



# **TARANAKI FALLS PREVENTION STRATEGY 2009-2010**

# **DRAFT TARANAKI FALLS PREVENTION STRATEGY 2007-8**

## **1. Introduction**

Fall injuries are one of the most common causes of hospitalisation for older people, and the likelihood of dying from fall related injuries increases with age. Adults over 75 have the highest fall-related injury death rate and the highest fall-related injury hospitalisation rate of all age groups. Older people's vulnerability and longer recovery rate means that a fall can have a particularly devastating effect on a their health and functioning. Falls may also lead to a debilitating fear of falling, loss of physical functioning, reduced independence and severe restrictions in activity and social interaction. These costs affect not only the older person's life, but also that of their relatives and carers.

Although falls may appear to have a single cause, they are usually the result of a combination of physical, lifestyle, environmental and social risk factors. Several of these risk factors can be reduced by appropriate interventions. These include addressing reduced muscle strength, impaired balance and gait, overuse of psychotropic drugs, neurological disorders, near-vision loss, foot problems, depression, lack of social support, home safety and the effects of winter conditions and low temperatures. As New Zealand's population ages we can expect to see an increasing number of falls and this brings with it a corresponding need for more falls prevention activities.

We are fortunate to have access to good evidence for effective falls prevention interventions for older adults living in the community and a small, but growing, base of evidence for older adults in residential care. Successful interventions are most commonly based on strength and balance programmes or on multi-factorial risk assessment interventions. Multiple strategies, that do not rely on information dissemination alone, appear to most effective in reducing injury. On the whole, research recommends a broad public health approach to falls prevention with interventions tailored to an individuals identified risk factors. No one single falls prevention service, or package of service, fits all. To be effective, interventions need to be as individual as the individuals they are targeting.

Reducing falls has been identified as one of the six key injury prevention priority areas of the New Zealand Injury Prevention Strategy (2003). The national Strategy supports a multi-agency approach to local injury prevention initiatives to ensure that our efforts are not fragmented and that gaps in injury prevention activity are addressed. Workforce capacity issues, sustainable funding and lack of access to good quality injury information are identified as key challenges facing local injury prevention practitioners. Our local Falls Prevention Strategy reflects our efforts to translate national strategy into meaningful action in Taranaki and, as such, it is set within the framework provided by Preventing Injuries from Falls: The National Strategy 2005-2015.

## **2. Aims and Objectives**

### **Aim:**

The purpose of the Falls Prevention Strategy is to promote a coordinated and collaborative approach towards the prevention of falls in older people in Taranaki

### **Objectives:**

- o To consult with older people throughout the development of the falls prevention strategy and identify ongoing opportunities for their involvement in planning and participation
- o To raise awareness of risks and consequences of falls and strategies for their prevention among public and professionals in the health and care sector (with a particular focus on maintaining older people's independence)
- o To improve access to and uptake of falls prevention programmes
- o To develop a new integrated falls service

## **3. Current Service Provision**

Key current services that have been identified include:

- o Otago Exercise Programme – for over 80's but TDHB joint funds with ACC offering more flexibility on referral criteria. Lower age criteria for access by Maori. (OEP service referral numbers are low – could take more)
- o Modified Tai Chi – for 65+ with mobility issues. ACC funded.  
(Tai Chi – difficulties finding suitable tutors, demand for classes in some areas not being met, e.g. Patea)
- o Home visits/safety checks by Age Concern, funded by ACC – for over 65's. Refers to other services according to need.  
(Could take more referrals – under utilized).
- o OT/Physios offer Falls Risk Assessment – open to anyone but focus on those at risk (e.g. older people). Records falls incidents & notes trends. Notes risk in Care Plans.

- o Access Home Health (and possibly other home support services?) carry out falls risk assessments on all clients, both for clients and carers benefits to identify those at high risk.
- o Falls Prevention Strategy being developed in Rhapsody Rest Home & Hospital. Includes new 'assessment tool' created to identify falls risk factors among ALL residents and take preventative action where possible. Will be evaluated after the first year.

It is very likely that a number of other falls prevention services take place across Taranaki that are not reflected in this document at this early stage in the project. As the strategy develops and further services are identified they will of course be included.

#### **4. Developing a Strategy for the Future**

The Taranaki Falls Prevention Strategy Group was formed in July 2007. The Group includes the following stakeholder representatives:

- o Disability Resource Centre – John Major/Brian Eriksen
- o Access Ability – Tony McLean
- o Pinnacle Taranaki/Practice Nurses – Liz Angus
- o Age Concern – Eileen Hall
- o Pike Te Ora – Christine Nicholas
- o OT (Public), Allied Health & Social Work – Mary Bird
- o Physio (Public) – Vicky Lee (also sits on national Falls Prevention Strategy Implementation Plan Working Group)
- o OT (Private) – Kerry Hayes
- o Geriatrics/Hospital – Lorraine Taylor
- o Funding & Planning/AgeWell – Brenda Hall
- o Hauora Taranaki PHO – Pauline Cruickshank/Barb Purdie
- o Sport Taranaki – Sam Vincent
- o NPDC – Louise Tester
- o Friends Plus – Gill Seccombe
- o Access Home Health – Margaret Betteridge
- o Positive Ageing – David Showler (or other representative)

- Rest Homes – Liz Greenbank (Rhapsody)
- St John Lifelink – Paula Griffiths
- Consumer representatives – Tina De Vries, Stef Palm, Rene Palm
- ACC – Kath Forde
- NPIS – Channa Perry

The first falls strategy group meeting was held on 30<sup>th</sup> August 2007 and a broad range of representatives attended. This group identified some possible objectives to guide the development of the strategy, with the longer term aim being the development of an integrated falls service that is designed around the needs and wishes of older people. It was also identified that any new integrated falls service should be aligned with the strategic guidance provided by the national Falls Prevention Strategy, Health of Older People Strategy/AgewELL and local implementation of a Single Point of Entry process.

## **5. Falls Prevention Implementation Plans**

An initial Short Term Implementation Plan was developed by the strategy group to improve coordination and communication between services in the short term. The first piece of work related to the implementation of the falls strategy was a consultation with older people in Taranaki, which was undertaken January - April 2008.

The longer term aim for the group is to develop a proposal for an integrated service with a widely shared referral system and strong links between prevention and care services. It is recognised that a long term, sustainable approach to falls prevention in Taranaki is required, and that this should be directly linked to and guided by the National Falls Prevention Strategy. To support this, a longer term implementation plan developed within the framework of the national strategy has been developed (see Appendix 1).

## Appendix One - TARANAKI FALLS PREVENTION STRATEGY - IMPLEMENTATION PLAN

<b>Objectives</b>	<b>Actions</b>	<b>Lead</b>	<b>Timescale</b>
<b>1. To consult with older people on the development of a falls prevention strategy</b>	Continue to engage older people in consultation at each stage of implementation of the Taranaki Falls Strategy	Channa Perry (NPiS) Kath Forde (ACC)	Ongoing
<b>2. To raise awareness of falls risk factors and prevention among health professionals and the wider public</b>	Training package for primary care professionals developed	Channa Perry (NPiS) Kath Forde (ACC) Liz Angus (Pinnacle Taranaki)	October 2009
	Delivery of Falls Prevention Training programme to 10 GP practices/community based health providers/home care services	Channa Perry (NPiS) Kath Forde (ACC)	Completed by June 2010
	Develop a training package for rest homes	Channa Perry (NPiS) Liz Greenbank (Rhapsody)	July 2009
	Delivery of Falls Prevention Training programme to at least 10 Taranaki rest homes	Channa Perry (NPiS) Kath Forde (ACC) Liz Greenbank (Rhapsody)	Completed by December 2010
	Production and mail out of Taranaki Falls Network Newsletter (Keeping Up) four times a year	Channa Perry (NPiS)	
	Delivery of 2 local falls prevention campaigns aimed at all age groups (April 'Falls' Day, NZ Safety Week)	Channa Perry (NPiS) Kath Forde (ACC)	Campaign 1 - September 2009 Campaign 2 - April 2010
	<b>3. To improve access to and uptake of falls prevention programmes</b>	Development of a Falls Prevention handbook and service directory for service providers and older people	Channa Perry (NPiS) All Falls Strategy Group stakeholders (for provision of relevant information)
Delivery of falls awareness raising campaign aimed at older people through 4 local seminars/falls prevention community events (e.g. Wellbeing Days) at venues across Taranaki		Channa Perry All Falls Strategy Group stakeholders	4 events completed by June 2010
Delivery of 4 Falls Prevention Community Education Programmes		Channa Perry (NPiS) Other Falls Strategy Group	Course 1 – July 2009 Course 2 – November 2009

	across Taranaki	stakeholders as required (to run individual education sessions)	Course 3 – February 2010 Course 4 – May 2010
<b>4. To develop an integrated falls service</b>	Development and dissemination of Falls Patient Pathway	Channa Perry (NPIs) Kath Forde (ACC) Mary Bird (OT/Allied Health) Vicky Lee (Physio) Liz Angus (Pinnacle) Tina De Vries (Age Concern)	March 2010
	Explore development of shared documentation and referral processes for use by falls services	Channa Perry (NPIs) Vicky Lee (Physio) Sam Vincent (Sport Taranaki) Eileen Hall (Age Concern)	March 2010
	Maintain links with AgeWELL project team working on Single Point of Entry service model	Channa Perry (NPIs) Brenda Hall (TDHB) Wendy Langlands (TDHB)	Ongoing
	Apply for funding to support the development of a home handyman service to install grab rails and low level adaptations in the home	Channa Perry (NPIs) Mary Bird (OT/Allied Health) Brian Eriksen (Disability Centre)	December 2009
	Project management, Data collection, project monitoring and evaluation, development of business case for funding a Falls Prevention Co-ordinator	Channa Perry (NPIs) Vicki Lee (TDHB Physio) Mary Bird (TDHB OT) Liz Angus (Pinnacle Taranaki PHO) Christine Nicholas (Pike Te Ora)	June 2010

## APPENDIX 2 – LINKING NATIONAL STRATEGY TO LOCAL ACTION

National Falls Strategy Objective	Local Strategy Objectives	Local Actions
<p><b>Objective 1 – Build effective leadership and co-ordination in the prevention of injury from falls</b></p>	<p>To enhance community and sector engagement in falls prevention and to improve the co-ordination of local falls prevention services</p> <p>Development of a Taranaki Falls Prevention Strategy and Implementation Plan</p> <p>Development of Strategy informed by and aligned with national Falls Prevention Strategy 2001-15</p>	<p>Development of a regional multi-agency Falls Prevention Strategy Group</p> <p>Leadership of the Falls Prevention strategic planning process New Plymouth injury Safe</p> <p>Maintain existing links with NZIPS and the national Stakeholder Reference Group</p>
<p><b>Objective 2 – Improve the gathering and dissemination of knowledge about the prevention of injury from falls</b></p>	<p>Collecting and analysing falls related data as part of the NPIS Community Needs Assessment process</p> <p>Carrying out a stock-take of existing falls prevention activities in Taranaki</p> <p>Raising awareness of falls and falls prevention interventions among key stakeholders</p> <p>Enhancing wider public access to falls prevention information and services</p>	<p>Collection and analysis of falls data included in needs assessment process</p> <p>Service mapping carried out through consultation with stakeholders</p> <p>Dissemination of data, research and other falls information. Annual seminars &amp; events. Presentations to professional groups.</p> <p>Presentations to community groups. Annual seminars/events. Newsletter/media articles.</p>
<p><b>Objective 3 – Develop and implement programmes and interventions that focus on the prevention of injury from falls, based on best practice</b></p>	<p>To develop an integrated Falls Prevention Service in Taranaki</p> <p>Analysing injury research data to identify priority population groups</p>	<p>Multi-agency falls prevention strategy group developing regional strategic plan for falls prevention</p> <p>Analysis of community injury prevention needs assessment data to identify priority population groups</p>

	<p>Encouraging collaboration between agencies in developing, implementing and evaluating programmes</p> <p>Strengthening capability and capacity in the falls prevention workforce</p>	<p>Training and presentations delivered to relevant agencies to increase awareness of and referrals to existing evidence based falls prevention programmes. Development of service model for future integrated falls service led by a Regional Falls Prevention Co-ordinator.</p>
<p><b>Objective 4 – Create safer environments to prevent injury from falls</b></p>	<p>To contribute to the evidence base on environmental risk factors for falls to help support development of effective interventions</p> <p>Establishing systems to identify potential hazards and interventions for managing or removing them</p>	<p>To continue to provide input and support into the Wellington School of Medicine/Better Homes study into injury in the home as it undertakes HRC funded home study</p> <p>Raising awareness of and referrals to the Age Concern home safety assessment service</p> <p>To apply for funding for the development of a low level home adaptation and modification project (e.g. installing grab rails)</p>
<p><b>Objective 5 – Ensure appropriate resources for the prevention of injury from falls</b></p>	<p>Developing and enhancing cross-sectoral collaborative relationships to ensure efficient use of resources</p> <p>Identification of existing falls prevention resources and exploring opportunities to increase funding</p> <p>Development of an appropriate framework for assessing costs and benefits of falls prevention interventions</p>	<p>Continue to develop and strengthen the multi-agency Falls Prevention Strategy Group to encourage an integrated approach to funding and service development</p> <p>Carry out a stock-take of funding availability. Explore possibility of sponsorship for new falls programmes (e.g. home adaptation project, community awareness events, etc.)</p> <p>Framework to be developed and utilized in business plan and funding proposals for new regional Falls Prevention Co-ordinator</p>