NSW Falls Prevention Network Rural Forum
Illawarra Shoalhaven LHD 2018
Evaluation Report

(L-R) Ms Ingrid Hutchinson, Dr Esther Vance, Ms Deborah Cameron, Ms Lorraine Lovitt, Ms Michelle Kerridge, Ms Oriella Mueller and Ms Gaye Sykes
SUMMARY

The Illawarra Shoalhaven Local Health District (LHD) Rural Falls Forum was held at the Pavilion, Kiama on the 24th August, and attended by 105 participants. Participants were from locations in the Illawarra Shoalhaven LHD. The range of work settings represented included Hospital and, Community Health, Residential Aged Care and Private Providers.

Key presenters included Ms Lorraine Lovitt, Lead, NSW Falls Prevention Program, Clinical Excellence Commission (CEC), Associate Professor Anne Tiedemann, The University of Sydney, Dr Jasmine Menant, NeuRA, Dr Mary Ryan, CEC and Professor Jan Potter ISLHD, and a range of local presenters reported on local initiatives. Ms Deborah Cameron Executive Director of Nursing and Midwifery opened the forum.

Evaluations were completed by 41 participants a response rate of 39% that is good. The average rating of the forum was 4.1 (out of 5) which rated the forum as very good.

The key issues and challenges participants identified for improving care for older people including prevention of falls were; staff engagement, time available to spend with patients, staff culture needing to change, staffing levels, compliance of patients with interventions, the complexity of managing interventions, environmental risk factors, managing psychotic/delusional people, importance of client family education, lack of funding, complex care needs and access to programs.

The improvement that respondents would make in their work area because of attending the forum included; encouraging appropriate exercises and time spent on these, Safety Huddles, mobilising patients (end PJ-paralysis), Fit for Frailty Program, identifying and providing interventions for delirium and dementia patients such as TOP 5, asking for medication reviews and generally promoting falls prevention strategies.

Suggested topics around the care of the older person included; Polypharmacy and its effects on falls and medication reviews and deprescribing, practical information on exercises and nutrition, a brainstorming session on practical strategies, environmental improvements and the management of falls in Mental Health Units for older people.

The preferred format for further education (some respondents chose multiple formats) was Forums (63%) and workshops (60%) followed by education sessions (45%) and webinars (33%).

In other comments, over 75% commented that the day was very informative with fantastic presenters and excellent presentations and the venue and catering were great and thanked the organisers for the forum.

The cost of the forum was $ 5830, which equates to $56 per participant.

A selection of quotes from respondents is in Box 1 below

‘Encouraging seeing the work/research around falls in our own LHD’
‘So many good projects, would like to see communication of these to frontline staff to assist with culture change’
‘Great day, very informative, great presenters, lovely venue and great food’
‘Answer questions after presentations in a timely manner’
‘Awesome educational day’
‘Lots of passionate people all working to increase safety not only for patients.....’
BACKGROUND
This forum was an important initiative to support professionals working with older people in Rural Local Health Districts. Many of these professionals are unable to travel to the Annual Falls Forum in Sydney and have limited or no access to webinars and previous videoconference sessions. There is also limited capacity to provide local falls prevention meetings.

This forum was a collaborative between the NSW Falls Prevention Network, NSW Falls Prevention Program, Clinical Excellence Commission (CEC) and Ms Michelle Kerridge, the Acting Program Manager, CGU for Illawarra Shoalhaven LHD, and Ms Gaye Sykes, the Districts Clinical Quality Systems Manager, CGU. The Chief Executive Ms Margot Mains was invited to open the forum but was unable to be there on the day. Ms Deborah Cameron Executive Director of Nursing and Midwifery opened the forum.

FORUM STRUCTURE
The presenters and presentations included:

Presentations
Ms Lorraine Lovitt, Lead, NSW Falls Prevention Program, Clinical Excellence Commission
Leading Better Value Care – Falls in Hospital

LBVC Local Presentations:
Ms Jacqui Cornell, CNC and Ms Ann Thomson, CNE
Shoalhaven District Memorial Hospital

Ms Ashley Howley, CNE Medical Ward
Shellharbour Hospital

Mr Edward Davidson, Head Physiotherapist and Ms Suzanne Lide, Nurse Manager,
DDON
Coledale District Hospital

Other presentations:
Dr Mary Ryan, Program Lead – Team Effectiveness, Clinical Excellence Commission
Safety Huddles

Ms Megan Foye & Ms Padmini Pai, Co-Project Leads, Fit for Frailty Program
Fit for Frailty

Dr Jasmine Menant, Senior Postdoctoral Fellow, Falls, Balance and Injury Research Centre, NeuRA
Fall Prevention Research Update

Associate Professor Anne Tiedemann, NHMRC Career Development Fellow and Principal Research Fellow, Musculoskeletal Health Sydney, Sydney School of Public Health, The University of Sydney
Exercise and Falls Prevention

Ms Amanda Bates, Health Promotion Officer, ISLHD
BEST at Home: Update 2018

Ms Miriam Coyle, CNC Dementia/Aged Care ISLHD
Dementia, Delirium and Falls
Ms Vanathy David, Aged Care CNC, Wollongong Hospital
“Let’s reflect on the fall” Research Project
Panel Discussion Session with Consumers Nola and Graham Tucker and ISLHD and CEC representatives
Professor Jan Potter, Co-Director Aged Care Rehabilitation and Palliative Care ISLHD
Sedation in the Elderly and review after a Fall
The PDFs of the presentations are available on the NSW Falls Prevention Network website at:

ATTENDANCE
105 participants attended this Forum from Hospital and Multi-Purpose Services, Community Health and Residential Aged Care and private providers. This is the highest number of participants to date we have had in a rural falls forum. 41 participants completed an evaluation form (39% of those who attended).

The type of work reported by respondents included Nursing (72%), Physiotherapy (18%), Health Promotion (2.4%), and Occupational Therapy (2.6%). Other categories (5.1%) included Pharmacist and Manager, CGU. The work setting included Hospital (72%), Community (10.3%), and Residential Aged Care (5.1%), and working across multiple settings (12.8%). Other (7.7%) included Outpatients, Clinical Governance and Emergency Department.

Map 1 ILSHD
Respondents were from locations in Illawarra Shoalhaven LHD including Bulli, Coledale, David Berry, Milton-Ulladulla, Port Kembla, Shellharbour, Wollongong and Shoalhaven and Cooma and Queanbeyan in Southern NSW LHD as well as Victoria.

PARTICIPANT FEEDBACK

Sli.do Feedback
We used Sli.do on the day and had up to 36 participants providing feedback.

Below is the word cloud depicting the number one challenge faced by respondents when working with older people?

![Word cloud showing the main challenges faced by respondents]

The main challenges faced by respondents when working with older people were time, Communication, understanding, compliance and resources. This was also reflected in the evaluation question on key issues/challenges in improving care for older people or implementing programs for falls prevention.

Below is the word picture that depicts the main risk participants felt was related to why patients fell.

![Word picture showing the main risk participants felt]

The main reason respondents felt that patients fell was due to confusion, balance age, environment, cognitive impairment and medications.
The final Slido question asked what was the single most important thing that participants learned from attending the forum and the answer cloud is presented on the next page.

This word cloud shows that information on falls including research, improvement projects, the Fit for Frailty program, the importance of staff and care of patients and the small steps that can be taken to reduce falls.

**Evaluation Forms**

Of the 105 participants who attended the forum 41 completed and returned their evaluation forms, a return rate of 39% which is good.

**Rating of forum**

The participants were asked to rate the overall forum from 1 (poor) to 5 (excellent). The results are in Table 1 below.

**Table 1 Overall Rating of Forum**

<table>
<thead>
<tr>
<th>Rating</th>
<th>% of respondents</th>
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<tbody>
<tr>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>4</td>
<td>47.5</td>
</tr>
<tr>
<td>5</td>
<td>42.5</td>
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</tbody>
</table>

Overall 90% rated the forum as 4 or above and 42% of respondents rated the forum as excellent (a rating of 5).

**Key issues/challenges in improving care for older people or implementing programs for falls prevention**

Participants were asked what their key challenges were in caring for older people and implementing falls prevention programs, this question was answered by 39 respondents, with some respondents reporting multiple issues or challenges.

Table 2 provides a summary of these results as a percentage of respondents that selected each key message.
Table 2 Key issues/challenges in improving care for older people and Implementing falls prevention programs

<table>
<thead>
<tr>
<th>Key Issues/Challenges</th>
<th>% respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff engagement</td>
<td>49</td>
</tr>
<tr>
<td>Time to spend with patients</td>
<td>36</td>
</tr>
<tr>
<td>Staff culture change needed</td>
<td>13</td>
</tr>
<tr>
<td>Staffing levels</td>
<td>13</td>
</tr>
<tr>
<td>Patient compliance</td>
<td>10</td>
</tr>
<tr>
<td>Complexity of managing interventions</td>
<td>8</td>
</tr>
<tr>
<td>Environmental risk factors eg clutter</td>
<td>8</td>
</tr>
<tr>
<td>Staff education</td>
<td>5</td>
</tr>
<tr>
<td>Client/Family education</td>
<td>5</td>
</tr>
<tr>
<td>Lack of funding</td>
<td>5</td>
</tr>
<tr>
<td>Complex care needs</td>
<td>5</td>
</tr>
<tr>
<td>Access to programs</td>
<td>5</td>
</tr>
</tbody>
</table>

Other issue/challenges included lack of multidisciplinary person centred care, waiting times for assessment, effect of psychotropic medications on falls, confusion, Project fatigue, increasing older person and frail demographic, balance between safety and independence, lack of community based falls prevention programs in the Shoalhaven and exercise dosage that will make a difference in preventing falls.

Improvement that they will act on because of attending the forum

Participants were asked what improvements they would make as a result of attending the forum, 38 participants responded to this question and multiple improvements were provided by some participants and these are summarised in Table 3.

Table 3 Improvements as a result of attending the forum

<table>
<thead>
<tr>
<th>Improvement</th>
<th>% respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage appropriate exercise and time spent on these</td>
<td>26</td>
</tr>
<tr>
<td>Mobilise patients – end PJ paralysis</td>
<td>24</td>
</tr>
<tr>
<td>Safety Huddles</td>
<td>24</td>
</tr>
<tr>
<td>Fit for Frailty program</td>
<td>18</td>
</tr>
<tr>
<td>Delirium and or dementia identification</td>
<td>16</td>
</tr>
<tr>
<td>Medications review</td>
<td>10</td>
</tr>
<tr>
<td>Improving staff culture</td>
<td>5</td>
</tr>
<tr>
<td>In-Services on falls</td>
<td>5</td>
</tr>
<tr>
<td>Promote falls prevention strategies</td>
<td>5</td>
</tr>
<tr>
<td>Promote Stepping On</td>
<td>5</td>
</tr>
<tr>
<td>TOP 5</td>
<td>5</td>
</tr>
</tbody>
</table>

Other improvements participants would act on included; implementing simple interventions/projects, hourly rounding, red day/green day, adopt person centred care, increase screening for falls, novel ways to decrease falls, reflective practice change, have more diverse programs and advertise Tai Chi
more widely, improve visibility at night, have pods in wards, patient education and review statistics on length of stay.

**Topics around the care of the older person**

Participants were asked for suggestions for topics around the care of the older person including falls prevention, 27 answered this question. The suggestions included:

- Medications/ polypharmacy, review and deprescribing
- Nutrition
- Practical information on exercise
- Brainstorming practical based strategies
- Environmental improvements
- Falls management in Mental Health Units for Older Persons

Other suggestions included; Checking patients toileting needs, comprehensive care and its interrelationship, use of psychotropics and effects on gait and functionality, information on programs that are working, new initiatives, patient perspectives, initiatives to educate GPs to work collaboratively with NSW Health, vision and falls, discussion on screening tools, delirium/cognition screening (how, why, when who) and family involvement in falls education.

**Format of future falls prevention sessions**

33 respondents answered this question and the results are in Table 7. Some respondents chose multiple formats.

<table>
<thead>
<tr>
<th>Format of Future Sessions</th>
<th>% respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forums</td>
<td>63</td>
</tr>
<tr>
<td>Workshops</td>
<td>60</td>
</tr>
<tr>
<td>Education Sessions</td>
<td>45</td>
</tr>
<tr>
<td>Webinars</td>
<td>33</td>
</tr>
</tbody>
</table>

The majority of respondents favoured future education sessions mainly as forums and workshops followed by education sessions and webinars.

**Overall Comments on Forum**

Finally participants were asked for any other comments on the forum, comments were made by 32 participants. Over 75% commented that the day was very informative with fantastic presenters and excellent presentations and the venue and catering were great and thanked the organisers for the forum.
Box 2 Further comments on the Forum

Encouraging seeing the work/research around falls in our own LHD’
‘So many good projects, would like to see communication of these to frontline staff to assist with culture change’
‘Great day, very informative, great presenters, lovely venue and great food’
‘Answer questions after presentations in a timely manner’
‘Awesome educational day’
‘Lots of passionate people all working to increase safety not only for patients but our family and ourselves that will one day need to attend hospital’
‘Would like a web page where all presentation power points are uploaded to take back to our sites’
‘Have card on table with wifi and Slido information’
‘Not enough focus on medical and pharmacy input re falls prevention’
‘Fantastic, well-spoken informative speakers’
‘It has been great to see all the quality improvement projects that are up and running everywhere!’
‘A well planned and conducted forum’

The major costs for the Forum were catering, venue hire costs (including IT), and accommodation for some presenters. The total cost of the forum was $5830. This works out to approximately $56 per participant.

From the responses by those who attended, and from the feedback provided since the forum, it would seem as though this level of investment is worthwhile.