



Community Falls Prevention Initiatives – an Innovative Partnered Approach

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Community Falls Prevention Service

Part of City of Kingston

Whole of City of Frankston

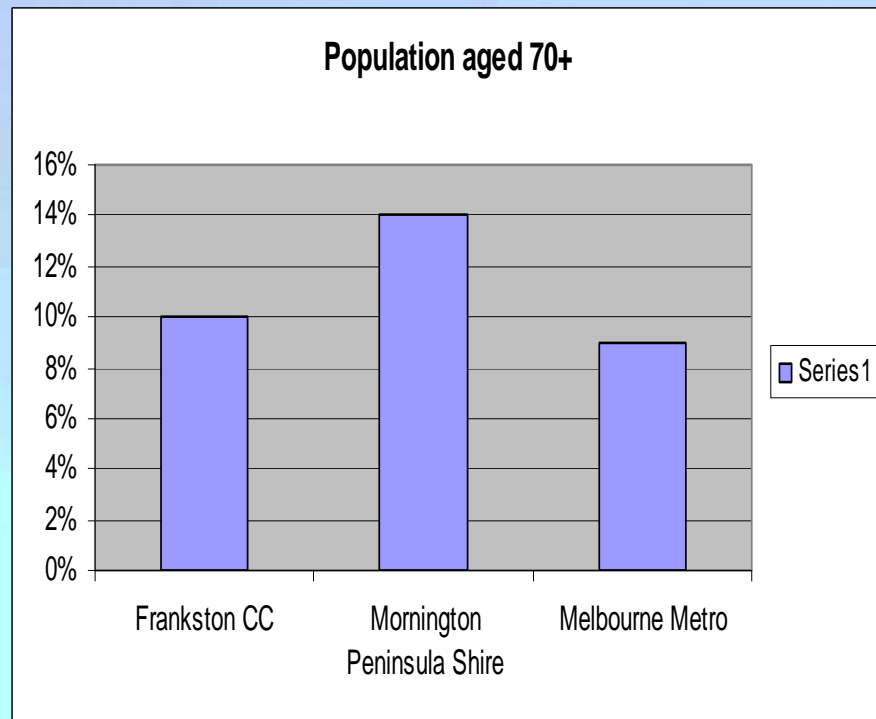
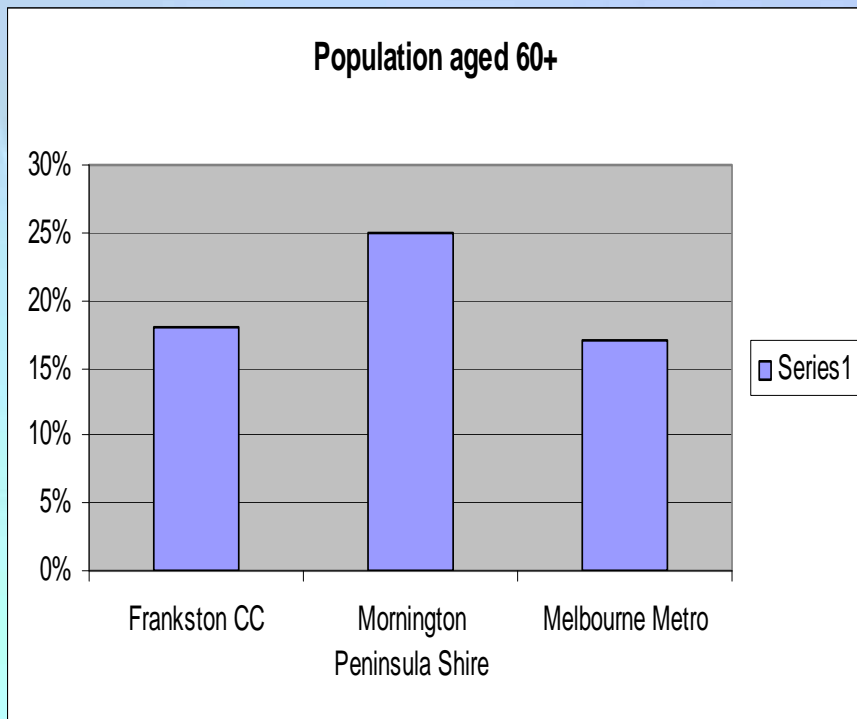
Whole of Mornington Peninsula Shire

Part of City of Casey



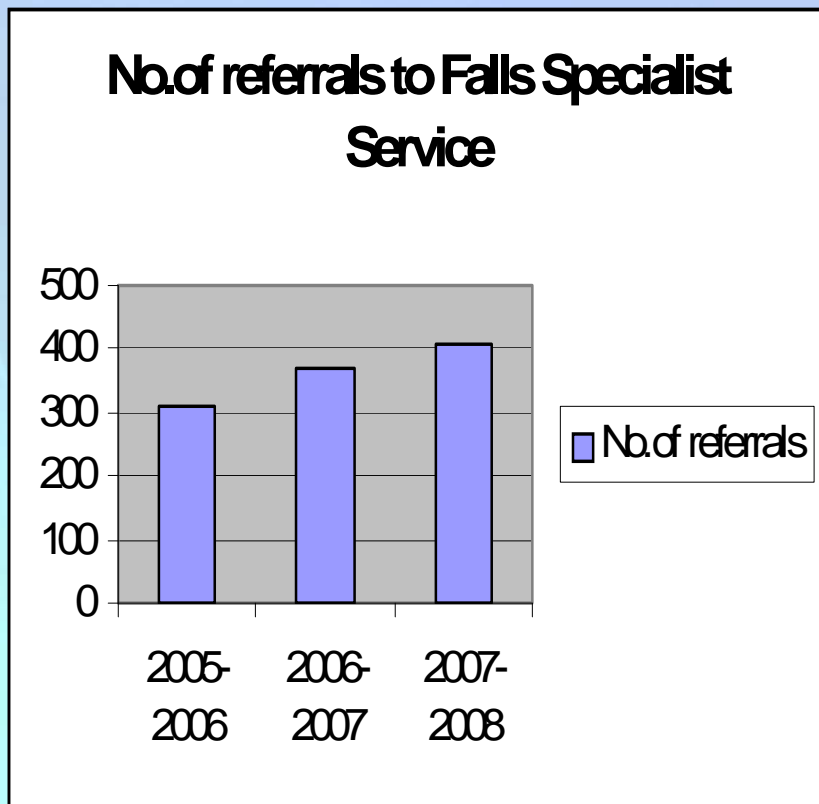


Servicing an Ageing Population





Facing an Increasing Demand



Year	No of Referrals
2005	291
2006	325
2007	410





Partnership Initiatives to Deliver Timely Person Centred Care

- Home based initial falls assessment
- Falls and Balance Clinic
- Home based falls medical assessments
- Community Rehabilitation Program falls portfolio holders
- Workforce development
- Home based Agestrong





Home Based Initial Specialist Falls Assessments

- Generic assessment conducted by Falls clinician
- Utilising the Peninsula Health SAFE form
- Initial assessment takes approximately 1 to 1 ½ hours depending on complexity
- Identifies intrinsic, extrinsic and ADL risk factors





Home Based Initial Specialist Falls Assessments

- Client centered management plan developed and discussed with client
- Management plan targets risk factors identified on SAFE assessment
- Written letter of recommendations sent to client and GP
- Referrals generated and sent to service providers





Home Based Initial Specialist Falls Assessments

- Key treatment providers are:
Community Rehabilitation Program -
home and centre based
Domiciliary Care Team
Agestrong – home and community
Community Health – particularly Podiatry
MEPACS and ACAS





Falls and Balance Clinic

- Approximately 33% of clients are referred to the Falls Clinic for further multi-disciplinary assessment following initial assessment.
- Clinic comprises assessment by a Geriatrician, Physiotherapist, Dietitian and pre-clinic OT home assessment





Home Based Medical Assessment

- Home based medical assessments introduced in 2005
- Addressed the needs of frail clients who required a medical assessment but were unable / unwilling to attend the Falls Clinic
- 150 assessments have been conducted since July 2005
- Waiting list for the Falls Clinic has reduced from 9 months in March 2005 to 2 ½ months in August 2008





Community Rehabilitation Program Falls Portfolio Holders

- Falls Portfolio model is based upon the PH Inpatient falls program
- Utilises a ‘train the trainer’ approach
- 5 falls portfolio holders across 3 CRP’s were trained in best practice community falls prevention by Falls service staff





Community Rehabilitation Program Falls Portfolio Holders

- Portfolio holders participate in bi-monthly support / education meetings
- Portfolio holders have the ability to capture 'early fallers' who present to the CRP
- 24 comprehensive falls assessment conducted in 2008
- Reduces the need to cross refer to the Falls Service





Falls Prevention Awareness Raising

- Falls prevention notice boards established in 3 CRP's and GEM unit
- Bi-monthly falls prevention topic links to the current health promotion theme
- Display for clients / visitors and separate best practice display for clinicians





Workforce Development

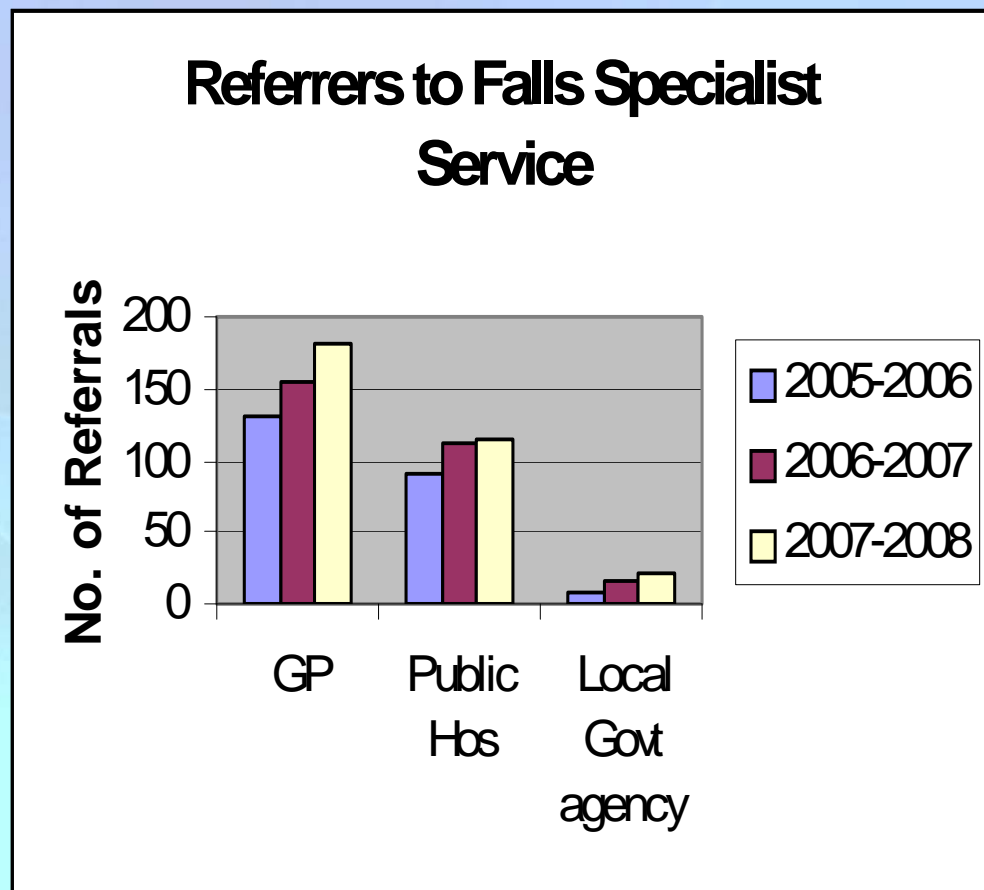
- Falls education provided to Team Leaders and Case Managers in LGA's
- Supported by a community falls prevention manual
- Targeted falls prevention education provided to PH clinicians
- Topics include medications, nutrition, feet footwear and falls





Workforce Development

- Education has resulted in increased referrals from LGA's and clinicians





Home Based Agestrong

- Funded for 12 months via the DHS 'Make A Move' project
- Home based strengthening exercise program
- Based on the Otago Exercise Program
- Number of visits modified to meet client needs
- All clients receive nutrition phone screen
- Home based Nutrition assessment if identified via screening tool or clinical judgement





Conclusion

- The PH Falls Prevention Service has identified innovative opportunities to deliver falls prevention initiatives that:
- Are flexible and client centred
- Are delivered in the right place for the client
- Build falls prevention into clinical practice
- Decreases the 'siloing effect' of the Falls Prevention Service and enables them to focus on complex multi-factorial fallers

