



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



Whole of System Falls and Fracture Management in New Zealand

September 2017

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Manager – Quality Improvement Programmes

Today

- Cross agency collaboration – central agencies / sector partnerships
- Unifying brand and population health approach
- Best Practice and Outcome Framework



The journey

Scoping and approval process

- Falls prevention approved as the first focus area *Open* campaign

Foundational scoping papers

- 'Scoping the cost of falls'
- 'Falling cost the case for investment'

Programme infrastructure and planning

Expert advisory group and clinical lead appointed



2012

2013

April Falls campaign launched

- Theme: Falls prevention is everyone's business and
- Falls hurt – building the momentum and creating the change platform

Open for better care campaign launched with falls as the first campaign topic

ARC mini collaborative July – Sept 2013



April Falls 2014 launched

Theme: Regional connections and approaches

- Northern region and *First, Do No Harm* – falls related to bedrails.
- Midland region – safe footwear.
- Central region – signalling systems for safe mobilising.
- South Island Alliance – safe care environments.

Expert Dr Frances Healey visits regional gatherings

ARC mini collaborative project completed and evaluated

2014



2015

April Falls 2015 launched

Theme: Regional connections and approaches

Extension of programme into primary care

Stay independent toolkit for use by clinicians in primary care

Visiting experts:

- Prof Lindy Clemson
- Dr Anne-Marie Hill

Summative evaluation commences



April Falls 2016 launched

Theme: Prevention, review and learning from falls
Ongoing engagement/quality improvement resources developed for age related residential care and the hospital

Collaboration with ACC and Ministry of Health to promote an integrated approach to falls and fracture prevention and management

Resources developed:

- Foundational quality improvement toolkit for use in age related residential care
- Adapting the NHS/Queensland Releasing Time to Care (The Productive Ward) toolkit for the NZ environment.

Summative evaluation commences

2016



Who are we ?

- **Accountability / Mandate** - leads New Zealand's health and disability system, and has overall responsibility for the management and development of that system.
- **Insurer** – a no fault insurer cover for those injured in an accident. This includes children, beneficiaries and students. It doesn't matter if they're working, unemployed or retired.
- **Influence / Collaborator** - Independent crown entity - partners across the health and disability sector to improve the safety and quality of services to improve experience and outcomes for all New Zealanders.



Cross-agency collaboration

ACC is committed to:

- ***creating alliances*** across key stakeholders to support a population level approach
- ***making a contribution*** as a partner in the health system
- ***building on the previous work*** by the Health Quality & Safety Commission and DHBs which focused predominantly on in-hospital falls
- ***aligning reporting*** with the Ministry requirements

HQSC's ongoing focus:

- Leadership and guidance, including annual April Falls 'campaign' and establishing regional clinical leadership network
(lead, engage and sustain the gains)
- Continue to be the 'go-to' for evidence-based resources, such as the 10 Topics
(maintain the evidence base)
- Ongoing measurement for improvement – i.e. QSMs and outcome framework (with ACC)
(measure and monitor)

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A unifying brand that engages target audiences
and has sector cut-through

Working together- more in common than not...



- Value of older people in our society
- Fall & fracture is an injury & more....
- Sustainable approach to funding Health & Insurer – ACC collaborating with partners
- Evidence @ population level



Common goal to keep Muriel independent & well @ home

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In the last couple of months,
we've been talking to older
people throughout New Zealand.

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Falls and fracture outcomes for New Zealand's older people - a whole of system approach



Whole of System Approach

Central Agency and DHB - contribution to support delivery.

A **national outcomes and best practice framework** guides the design of local services, setting of delivery expectations and monitoring of results.

The benefits for the health system will be **less than predicted claims costs, fewer admissions to hospital and aged residential care, and reduced hospital length of stay.**

For an older person the benefit will be **improved quality of life and independence.**

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What are the key components of the falls and fracture system?

- **Wellness - Community Strength & Balance**, Safer Homes, consumer information, support older people to stay well and independent in their own homes.
- **Fracture Liaison Services (FLS)** - coordinator-based, secondary fracture prevention services implemented by health care systems that identify those with or at risk of fragility fractures
- **In-home and Community Strength and Balance programmes** – supporting the needs of older people with both individual and group-based
- **Early supported discharge** - service delivery models that enable flexibility in the place of rehabilitation for older people
- **Integration effort** – enables the ability to build partnerships, pathways and an outcomes framework to support the falls & fracture system for New Zealand

Fracture Liaison Service

- Older people who have sustained a fragility fracture in the past are much more likely to have another fracture – potentially hip.
- The **Fracture Liaison Service** identifies those with or at risk of fragility fractures and:
 - prescribes/recommends bisphosphonates
 - refers to an evidenced based strength and balance programme.



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Community Group Strength and Balance



- There is evidence that community-based, multi-functional exercise programmes, targeted at improving strength and balance in older people **can reduce the risk of falling by 29%**.
- A population based approach is needed if a significant reduction in falls across the older population can be achieved.
- In practice, this means that many thousands of people across NZ at risk of falling, should participate in effective, evidence-based community group strength and balance classes.



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In-Home Strength and Balance

- There is strong evidence that in-home strength and balance and strength programmes such as the OEP can reduce the rate of falls by 32%.
- Most appropriate for those who have poor strength & balance and are too frail for or have no access to community group-based falls prevention exercise programmes.
- This programme is not suitable for people in rest home or hospital care.
- ACC has partnered with DHBs to support the expansion of in-home strength and balance programmes in their regions.
- A Technical Advisory Group (TAG) was set up by ACC, to provide criteria based on evidenced best practice for an in home strength and balance programme.

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Early supported discharge

- Evidence shows that hospital is not the best place to rehab older people
- ACC is working with **Auckland, Waikato and Canterbury** DHBs to **pilot a new funding model** for the Non Acute Rehabilitation (NAR) event that enables flexibility in the place of rehabilitation for older people.

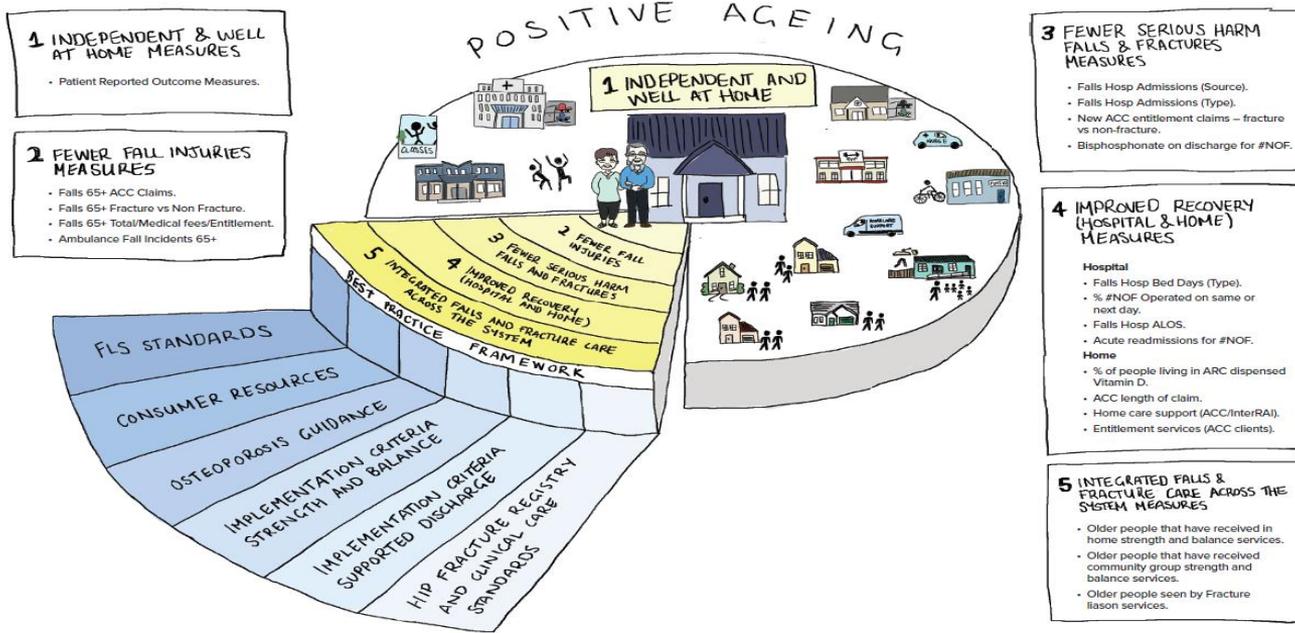


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OUTCOMES AND BEST PRACTICE FRAMEWORK



FALLS & FRACTURES OUTCOMES FRAMEWORK

QUARTERLY REPORT

July 2017

Published August 2017

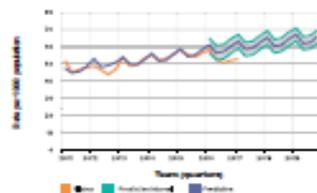
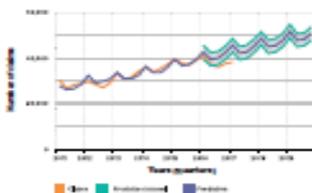
FALLS AND FRACTURES OUTCOMES FRAMEWORK

QUARTERLY REPORT July 2017

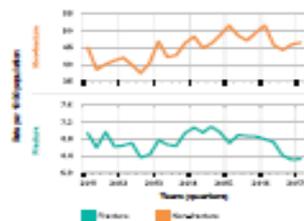
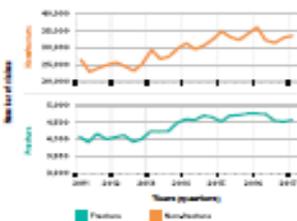
NATIONAL

DOMAIN – FEWER FALL INJURIES

FALLS 65+ ACC CLAIMS

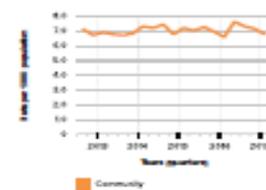
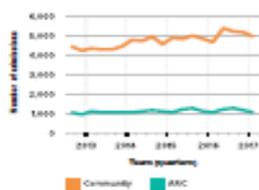


FALLS 65+ ACC CLAIMS (FRACTURE, NON FRACTURE)

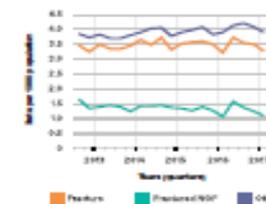
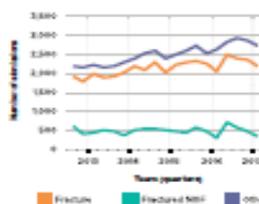


DOMAIN – FEWER SERIOUS HARM FALLS AND FRACTURES

FALLS HOSPITAL ADMISSIONS BY SOURCE (COMMUNITY, ARC)

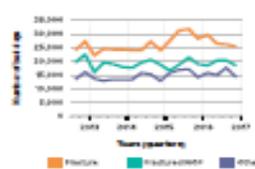


FALLS HOSPITAL ADMISSIONS BY TYPE (OTHER, FRACTURE, FRACTURED NOP)



DOMAIN – IMPROVED RECOVERY (HOSPITAL)

FALLS HOSPITAL BED DAYS BY TYPE (OTHER, FRACTURE, FRACTURED NOP)

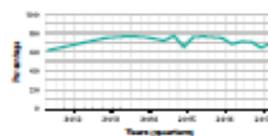


% OF FRACTURED NECK OF FEMUR PATIENTS OPERATED ON SAME OR NEXT DAY



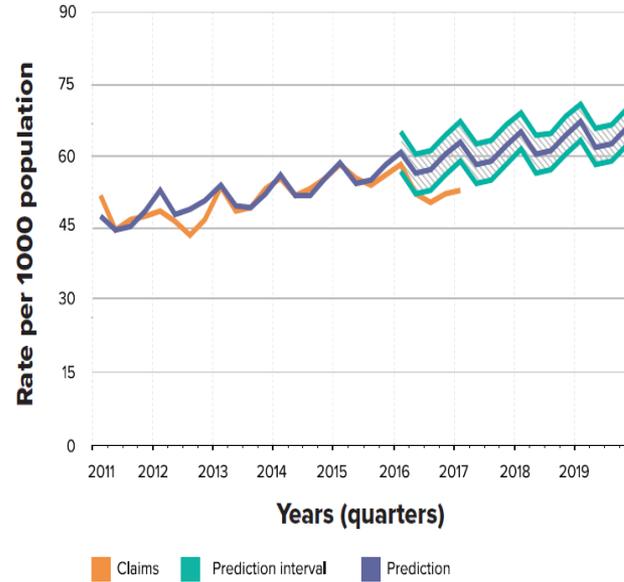
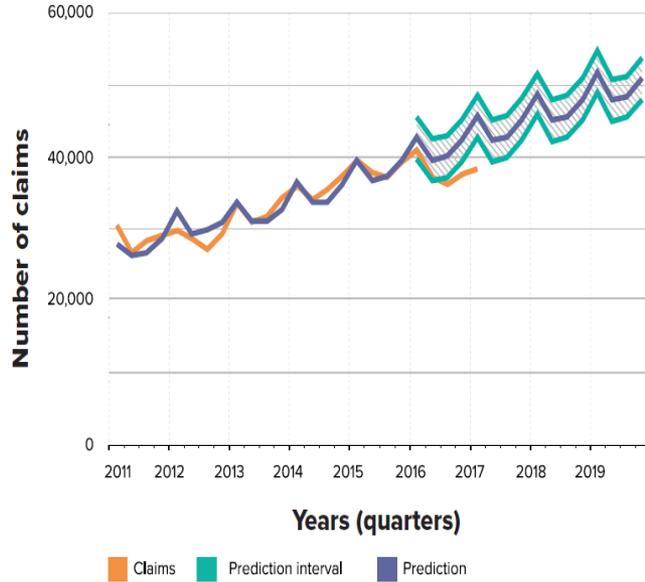
DOMAIN – IMPROVED RECOVERY (HOME)

% OF PEOPLE IN AGED RESIDENTIAL CARE ON VITAMIN D SUPPLEMENTS



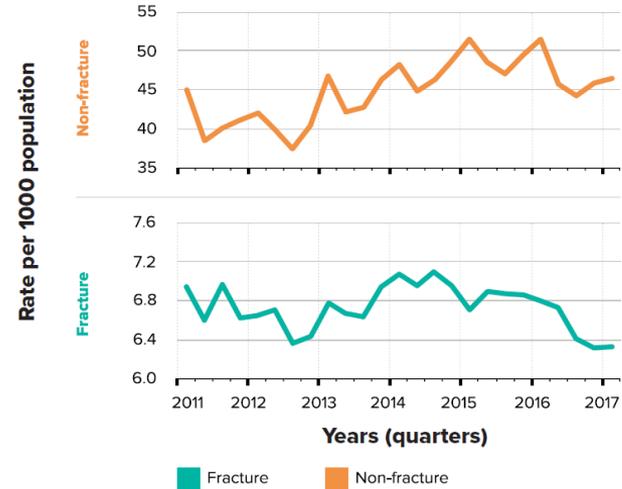
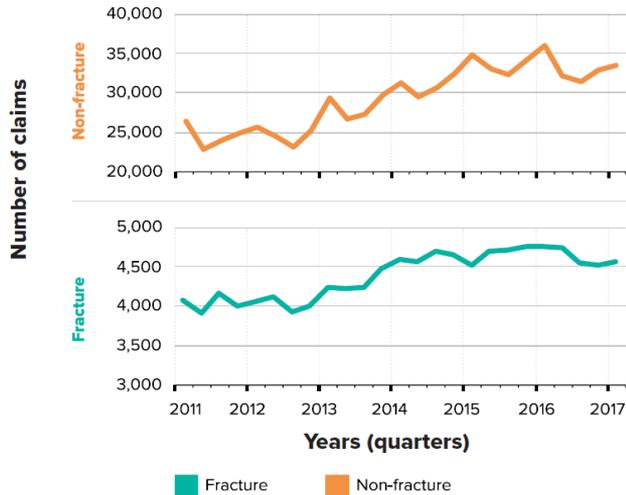
Fewer fall injuries

FALLS 65+ ACC CLAIMS



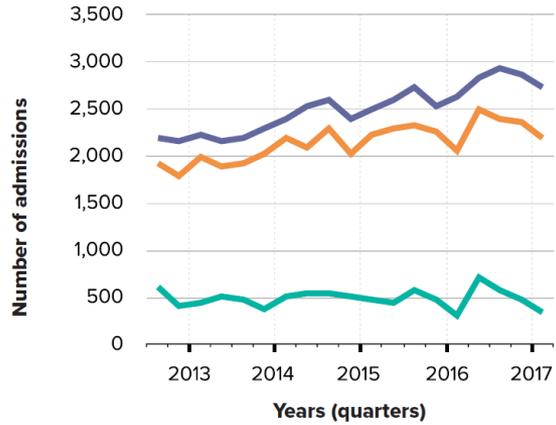
Fewer fall injuries

FALLS 65+ ACC CLAIMS (FRACTURE, NON FRACTURE)

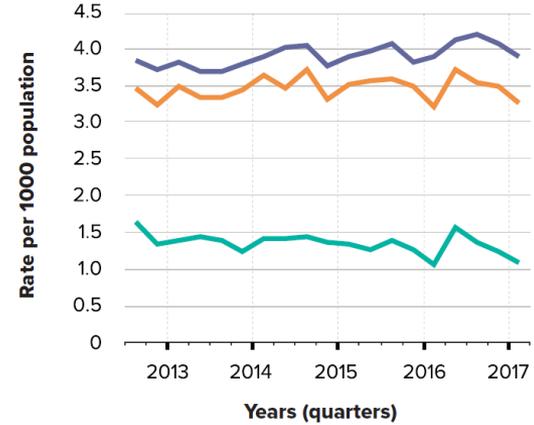


Fewer serious harm fall injuries

FALLS HOSPITAL ADMISSIONS BY TYPE (OTHER, FRACTURE, FRACTURED NOF)

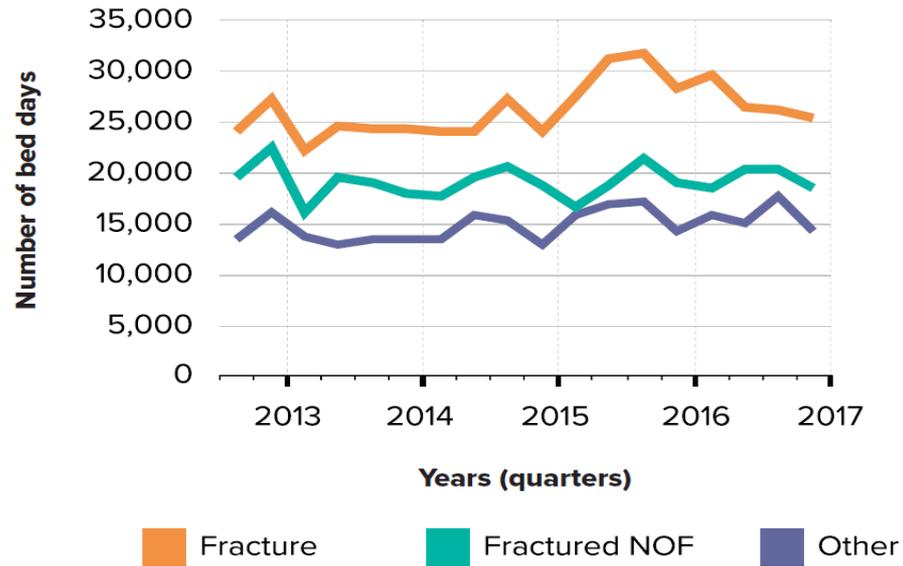


Fracture Fractured NOF Other



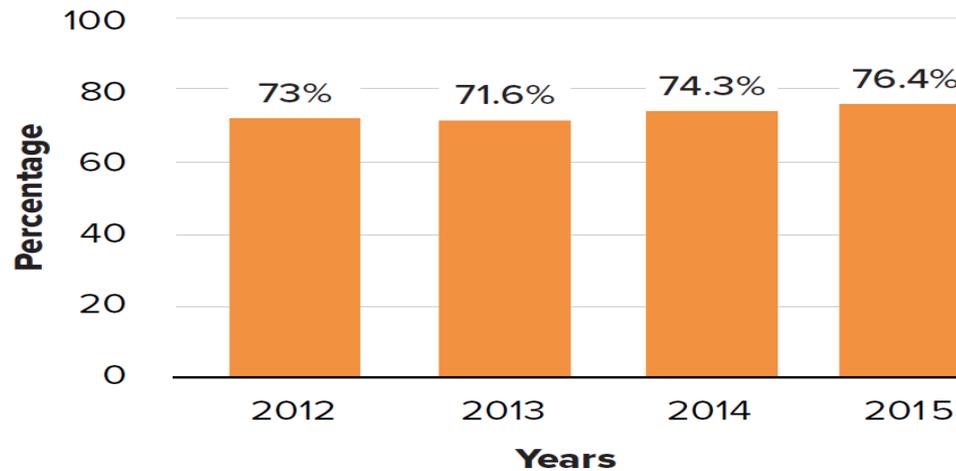
Fracture Fractured NOF Other

FALLS HOSPITAL BED DAYS BY TYPE (OTHER, FRACTURE, FRACTURED NOF)

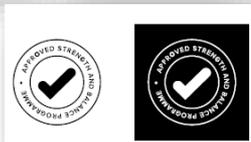
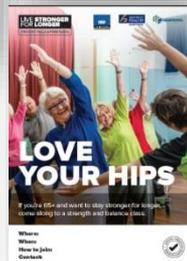


Improved recovery in hospital

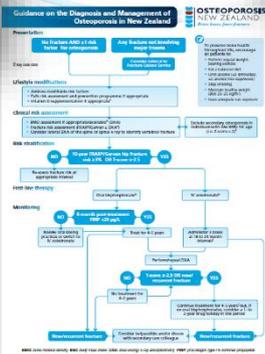
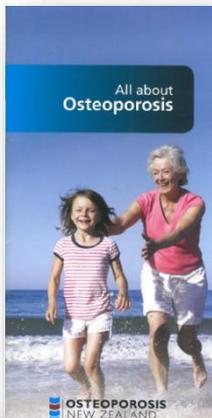
% OF FRACTURED NECK OF FEMUR PATIENTS OPERATED ON SAME OR NEXT DAY



New resources (these plus more)



Shared resources



National Service Coverage August 2017



FLS & In home Strength & Balance

-  80% of local health systems
-  86% of population

Group Strength and Balance

-  95% of local health systems
-  96% of population

Making it easy for older people & their families - www.livestronger.org.nz



New Zealand Government



In summary

- Establish common goals based on all perspectives
- Align activities and effort nationally & locally
- Measure outcomes together
- Work together at multiple levels



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Thank you

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