

Implementing Post-Fall Huddles in a Community Setting

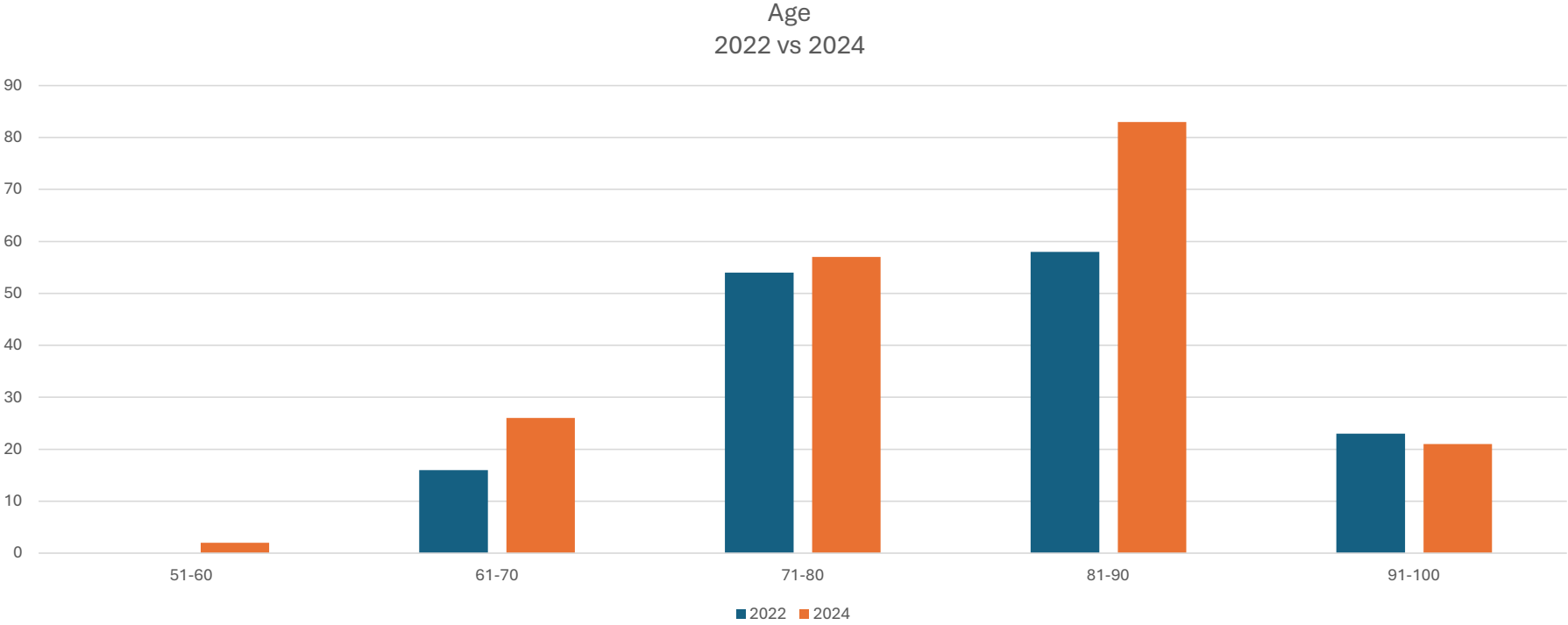
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Introduction of Post-Fall Huddles in May 2023

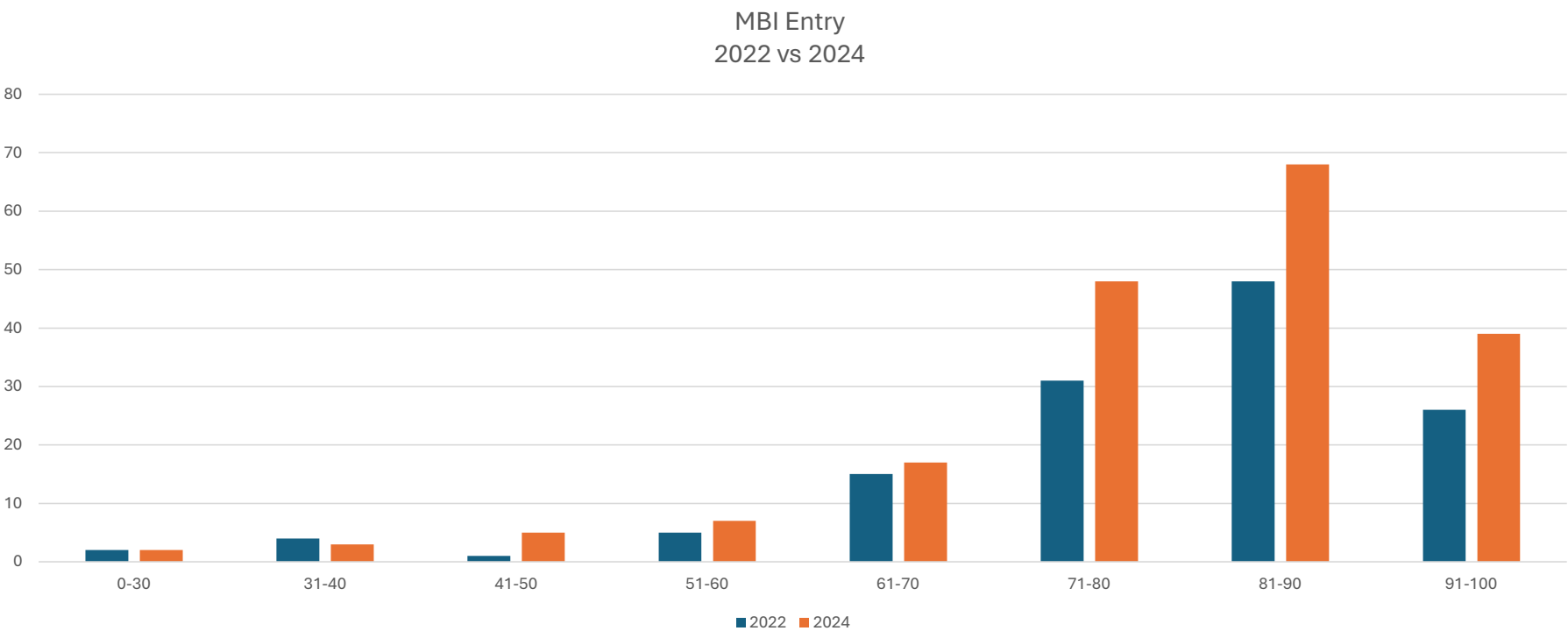
Background

- POW TACP provides slow-stream multi-disciplinary rehabilitation services to clients over the age of 65 in their homes post-discharge from hospital for up to 12 weeks.
- POW TACP collects data on **witnessed (very few) & unwitnessed falls** and analyses this data annually. The data is reported to the team each April and team actions decided.
- In 2023 the team agreed to implement Post-Fall Huddles as part of our Post-Fall Management. Post-fall Huddles have been used in hospital settings for several years.

TACP Age range



TACP MBI (Modified Barthel Index) - admission

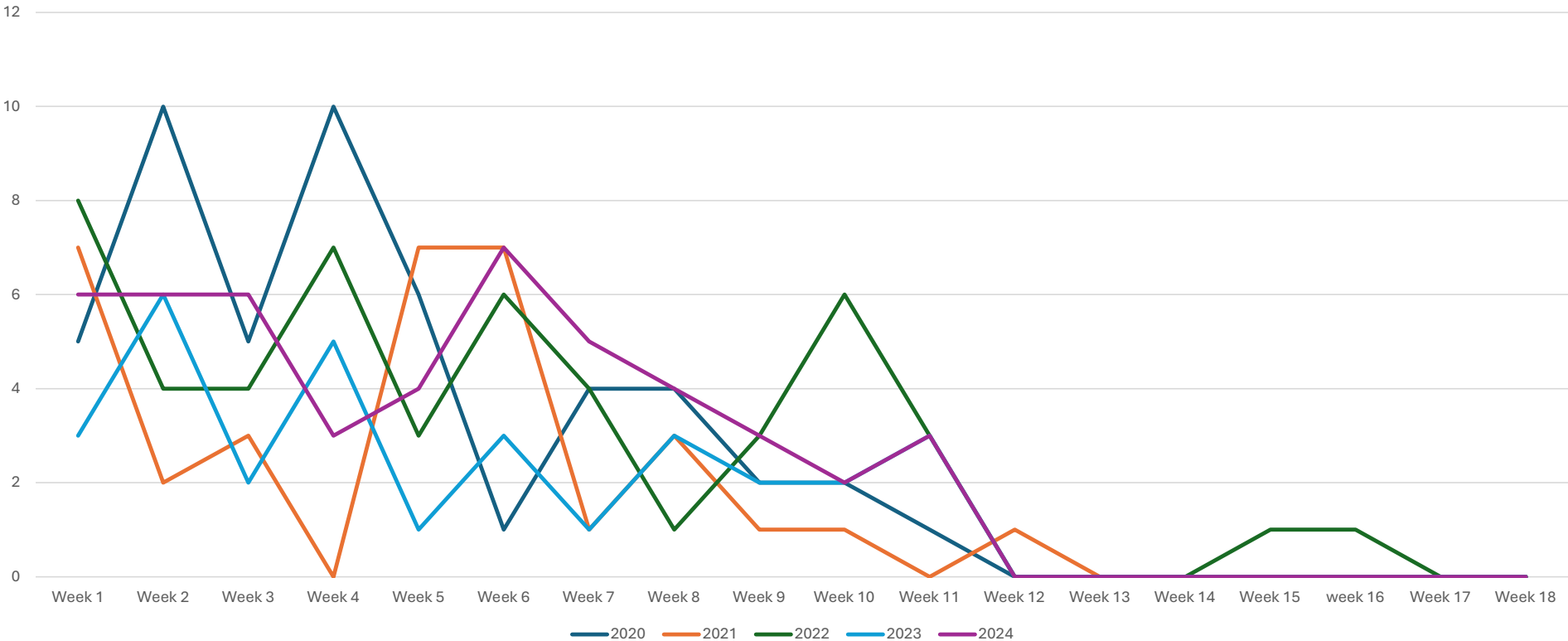


- TACP client falls

Year	Admissions	Falls	Fallers	Repeat Fallers	Fallers as % of admissions	IMMS	Falls in 1st month
2024	190	51	38	9 (24%)	20%	1	21 (41%)
2023	147	31	26	4 (15%)	18%	1	16 (51%)
2022	140	51	32	7 (22%)	23%	2	23 (45%)
2021	143	33	26	5 (19%)	18%	3	12 (8%)
2020	160	50	32	10 (31%)	20%	4	30 (19%)
2019	175	41	29	10 (34%)	16%	2	20 (11%)
2018	161	34	25	7 (28%)	15%	2	14 (9%)

TACP client falls by week 2020-2024

Falls by week 2020 -2024



Aims

- To implement Post-Fall Huddles in the community setting and improve Post-Fall Management, in line with the Australian Commission on Safety & Quality in Health Care Best Practice Guidelines (Draft).
- To improve communication with clients and their carers & further contribute to person-centred care.
- To educate clients and their carers that falls are not a “normal” part of ageing

Methods

- A local Business Rule was developed for POW TACP staff, adapting the CEC Post-Fall Huddle process for the community setting.
- Data has been collected by adding to the existing TACP Falls Register
- Data has been analysed comparing the data for the calendar year 2024 to 2022, the year before the Falls Huddles were introduced.

Results/outcomes

- The data is inconclusive if the Huddles have made a difference to the overall number of falls for TACP clients, but statistically speaking, we are dealing with small numbers. They have made a difference for individual clients.

Year	2022	2024
Total number of clients	140	189
Number of falls	51	57
Number of fallers	32	38
Number of clients who fell again	7	9
Huddles		33 (58%)

- 33 Huddles were held. 8 clients who fell and had a huddle fell for a second time.

Results/outcomes (cont.)

- TACP Staff Poll results (N=10)
- 100% of respondents had been involved in a Post-fall Huddle
- 90% of staff found the Huddle useful
- Client behaviour change? 50% yes & 40% maybe
- 50% of staff found challenges with organising a Huddle
- 70% of staff had learnt something from participating
- “In my experience, the Huddle has been useful for clients who have had falls when not using their walking aid. The huddle was very helpful, and they have always used their recommended walking aid after this time. I have had 100% success with this.”

- Results / Outcomes cont.

- Conducting Post-Falls Huddles is generally seen as valuable by staff & clients.
- Clinical judgement determines if a Post-fall huddle is beneficial for the client.
- There have been a few “lightbulb” moments for clients. For example, one client had multiple falls tripping while going to the bathroom at night due to poor lighting. Her neighbour was her contact for Vitalcall. At the Huddle she agreed to have a sensor light. She had thought that it was “normal” to fall and that her neighbour didn’t mind being called.

Discussion

- Conducting Post-Falls Huddles is different from hospital setting but can be done in the community setting.
- The impact has seen a shift in the focus of clinicians and clients.
- We have had some clients, usually 1 or 2 a year, who fall many times due to their medical condition, and this skews the data.

- Discussion (cont.)

- The falls rate experienced by POW TACP clients is in line with the expected rate of falls for our client group, especially in the post-hospital discharge stage.
- Maybe part of the reason for us not seeing a large change in fall numbers may be because our team has already been proactive and providing good education and interventions around reducing fall risks.

- **Future directions/sustainability**

- Post-Fall Huddles are now expected and have been embedded into our practise, with the flexibility to use them with clinical discretion.

Key take home message/conclusion

- The importance of staff buy-in for successful implementation.
- The process personalises the experience for the client (patient-centred) & this has improved their uptake of risk mitigation strategies.