



NSW
Fall Prevention
& Healthy Ageing
Network

26th May 2023

NSW Fall Prevention & Healthy Ageing Network Annual Falls Forum Wesley Conference Centre



Above: (left to right) Maree Connelly, Daina Sturnieks, Lorraine Lovitt, Kim Delbaere, Stephen Lord, Natassia Smith, Ingrid Hutchinson, Margaret Armstrong.

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NSW FALL PREVENTION AND HEALTHY AGEING NETWORK
ANNUAL FALLS FORUM
Wesley Conference Centre
26 MAY 2023 EVALUATION SUMMARY

The NSW Fall Prevention and Healthy Ageing Network Annual Falls Forum was held on Friday May 26, 2023 at the Wesley Conference Centre. This year there was a focus on physical activity fall prevention and healthy ageing, with the day divided into two morning plenary sessions, a concurrent care-setting specific best practice initiative session and a higher degree research update in the afternoon.

The forum celebrated 30 years of the Network and was officially opened by co-founder Dr John Ward, Geriatrician and founding director of the Hunter Ageing Alliance. A Welcome to Country was performed by Aunty Joan Bell, a Wiradjuri-Gadigal elder and MLALC board member.

The forum provided a mechanism for sharing current fall prevention research and best practice across the continuum of care and provided an opportunity for participants to network and share with colleagues.

Forum Attendance

285 people attended the forum in person. Attendees worked in hospital, community services, residential aged care, research centre and health promotion settings and included 44 presenters and session chairs.

Live-streaming and recording of sessions

All forum sessions were streamed live via YouTube, with up to 230 participants viewing the event live. The plenary sessions had 333 views, the concurrent sessions a combined 338 views and the closing session 152 views.

A recording of each session is available on The Network's website. The recordings had a total of 269 views in the first two-week period post website publication.

Live-streaming and recording of the sessions continues to be an effective way to increase reach of this forum, to those who are unable to attend the day, or who would like to listen to the presentations again following the forum. Recorded presentations and slides are available at: <https://fallsnetwork.neura.edu.au/event/nsw-fall-prevention-and-healthy-ageing-network-annual-forum-2023/>

Poster Presentations:

This year, we returned to a forum program format to include poster presentations. This enabled us to accommodate the larger than usual number of best practice initiatives and research abstracts submissions. This year there were 5 best practice and 5 research posters on display.

Trade Displays

There were 8 trade exhibits with representatives staffing the exhibit stalls. Trade Exhibitors included Stepping On, Med APP, NSW Fire and Rescue, STOPFALLS PHYSIO, Holdsworth HomeShare, Alpha Global – Digital Angel, Alpha Lifecare as well as the NSW Fall Prevention and Healthy Ageing Network

Evaluation

This year we used a combination of paper survey and post event online survey (via Google Forms) to complete questions during and post forum. A total of 119 surveys were completed.

Evaluation Summary:

Professional Role

Professional Groups (answered by 119 participants). Many participants hold dual/multiple professional roles.

- Physiotherapist (36%)
- Occupational Therapist (13%)

- Fall Prevention Coordinator (6%)
- Registered Nurse (19%)
- Exercise Physiotherapist (5%)
- Health Manager (7%)
- Health Promotion Practitioner (9%)
- Researcher (5%)

Work Settings

This forum engages with professionals from the following care settings. This question was answered by 117 participants – participants were able to select multiple settings.

- Hospital – acute care (31%)
- Hospital – subacute care (17%)
- Multipurpose Service (7%)
- Community Health Service and Provider (52%)
- Residential Aged Care (RAC) (8%)
- University/Research (5%)
- Other settings 4%

Reason for attendance:

Knowledge building was the most common reason for attending the forum. (97% of 87 respondents) Networking opportunities (34%) and speaker line-up (13%) were also noted as reasons for attending the forum.

Livestreaming rating:

93% of 14 respondents rated the live streaming access 4 (satisfied) or 5 (very satisfied) out of 5.

Overall forum rating: 91% of 80 respondents rated the overall forum as 4 or 5 out of 5. The main comments on the overall forum are in Box 1.

Key messages from forum

The key messages that respondents gained from attending the forum included:

- Move it or lose it!
- Get moving - exercise is key to fall prevention.
- There is no one size fits all - consider what motivates the individual.
- Importance of behaviour change in physical activity. Refer to COM-B model.
- Importance of advocacy and policy for broader action.
- Importance of exercise dosage. How fun dance can be!
- Support physical activity uptake by making it interesting, fun and engaging.
- High challenge to balance training to be effective in reducing fall risk.
- Fall prevention needs a coordinated systems approach.
- Beds low, buzzer close. Every step and activity counts. Be an advocate for fall prevention.
- Optimism and embracing challenges with creative thinking in aged care.
- The evidence is clear. Now need larger scale implementation on the ground.

Fall prevention activities that they intended to progress included

- Give QI ownership back to wards. Increase capacity re: improvement methodology. Engaging CNES.
- Visions/Cataracts considerations.
- Lobby politicians to fund programs.
- Add fun and cognitive tasks to balance interventions (individual therapy and groups).
- Compare current practice to Westmead Falls Hazard Assessment. Look at HARP.
- Ensure our practice is meeting balance and dose threshold.
- Promoting social connection – i.e. Create WhatsApp group.
- Challenge culture that patients remain in bed. Education on functional decline.

- Fall prevention strategy engagement – Patient and family
- Men’s shed – simple morning strength and balance program.
- Safe toileting - increased supervision.
- Purposeful rounding.
- Exercise in hospital setting.
- Safe early mobilisation. Include fall prevention classes.
- Offer exercise classes upon patient discharge from 1 to 1 therapy.
- Patient education on exercise dose for preventing falls.
- Implementing dance into physio treatments.
- Team meeting to brainstorm ways to make exercises interesting, engaging and more challenging.
- Be more mindful of individual preferences and goals.
- Increase exercise opportunities in the community, put more variety into home exercise programs.
- Increase intensity/goal setting in therapy.

Suggestions for Falls Topics for future forums

- Priority populations - co-designing programs. (CALD, mental health, dementia, people living with HIV, polypharmacy)
- OT related topics
- Allied health speakers e.g. podiatry, occupational therapy.
- Medications management.
- Consumer talks.
- NSW health budget. Funding access for group exercise providers
- Engaging people with cognitive impairment in physical activity/fall prevention exercises.
- Nutrition and frailty – Non exercise interviews (visual screening)
- National Fall prevention strategy - call to action efforts.
- Linking high risk faller with community/outpatient services.
- Health promotion.
- Fear of falling – practical strategies.
- Inpatient hospital settings – practical studies.
- Hospital based fall prevention - paediatrics, maternity, mental health/drug and alcohol, and palliative care.
- Physio hospital-based examples of services achieving exercise dosage.
- Cochrane results of implementation research.
- Marketing exercise and your service to older people
- Update on Australian Fall Prevention Guidelines.
- Falls risk assessment validated tools and guidelines on how to use them.
- Showcase non research related fall prevention community programs.
- Stepping On roll out.

Improving Forum or activities of the network

Participants were asked for suggestions on improving the forum or the activities of the network.

The responses can be summarised as follows:

- Workshop opportunities for problem solving in acute hospital setting.
- Lived experience session.
- Quiz and prizes - to add fun.
- Improve room allocation to concurrent sessions – consider space and seating.
- More discipline focus in difference seminars e.g. Physio focus for hospital.
- Panel session could have been more interactive with audience.
- Healthier catering with more vegetarian options.
- Include more active elements in the hospital concurrent session.
- The last quick talks are too rushed to easily comprehend.
- Run a whole practical workshop for exercise (as a concurrent session).

Overall comments on the forum were very positive with many commenting it was a great day and very informative, a selection of other comments are in Box 1.

Box 1 Specific individual comments on the Forum

Practical sessions were very engaging and made it more interesting.

I would have loved some healthy meal options.

The virtual access was fantastic.

Great networking opportunity.

Panel session could have been more interactive with audience.

So great to have everyone together and learn new things which we can implement.

Good presentation and people. Continue with same.

Happy with current format.

Great value for money!

Excellent work.

Would love to see consumer talk or fall survivor care talk.

Very research heavy - New more on the ground practical approaches.

Done exceptionally well as always.

I think that the NSW Falls Forum is a yearly "must attend". It has always been well organised and of relevance and interest to me. Thank you!

Session Summaries

Plenary Session 1

This session was chaired by Professor Kim Delbaere, Senior Principal Research Scientist, NeuRA; Director of Innovation & Translation, Falls, Balance & Injury Research Centre; School of Population Health, UNSW.

This session opened with the Pam Albany Lecture, presented by Professor Anne Tiedemann, University of Sydney Robinson Fellow, who leads the Healthy Ageing research theme at the Institute for Musculoskeletal Health, a partnership between The University of Sydney and Sydney Local Health District. The title of her presentation was '*Physical activity for healthy ageing and fall prevention: translating evidence into action*'. This presentation provided an overview of the current best practice guidelines for physical activity and an update on her latest research in physical activity promotion. Anne presented her key learnings on behaviour change and how clinicians and policymakers can better promote physical activity for healthy ageing and fall prevention in older people.



The feedback survey collected the relevance of each presentation to the participant's work and found that 75% of a total of 116 respondents rated this presentation as extremely or very relevant to their work. (Figure 1)

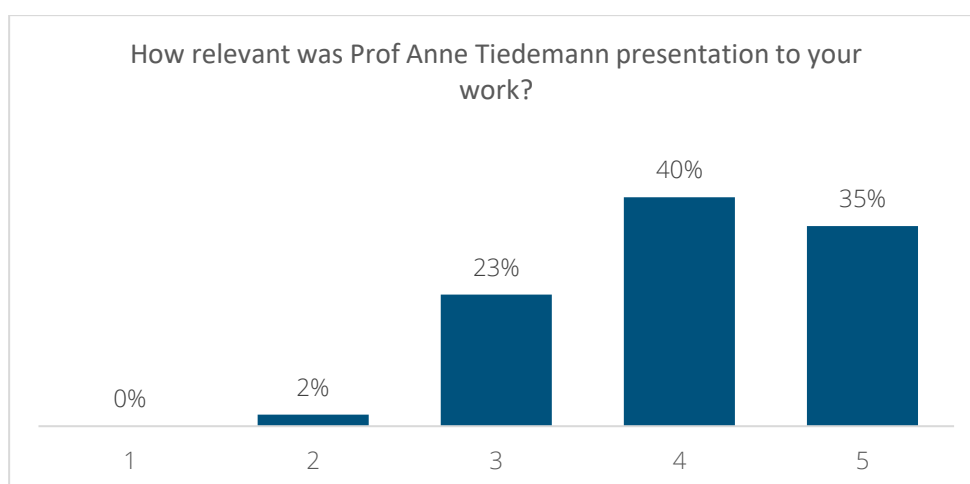


Figure 1: Rating scores 1= Not relevant; 2= Slight relevant; 3= Somewhat relevant; 4= Very relevant; 5= Extremely relevant



During Plenary Session 1, we also heard from Associate Professor Frances Batchelor, Director of the Clinical Gerontology division and Principal Research Fellow at the National Ageing Research Institute (NARI). The title of Frances' presentation was, '*Rethinking our approach to healthy ageing*'. Frances reviewed what healthy ageing means and current research/policy efforts to improve the ageing experience. She provided examples of how health outcomes can be improved on a population level when coordinated policies comprehensively address all factors that impact health behaviour, with reference to the COM-B Model of Behaviour Change.

The feedback survey found that 78% of a total of 116 respondents rated this presentation to be extremely or very relevant to their work. (Figure 2)

Professor Kim Delbaere, Falls, Balance and Injury Research Centre, NeuRA, UNSW
“The rising cost of falls, why investing in prevention can’t wait” – A call to Action

Translating research panel discussion, facilitated by Dr Morag Taylor, Senior Postdoctoral Research Fellow, NeuRA; Conjoint Lecturer, UNSW, Sydney



Panellists: Ms Amanda Bates, Prof Kim Delbaere, Dr Jennie Hewitt, Prof Stephen Lord, Ms Lorraine Lovitt, and Ms Deborah Moore

Feedback summary on Plenary Session 2 presentations

Participants were asked how relevant each presentation was to their work. Results are shown in the following figures.

The feedback survey found that 67% of a total of 113 respondents rated Prof Stephen Lord’s presentation to be extremely or very relevant to their work.

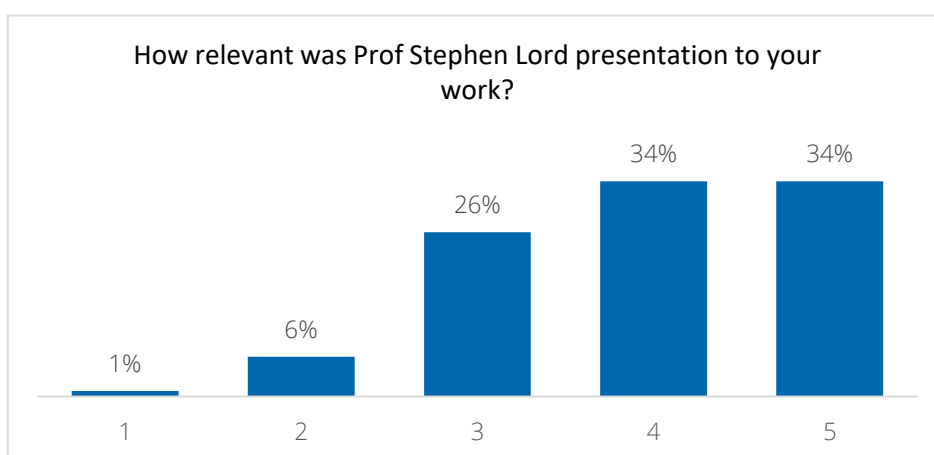


Figure 3: Rating scores 1= Not relevant; 2= Slight relevant; 3= Somewhat relevant; 4= Very relevant; 5= Extremely relevant

When asked which plenary session 2 did they find most interesting, 20% of a total of 92 respondents indicated Steve’s presentation. Positive feedback included it was very interesting to hear the history of falls research and it was an excellent summary of the evidence.

The feedback survey found that 58% of a total of 113 respondents rated Prof Lisa Keay’s presentation to be extremely or very relevant to their work.

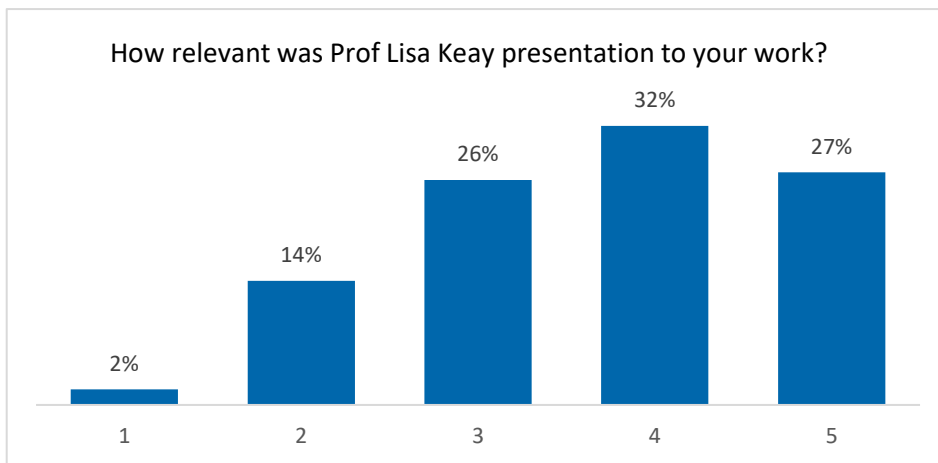


Figure 4: Rating scores 1= Not relevant; 2= Slight relevant; 3= Somewhat relevant; 4= Very relevant; 5= Extremely relevant

When asked which plenary session 2 did they find most interesting, 12% of a total of 92 respondents indicated Lisa’s Ophthalmology update on cataract surgery, with most noting it was because it was new completely information to them.

The feedback survey found that 69% of a total of 111 respondents, found Prof Lindy Clemon’s presentation to be extremely or very relevant to their work.

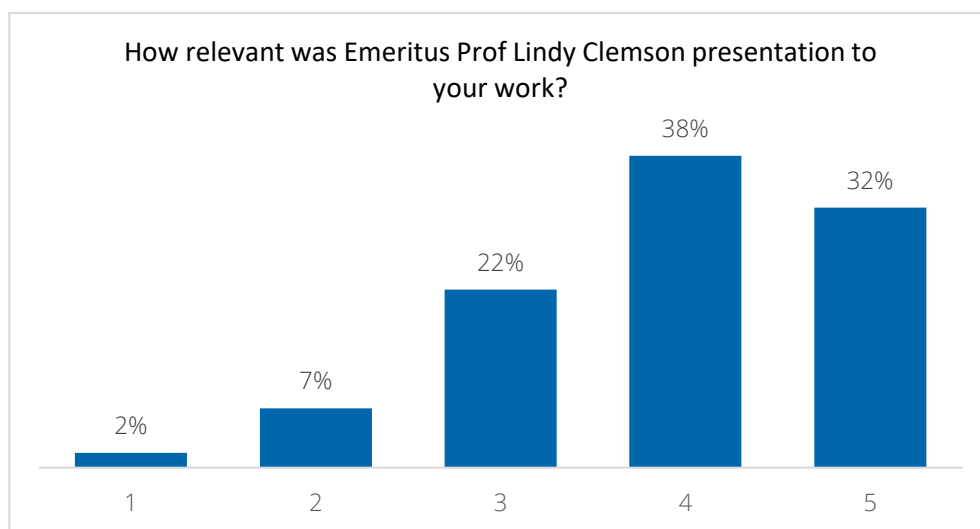


Figure 5: Rating scores 1= Not relevant; 2= Slight relevant; 3= Somewhat relevant; 4= Very relevant; 5= Extremely relevant

When asked which plenary session 2 did they find most interesting, 21% of a total of 92 respondents indicated Lindy’s presentation on environmental interventions for falls prevention. Feedback included, the presentation provided clearer recommendations for OT home visits and was the most applicable their work.

The feedback survey found that 87% of a total of 111 respondents rated Prof Kim Delbaere’s presentation to be extremely or very relevant to their work.

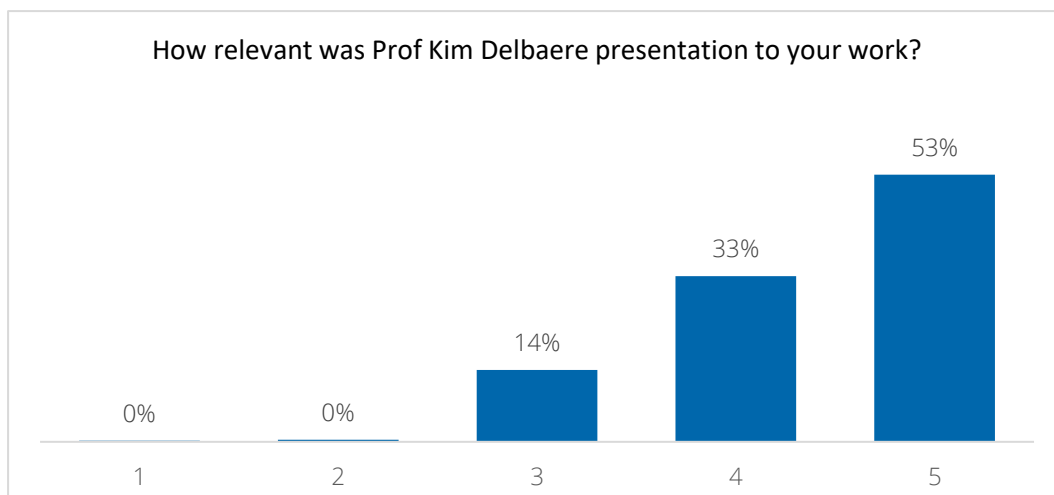


Figure 6: Rating scores 1= Not relevant; 2= Slight relevant; 3= Somewhat relevant; 4= Very relevant; 5= Extremely relevant

When asked which plenary session 2 did they find most interesting, 40% of a total of 92 respondents indicated Kim’s call to action on a national fall prevention strategy. Positive feedback included it was an inspiring presentation, with interesting and impactful data with others noting it was encouraging to see energy being put into driving a national strategy.

The feedback survey found that 63% of a total of 106 respondents rated the Translating Research to Practice panel discussion to be extremely or very relevant to their work.

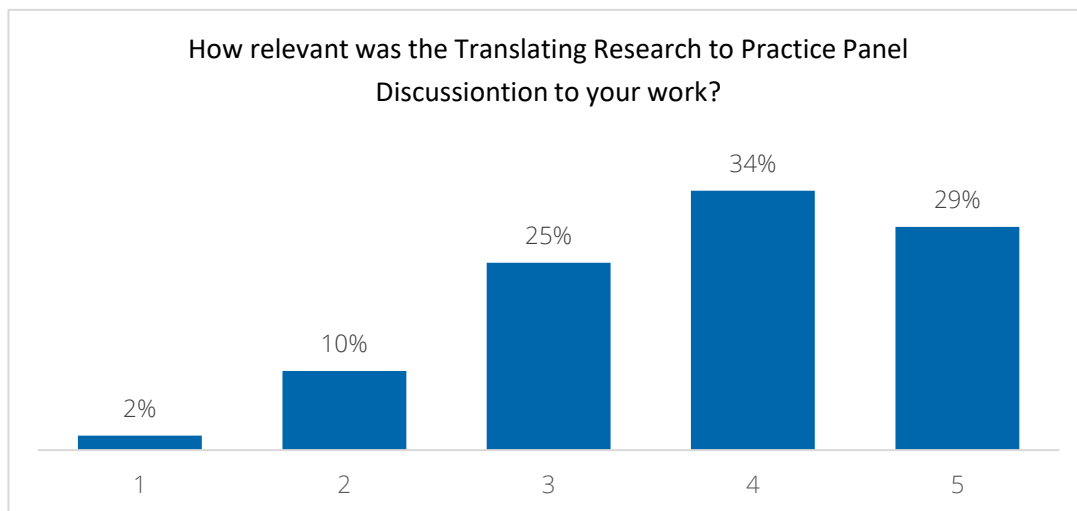


Figure 7: Rating scores 1= Not relevant; 2= Slight relevant; 3= Somewhat relevant; 4= Very relevant; 5= Extremely relevant

When asked which plenary session 2 did they find most interesting, 8% of a total of 92 respondents indicated the panel discussion. Positive feedback included it was a good discussion from a variety of speakers, highlighting some of the challenges of implementing research into practice. Other feedback was the panel discussion could have been more interactive with the audience. Including Slido questions in future might help to prompt more audience participation.

SWSLHD

The Four D (Delirium, Dementia, Depression & Drowsiness) Falls Prevention

9. Ms Tracy Heath, NUM A72 Surgical 2, Campbelltown Hospital SWSLHD

Prevent the fall on the ward, put the mobility on the Board

10. Ms Nakedi Phaho, act. NUM, Cumberland Hospital Rehabilitation Unit, WSLHD

Staying Active

2. Community Exercise

This session provided a range of presentations covering fall prevention in community rehabilitation, work being progressed on the Active, Stronger, Better program, results and highlights from recent exercise intervention studies, and a practical workshop on evidence based group exercise prescription.

92% of a total of 59 respondents rated session content a 4 (satisfied) or 5 (very satisfied) out of 5. When asked how relevant the content was to their work, 81% rated the session as very or extremely relevant to their work.

Presentations included:

1. Mrs Glade Vyslysel, Team Leader, Westlakes Community Rehabilitation Team, HNELHD

Reducing Gaps: Implementing best practice fall prevention in community rehabilitation

2. Ms Deborah Moore, NovaCare and Dr John Ward, Hunter Ageing Alliance

Active, Stronger, Better - turning Newcastle and Lake Macquarie into age-friendly cities

3. Ms Amanda Bates, Health Promotion, ISLHD, PhD Candidate, USYD

BEST at Home - a home-based balance and strength training program to prevent falls

4. Dr Heidi Gilchrist, Lecturer/Researcher, The Institute for Musculoskeletal Health, USYD, SLHD

Is dance exercise in disguise? An impact evaluation of the RIPE

Practical Workshop – Community Group Exercise Programming

Facilitators: Ms Sally Castell, Independent fitness consultant, Director - Movement Matters and Ms Diane Percy, Active Ageing Coordinator, COTA ACT

3. Aged Care

This session provided a range of presentations covering latest research updates, exercise programming under AN-ACC, unique programming strategies within rural services and a practical and fun workshop on how to program dance in aged care.

94% of a total of 18 respondents rated session content a 4 (satisfied) or 5 (very satisfied) out of 5. When asked how relevant the content was to their work, 78% rated the session as very or extremely relevant to their work.

Presentations included:

1. Dr Jasmine Menant, NeuRA

Residential Aged Care – update on the latest research and best practice

2. Ms Jenny Griffiths, Health Service Manager, Nyngan Health Service, WNSWLHD

Virtual physiotherapy services with allied health assistant support for isolated rural sites

3. Dr Jennie Hewitt, Lecturer Allied Health, Clinical Educator Physiotherapy, University Centre for Rural Health, NNSWLHD

4. Mr Callan Roberts, Physiotherapist, Anglicare

The Sunbeam Program - Implementing and delivering evidence based falls prevention under AN-ACC Allied Health under AN-ACC: a case study

5. Mr Cameron Boyd, Active Lifestyle Physiotherapy

Fall Prevention in Residential Aged Care – Twilight Aged Care Top UP Study Implementation

Practical Workshop – The DanceWise and DanceMoves programs

Facilitator: Ms Gwen Korebrits, CEO Dance Health Alliance

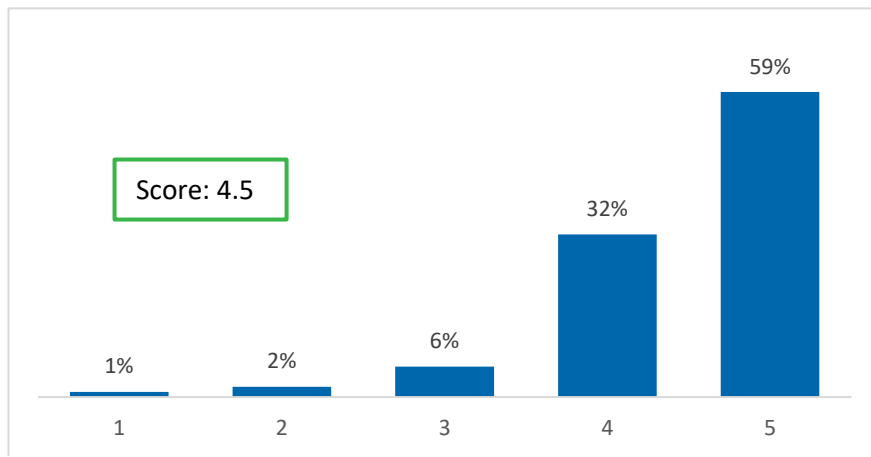


Figure 8: 1 = very dissatisfied - 5= very satisfied

67% of respondents were very satisfied or satisfied with the catering. (Figure 9)

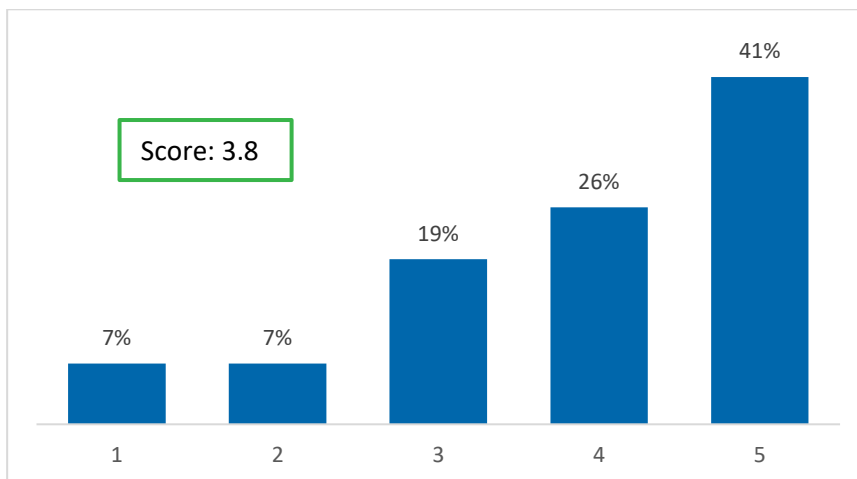


Figure 9: 1 = very dissatisfied - 5= very satisfied

Several participants commented there was a lack of vegetarian and healthy food, such as fruit and salads. A few people with special dietary requirements commented that they had missed out on a meal and the special dietary requirements food needs to be better labelled. Catering package requires closer review in the lead up to the event to ensure the inclusion of healthy food options along with better signage for special dietary foods.

Conclusion

This forum provides an effective and well received mechanism for sharing current falls prevention research and best practice across the continuum of care and provides an opportunity for participants to network and share with colleagues.

Please see attached below promotional flyer, program and final costs.