

# Falls Service Camperdown

Expert model of care for community falls prevention

Adam Buckingham Physiotherapist – RPA Falls Service

Sydney Local Health District





Acknowledgement of Country

#### Artwork:

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.





# Why is the Falls Service important?



RPA Hospital Ambulances at the Emergency Department

1. Potentially Preventable

Hospitalisations (PPH)

- 2. Quality of life (QoL)
- 3. Prevention is the best

option

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# The Team

Staff:

- SLHD Staff Specialist Clinical Associate Professor Mark Latt Geriatrician
- Ciara Warsop Acting Team Leader/Registered Nurse
- Adam Buckingham Physiotherapist

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# Team structure

- SLHD Staff Specialist Clinical Associate Professor Mark Latt Geriatrician, conducts falls clinic two half days per week. Also conducts ward rounds 3 days per week.
- Ciara Warsop Acting Team Leader/Registered Nurse, coordinates a number of clinics and referrals.
- Adam Buckingham Physiotherapist, Part-time (FTE 0-5) completes mostly home visits for tailored falls prevention and attends falls clinic.

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# Inclusion and Exclusion Criteria



#### **Inclusion Criteria**

- Over 65 years of age, 50 years of age for ATSI people
- Live in the RPA catchment area (physiotherapy) no geographical restrictions for Geriatrician
- Medically stable, and a willingness & ability to participate in a short term intervention program
- Had a fall in the last 12 months that resulted in an injury (e.g. wound, dislocation, head strike, sprain)
- History of trips/near misses within the last 6 months
- Patients with MMSE below 22/30 may be accepted for Geriatrician if patient able to follow instructions or has carer willing to supervise exercise program safely
- Seen by GP/Specialist who has reviewed patient's health history and identified areas that physiotherapy would reduce risk of falls.
- Referrals accepted from ACC&R services, including Aged Care
  Assessment Service, ASET, and family, carers and self-referrals.

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#### **Exclusion criteria**

- MMSE 22/30 or below.
- Significant mental health or behavioural issue that reduces the patient's ability to learn new skills.
- Diagnosed with degenerative movement disorder (please discuss with Team Leader).
- Receiving Transition Care.
- In receipt of Home Care Package Level 3 / 4.
- A chronic health condition that may prevent participation in service.
- Excluded from Falls Physiotherapy if in RACF. Refer to RACF outreach Service.

When and how to refer to RPA Falls Service



### When to refer a client

- Frail faller
- Client is not an in-patient
- Is not going to be discharged to an in-patient rehabilitation or other discharge service such as Transitional Aged Care Program (TACP) should be engaged.

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# When and how to refer to RPA Falls Service



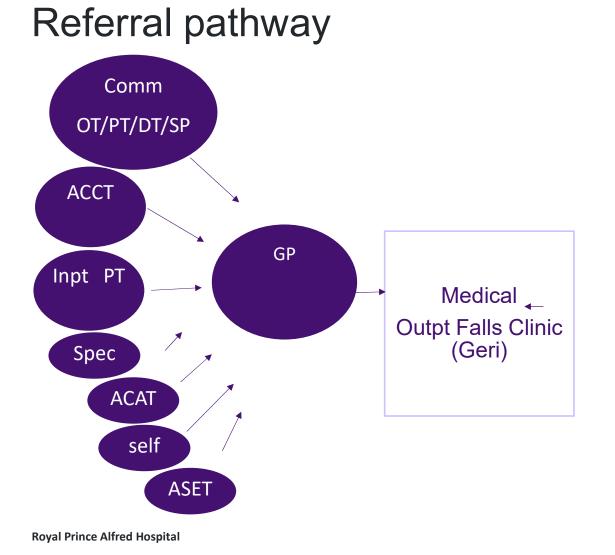
Who (can refer):

To Medical via GP referral. Physiotherapy anyone can refer.

#### How:

- Medically via GP referral to fax 02 9515 9750
- Physio.: Via Access Care Team (ACT) **1300 722 276** or via SLHD Intranet

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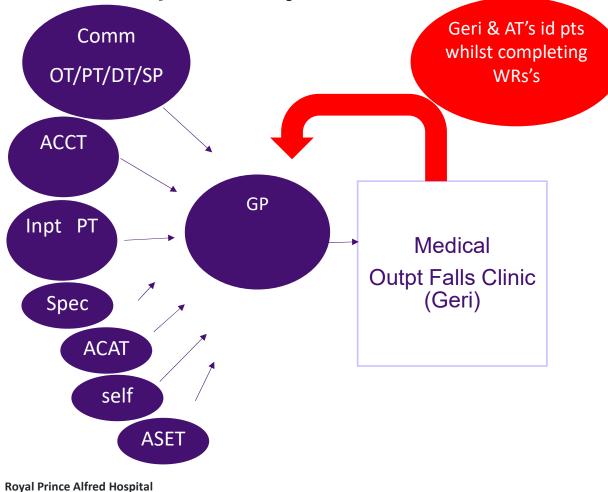




Referrals for Geriatrician is predominantly via the GP who is still the primary coordinator of client's health

**Diagram caption** 

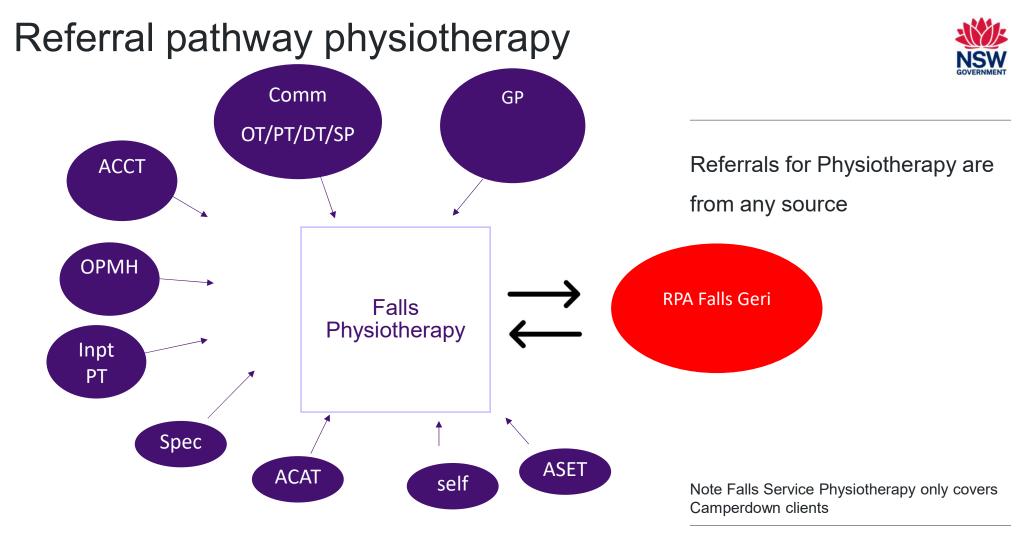
# **Referral pathway medical**

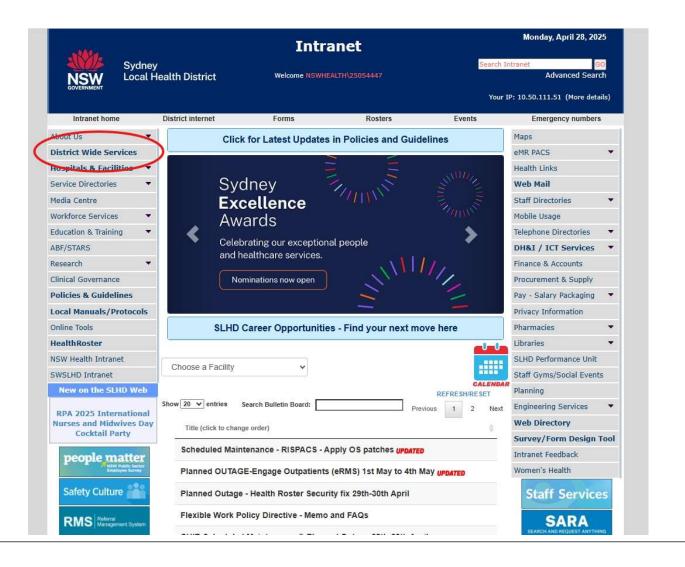


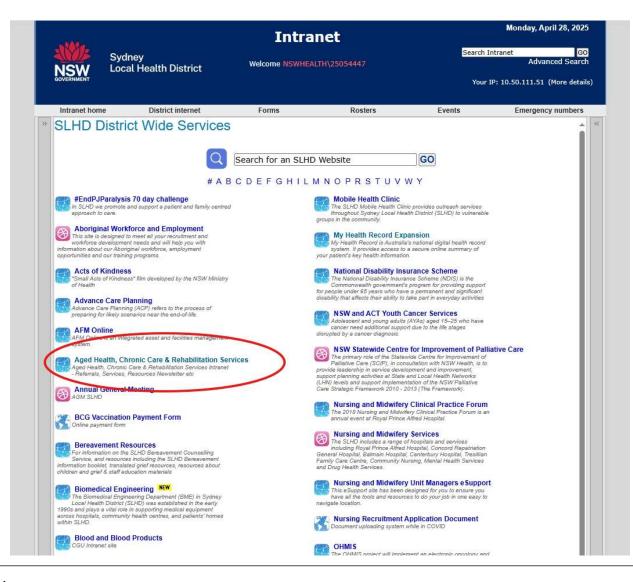


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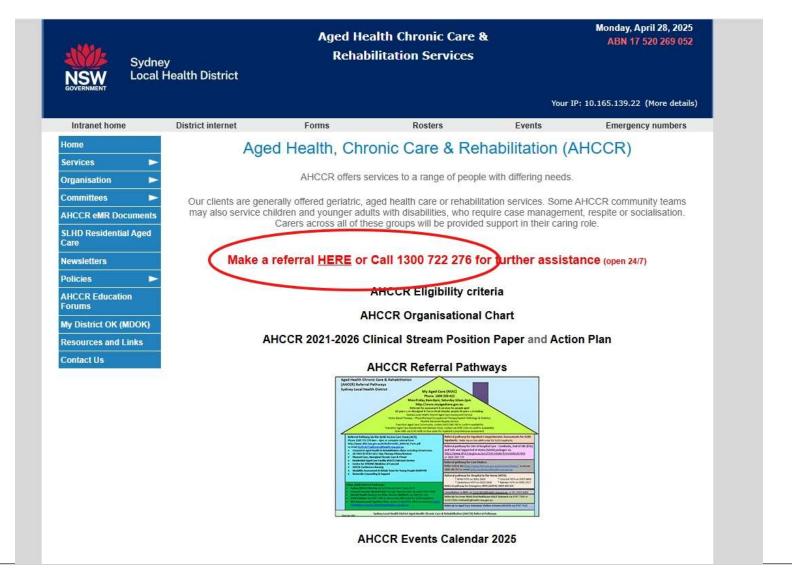
Clients from across SLHD





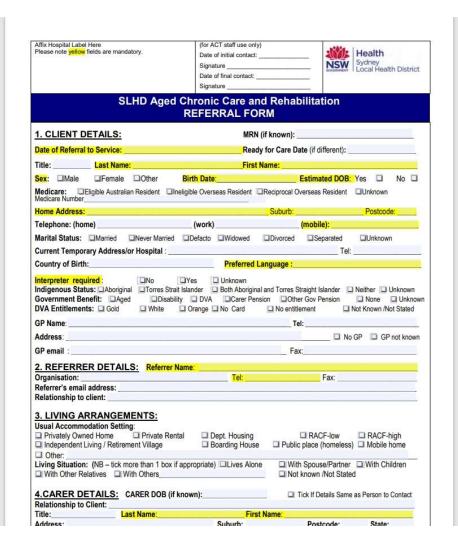






GOVER

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# Adam (Physio.) journey

# - RPA Falls Physio (part-time) Community

# - Secondment 2024 to Fairfield Hosp as ED and Ambul. Care Physio. (p-t)

Impacted of NSW Falls Prevention White Paper 2023

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# Adam (Physio.) journey (continued)

# Uniquely placed across:

- Community
- Train RACF staff
- In-patients

This has provided board perspective to identify gaps and work towards coordinated holistic approach. Also an understanding of what will work and not. Royal Prince Alfred Hospital

Referral processing



#### How long:

- Medically 3 months non urgent, 30 days urgent.
- Physiotherapy triaged and KPI target pick up within 6/52.

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Examples of referral



## Appropriate:

 71 year old who lives alone who has had two falls in the last 6/12 and has lost confidence and now only leaving the house for medical appointments.

### Inappropriate:

• 65 year old who slipped on wet floor with no injury and is still working in an office job.

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Examples of referral



## Appropriate:

 71 year old who lives alone who has had two falls in the last 6/12 and has lost confidence and now only leaving the house for medical appointments.

### Inappropriate:

 65 year old who slipped on wet floor with no injury and is still working in an office job. The client would better suited to a group such as 'Stepping On' or 'Able and Stable'.

## Where to from here? Impact and more resources





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Where is the greatest area of need/impact? In addition to advocating for more resources.

- Need for co-ordinated action. Per Falls Prevention in NSW White Paper 2023
- Exploring with ED potentially preventable hospitalizations (PPH's). (San Juan et al 2024)
- 3. Preparing a business plan to request more resources to expand physiotherapy to cover whole of SLHD.

Source: San Juan, C, Appiah-Kubi, L, Mitropoulos, J, Thomson, L, Demosthenous, A & Kelly A-M, 2024 'Risk factors for older people re-presenting to the emergency department with falls: A case-control analysis', *Emergency Medicine Austrasia*, vol. 36, pp. 898-906.

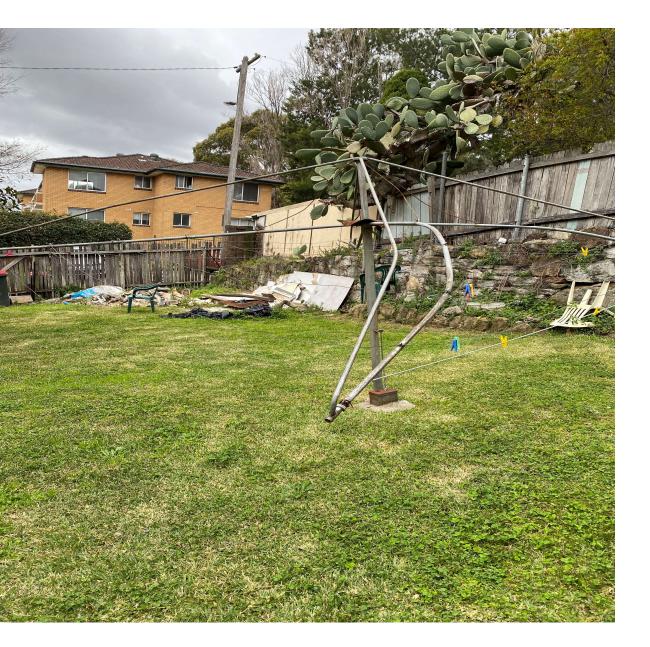
What I have learnt

# TIPS



- Home visits are powerful
- Need for broad perspective
- Embedded in MDT
- Sell idea of with age you can get stronger, and your balance can improve
- Use tailored approach explain reason for intervention
- Treat falls like a disease
- Avoid term mechanical

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# Challengers of fallers in the community



Case Study

Referred by OT 67M NZ w/ ataxia living in room of share house. Awaiting dx, ?MSA.

Frequent falls as you can see from his clothes line. Provided x's and strategies to prevent falls. Liaised with other health prof. Dx w/ <u>Spinocerebellar Ataxia (SCA) Type 8</u>





# Questions?

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# Contact

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# **Physiotherapy Treatment**



- 1. Education
- 2. Exercise
  - Walking: Check gait and aid? Heart Foundation Guidelines.
  - Strength: Progressive Resistance (whole body)
  - Balance: "Safe but challenging" not touching
- 3. Appropriate referral: MDT/medical.

# NO HANDS!

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# Physiotherapy Assessment



This is the area for text and bullet/numbered points:

- 1. Build rapport.
- 2. Talk about falls and half falls, usually main source of insight to falls.
- 3. Identify hot spots at home
- 4. Listen to clients
- 5. Observe client and surroundings.
- Measure objectively and compare to norms and let the client know.
- 7. Set SMART goals with client and family



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