Stepping On: Moving forwards with Falls Prevention

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Background

- 1 in 3 people aged >65 fall each year
- In Australia, 18% of hospital presentations are a direct result of falls.
- Of these fallers, 43% are D/C directly home from ED without follow-up, or referral to relevant falls prevention programs.
- More than half of fallers who present to hospital will have another fall in the following year.
- Falls are preventable!
- Falls prevention is a core issue for those working with older people.
NSW Health Projected Costs 1994-2050

- **Falls**
- **Road Trauma**
- **Violence**
- **Self Harm**

Cost $millions vs Years (1994 to 2050)
Aim of the project

- Establish a sustainable model of care at POWH for older patients who have fallen, are at risk of falling, or are fearful of falling.
- Enable high risk older patients to access evidence-based falls prevention programs in a timely manner.
Problem?

- High demand of the Stepping On program
- Increased referrals from various care providers
- Extensive waiting times
- Patients not being seen in a timely manner
- Barriers to accessing the program
- Demand exceeding supply for limited resources
- HIGH RISK PATIENT GROUP
Increased referrals...

- Falls clinic
- Inpatient wards
- ED
- Community Health
- GPs
BARRIERS

- Poor coordination of services
- Waiting list
- Clients poor follow-up of health services
- Transport
- Lack of cohesive pathway
Demand exceeding supply!
Consequences

- By the time a place in the group became available, often clients had:
  - Already fallen
  - Lost their confidence
  - Experienced medical issues preventing them from participating
  - Didn’t understand the reason for referral or didn’t know about the referral
  - Placed into residential care
High risk patients at a higher risk of falls & hospitalisation due to lack of access to our health service in a timely manner.
What was the solution?

- Development of a sustainable referral pathway for older fallers
Development of the pathway

- Stepping On started at POWH in early 2006
- In order to establish the program, therapists worked out-of-hours and found time in their existing work-load
- Support from the geriatrician-led falls, balance and bone health clinic
- Support from allied health management
- Extra funding as the program developed
0.4 FTE Occupational Therapist

- OT position created at end of 2006 to facilitate Stepping On
- POWH very lucky to have the co-author of the program on staff.
0.4 FTE Physiotherapist

- COAG funding to establish a part-time “falls prevention” physio in 2011
- Physio participation in Stepping On, maintenance exercise group & falls clinic
Ministry of Health Funding

- Stepping On now endorsed by NSW Health, with funded programs being rolled out across the state.
- Addition of MOH funding from 2011 to facilitate running costs of Stepping On.
- Extra funding secured from MOH to pilot a community-based Stepping On program in Little Bay.
- Recent addition of MOH funding for Stepping On administrative position.
POWH Falls Prevention Pathway

Referral to Falls Prevention group

7-week Stepping On program

12-week strength & balance maintenance group

Referred to community-based exercise group
Teamwork is essential in the smooth running of the POWH falls prevention pathway.

We are lucky to have a dedicated team of health professionals:

- Physiotherapists
- Geriatricians
- Occupational therapists
- Driver
- ReVIVE volunteers
- Consistent, passionate staff
Improving access

- Improved our system of organising & prioritising the waiting list
- Wait list cut down from 6 months to 10 weeks
- PT/OT working to co-ordinate & facilitate the Stepping On program
- Re-organisation of referrals and all paperwork
- Extra programs offered to clear backlog of referrals
What have we achieved?

- Over 40 Stepping On groups have been run at POWH since 2006
- Since January 2012, we have run 7 Stepping On groups
- Currently running 3 maintenance exercise groups, with over 2180 individual attendances in a 12-month period
Sustaining change

- POWH falls pathway is a successful and sustainable model of care for falls risk minimisation
- Currently functioning effectively in our local community
- Pathway is smooth, simply and easy to manage
- Transferrable to other hospitals
- Our experiences can assist other health districts to establish a similar model of care
Future Scope
Mrs SW

- 83yo female
- Multiple falls, referred to falls clinic by GP
- Seen by geriatrician & physio in falls clinic, referred to Stepping On program
- Attended 7-week Stepping On program
- Attended 12-week maintenance exercise program
- Finishing maintenance program this week, referred to A.I.M program in Maroubra
- Keen to attend A.I.M with friend Mrs JD
Mr BH

- 86yo male
- Lives with niece in Randwick
- Very frail and depressed, experiencing multiple falls. Mostly housebound.
- Very caring niece felt Mr OH likely needed residential care
- Had a fall, and presented to ED. D/C home that day, but referred to Stepping On by ASET team
- Attended 7 week Stepping On program, and ongoing maintenance program.
- Vastly improved confidence and QOL
Questions??
References

