients</th>
<th>SNPHN-wide roll out of iSOLVE</th>
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<td>How does it work? Process evaluation Interviews and surveys Social network mapping GPs and Allied Health Professionals (AHPs)</td>
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<td>Geographical impact? - annual survey of GPs across the SNPHN</td>
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*iSOLVE 5 year development and evaluation phases*
iSOLVE ALGORITHM AND GP RESOURCES

Algorithm for Fall Risk Assessment and Intervention for Patients 65 and Over

Patient: completes Stay independent check list in waiting room

Practice staff: identify fall risk factors from Stay Independent check list

No to all

Yes to one or more risk factor

Review patient’s Stay Independent checklist + GP risk assessment
- Fall history and circumstances
- Depending on risk profile ensuring:
  - Balance, strength, gait
  - Medication review
  - Vision impairment/night vision
  - Postural hypotension/dizziness/light-headedness
  - Foot pain
  - Urge incontinence
  - Cognitive impairment
  - Recent hospitalisation

Provide falls prevention information

Refer for implementation of tailored interventions
- Balance and lower limb strength training
- Home safety review
- Medication review
- Cataract surgery
- Fall prevention program
- Falls Clinic

Address and manage other risk factors

MBS Item: 23, 36, 44, 701, 703, 705, 707, 725, 721, 900, 2517, 2521, 2523

MBS Item: 729, 732, 10997, 10987

Patient Follow-up
- Review patient education
- Assess & encourage follow through with recommended interventions
- Discuss & address barriers or resistance to interventions

Adapted from IFAO (Improving Fall Prevention Strategies) for Health Care Providers, with permission from Centers for Disease Control and Prevention, United States.
THE GP WORK FLOW

Identify Patients
- GP asks the question
- Practice nurse screen
- Annual reminders
- Letters (RCT)
- 75+ health screen

Patient self assessment
- Paper or iPad
- 12 questions
- Fall history
- Balance, mobility
- Medications
- Vision
- Dizzy
- Foot pain
- Incontinence
- Recent hospital

GP fall risk assessment
- Asks additional fall history questions
- Paper or GP software

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Management Plan: Tailoring risk to evidence-based interventions

- Automatic list of tailored interventions
- Fact sheets for patients

Referral pathways

- mapping of local fall services

Follow up

- GP visit
- Clinical audits
iSOLVE GP DECISION TOOL

iSOLVE GP decision tool used in our RCT

www.isolvefallprevention.com
GP INTERVIEWS: PRELIMINARY FINDINGS

25 GPs, 2 Practice nurses, 1 Practice manager

The ‘work’ of the intervention in practice

HOW?
- The iSOLVE system to identify and reduce risk
- Paper versus IT
- Training component: ‘so you’re educating yourself and the patient at the same time’
- Asking the question – the Mantra
- Expands scope of practice

Mackenzie, Liddle, Clemson, Pit, Tan, Willis et al.
GP INTERVIEWS: PRELIMINARY FINDINGS

The ‘work’ of the intervention in practice

WHO?

- patients with falls and near-falls
- Wider cohort - patients 65-75 years
- Move from RCT to routine practice

WHAT/CONTENT?

- Clear guidelines for practice nurse
- values iSOLVE “system” and resources. “Loved it”
- Serendipity findings

Mackenzie, Liddle, Clemson, Pit, Tan, Willis et al.
GP INTERVIEWS: PRELIMINARY FINDINGS

MOTIVATORS TO TAKE PART

• keep people out of hospital
• Relevant to patient population
• Other GPs in practice doing it
• patient readiness
• about ‘real grass roots stuff’
• previous involvement in research

MOTIVATORS FOR NOT TAKING PART

• already have the knowledge and practice falls prevention
• no time for a project/ concerns with pace of work

Mackenzie, Liddle, Clemson, Pit, Willis et al.
GP INTERVIEWS: PRELIMINARY FINDINGS

FACILITATORS TO MAKING THE INTERVENTION ROUTINE IN PRACTICE

• Relevant resources, Clear guidelines
• A quick and easy ‘system’
• Clinical audit a prompt to follow up on patients
• Within scope of practice
• GP internalises the process “so you get it organised in your head”.
• Patient responses ‘nudged by research project co-ordinator

BARRIERS TO ROUTINISATION

• IT issues with software
• GPs forgetting what to do over time
• Time/competing priorities
• AHP feedback to GPs ad hoc
• Access to community service
• Liked the AHP lists but tendency to remain with existing AH

Mackenzie, Liddle, Clemson, Pit, Willis et al.
GP INTERVIEWS: PRELIMINARY FINDINGS

REFLECTIONS

• Practice shift from screening to prevention
• Challenging assumptions
• Better chance of routinisation if internalised.
• iSOLVE as a ‘script’
• iSOLVE fall prevention as a “system”
• Paper system fine for those who do not like IT
• The role of practice staff - GP, PN, receptionist
• More aware of community services
AHP INTERVIEWS: PRELIMINARY FINDINGS
AHP INTERVIEWS: PRELIMINARY FINDINGS

A glimpse of allied health perceptions following workshops (n=15)

Fall prevention is good for business

- Group or individual approach
- Consistent with models of service delivery/business model
- Happy to apply evidence get results
- Valued within scope of practice

Fall prevention is complex

- Poor communication
- Too time consuming
- Too much paperwork
- Other priorities

Lovarini, Liddle, Clemson, Mackenzie et al.
ISOLVE: NEXT STEPS

Iterative process – still learning, working with partners to see how implement in whole of area

Expand ISOLVE into other GP software so integral and familiar

Build ISOLVE into SNPHN Health Pathways

How to replace the ‘nudge’ effect from our research project co-ordinator

Web site for GPs/practice nurses – ISOLVE decision tool/training component to help internalise process (CPD)

Mapping of local services to GPs - how?

Sustainability of AHP and pharmacy training?

ISOLVE Working strategies document – to disseminate beyond
NHMRC Partnership Project Grant 1072790
2014 - 2019
REFERENCES


