

Falls prevention in primary health care: Perspectives of occupational therapists and other allied health professionals

**How well do AHPs work together
with GPs in primary care to
prevent falls?**

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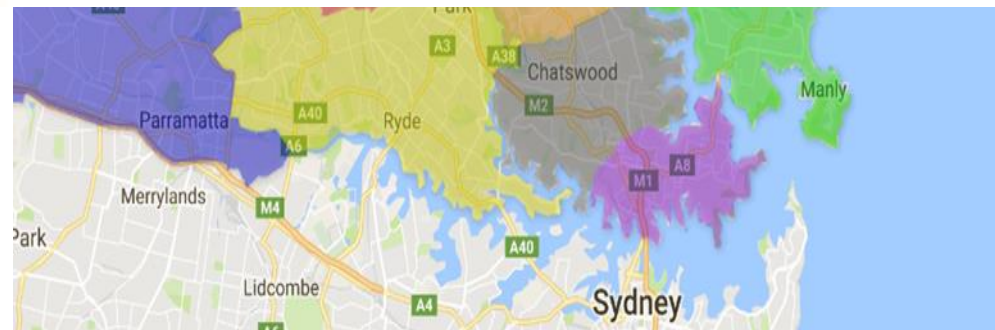
The context



ABOUT Sydney North Health Network



- Sydney North Health Network supports **292 General Practices** with **1,097 individual GPs** and over **2,000 Allied and Community Health providers**.



The problem

Falls remain a serious problem for older people over the age of 65

Hospitalisation rates for falls are not reducing but have increased significantly

- Balance and strength exercises,
- Home safety interventions
- Medication reviews are effective interventions

Access to falls prevention services is difficult in the community

GPs need to be engaged in falls prevention and refer to allied health falls prevention services

Even if GPs could be supported to refer more often to allied health practitioners for falls prevention, GPs need to be assured that older people will receive evidence based interventions.

Solution: Provide evidence based intervention workshops and investigate falls prevention practice



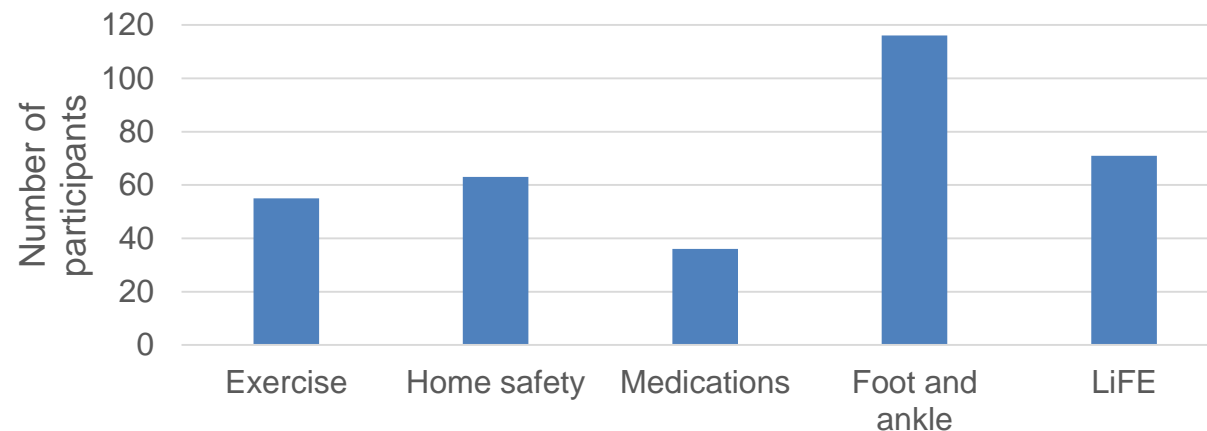
Workshops

12 free workshops were held run by experts in the field

- Exercise x 3
- Home safety x 3
- Medications x 2
- Foot and ankle interventions x 2
- LiFE intervention x 2

Participants:

- 276 individual participants
- Each participant undertook a baseline survey, 3 month and 12 month follow up surveys, and a knowledge survey for each workshop.



Participants (n=276 surveys returned from all groups)

- **Profession:** 36% physiotherapists, **22% occupational therapists**, 14% podiatrists, 13% pharmacists, 10% exercise physiologists, and 3% nurses.
- **Setting:** 30% self employed, **22% working in public health**, 17% employed in a private practice, 14% working in a private hospital, 7% community pharmacy, 4% residential aged care facility, 3% HMR consultant.
- **Service Funding:** **27% patients pays**, 22% public health, 18% EPC or CDM items, 14% Health funds, 8% DVA, 5% HMR program, 5% NGO, 2% residential care

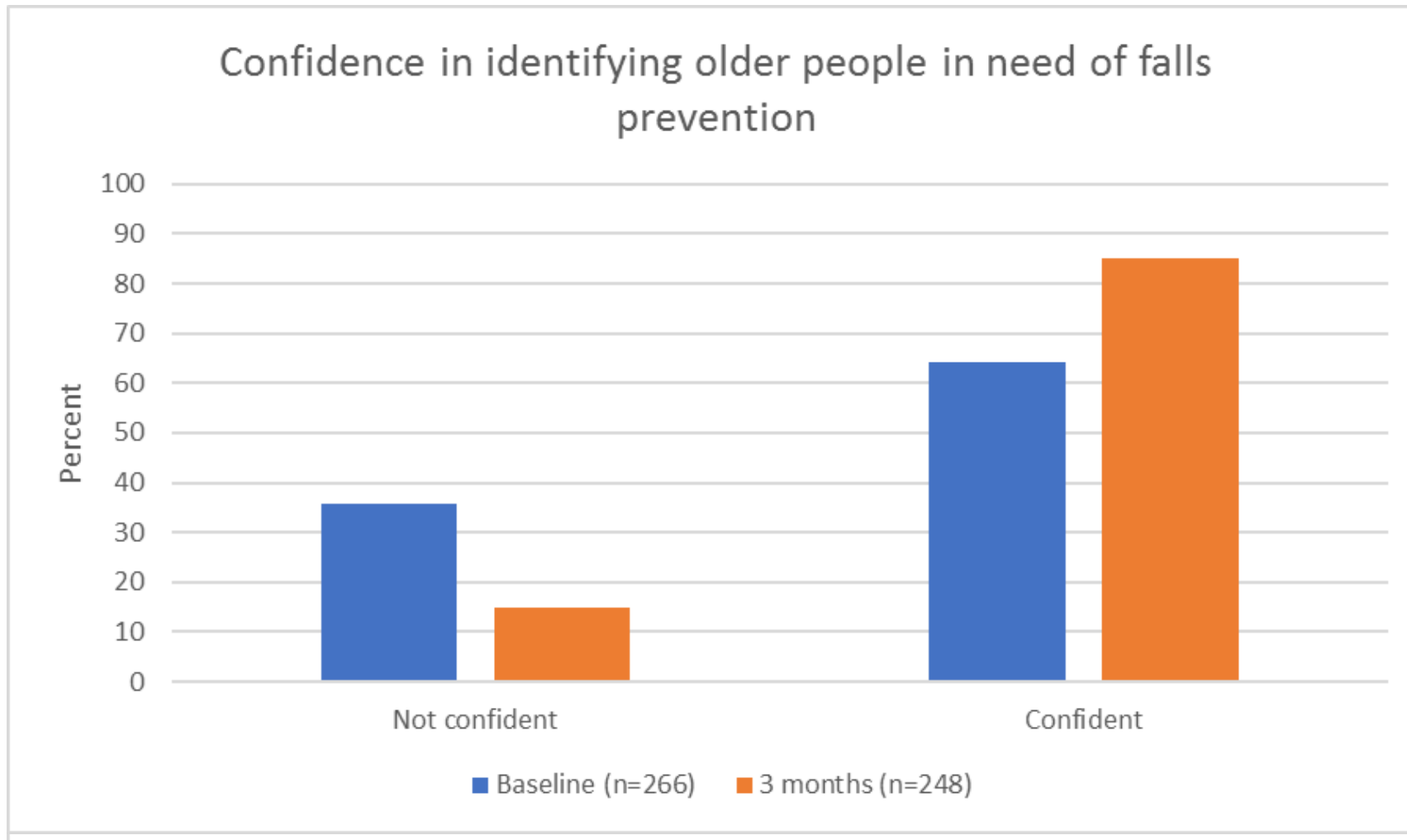
At baseline – all groups

- **52%** (n=44) of AHPs believed it as possible to prevent falls to a great extent
- A further **43%** (n=119) to a moderate extent.

- **26.4%** (n= 73) used no assessment tools
- **30%** (n=83) used non standardised assessments

- 11% **never** had a referral from a GP
- 19% **rarely** had a referral from a GP
- 41% **sometimes** had a referral from a GP
- 29% **often** had a referral from a GP

Effect of workshops on confidence – all groups

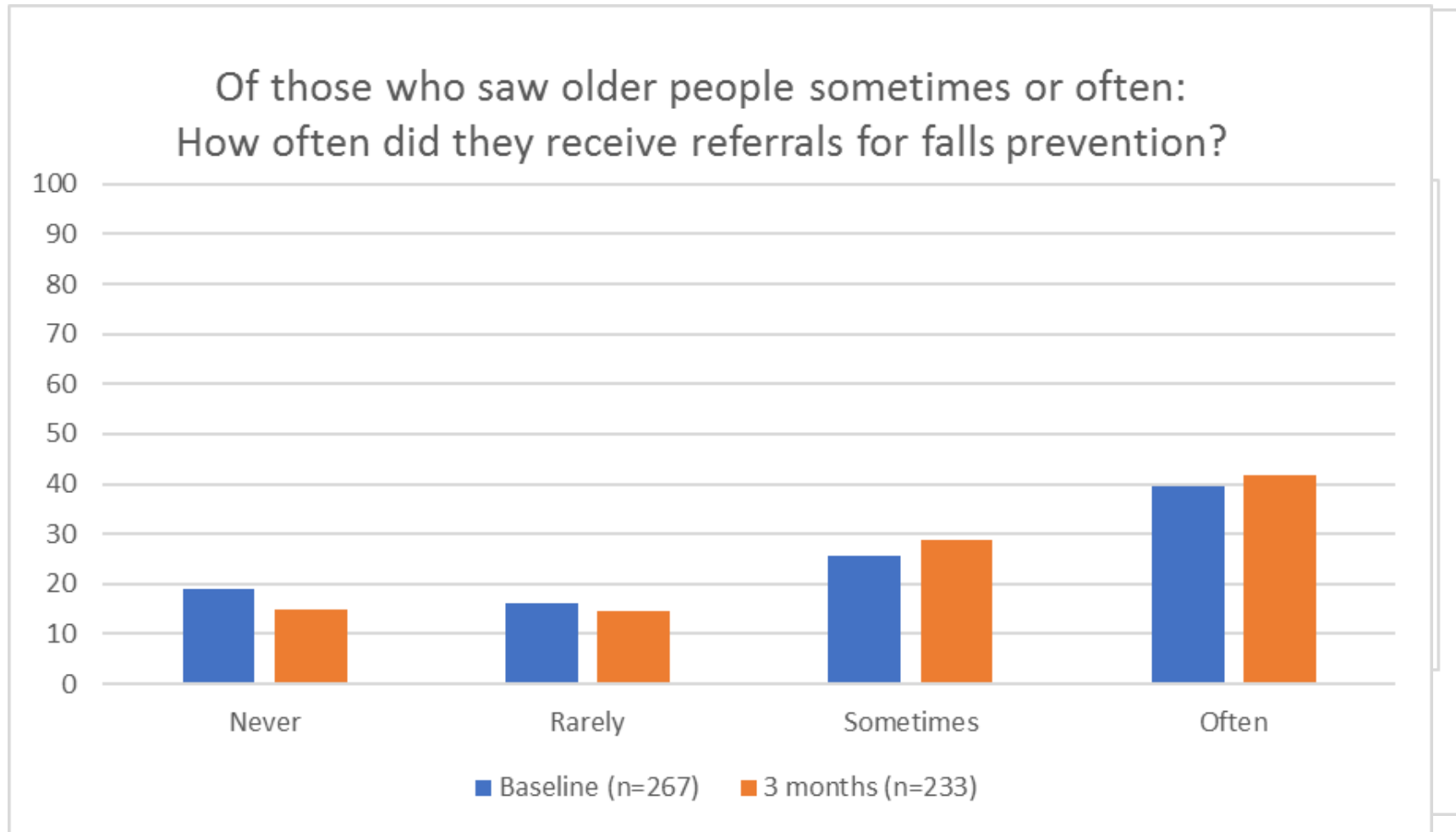


Confidence of OTs following the workshops

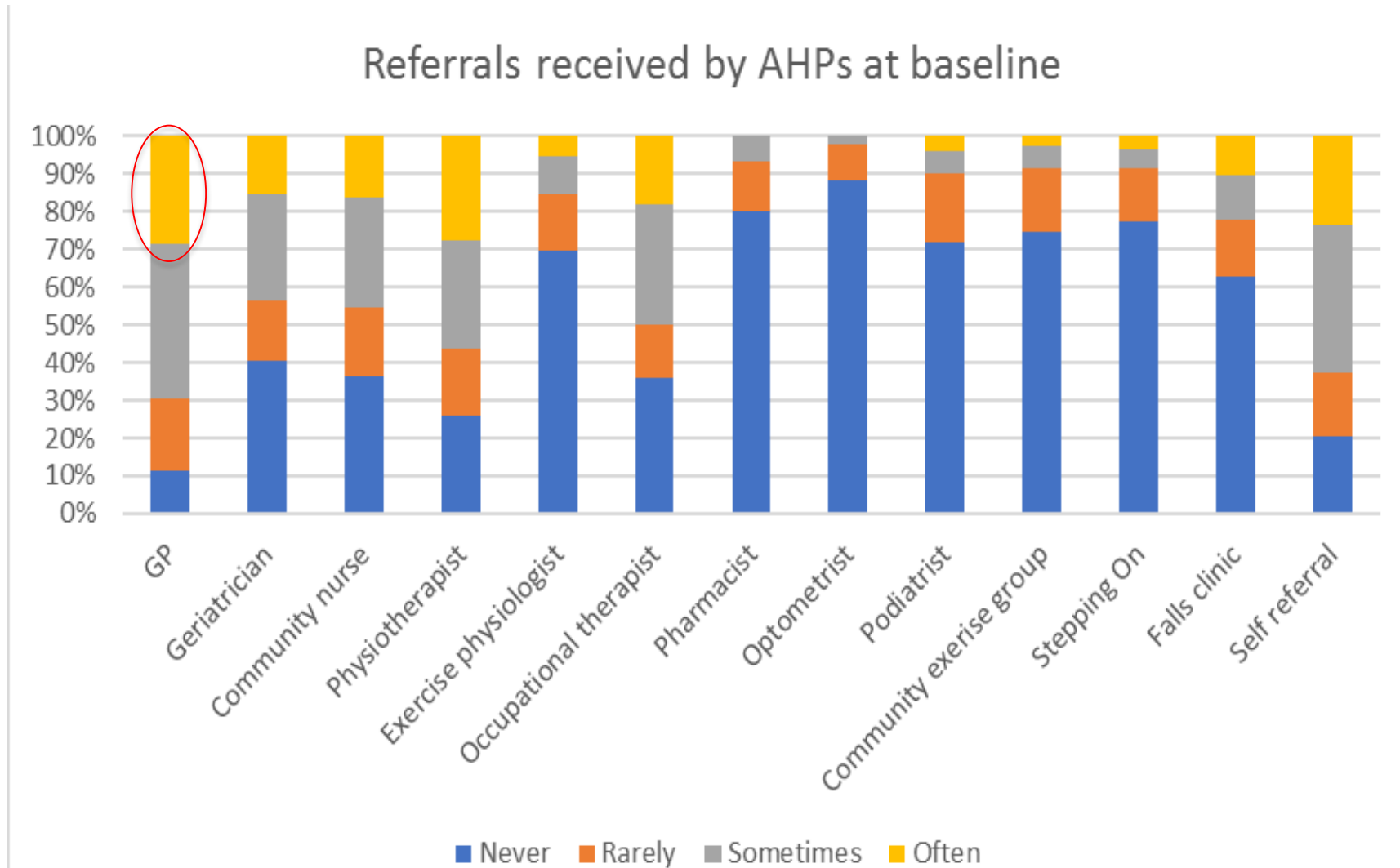
There were significant improvements in self-rated confidence from baseline (n=31 – 50% response rate) to follow up (n=33 – 55% response rate) for:

- **Conducting home environmental interventions** to reduce the risk of falling with older people aged 65 + ($\chi^2 (3) = 10.02, p=0.018$)
- **Involving older people in joint decision-making and prioritising home hazards** ($\chi^2 (3) = 20.49, p=0.001$)
- **Developing solutions with older people to change their habits or environments** to reduce their risk of falling ($\chi^2 (3) = 29.96, p=0.001$).

Effect of workshops on AHP falls prevention practice – all groups



Referrals received for falls prevention – all groups



Changes in practice by OTs following the workshops

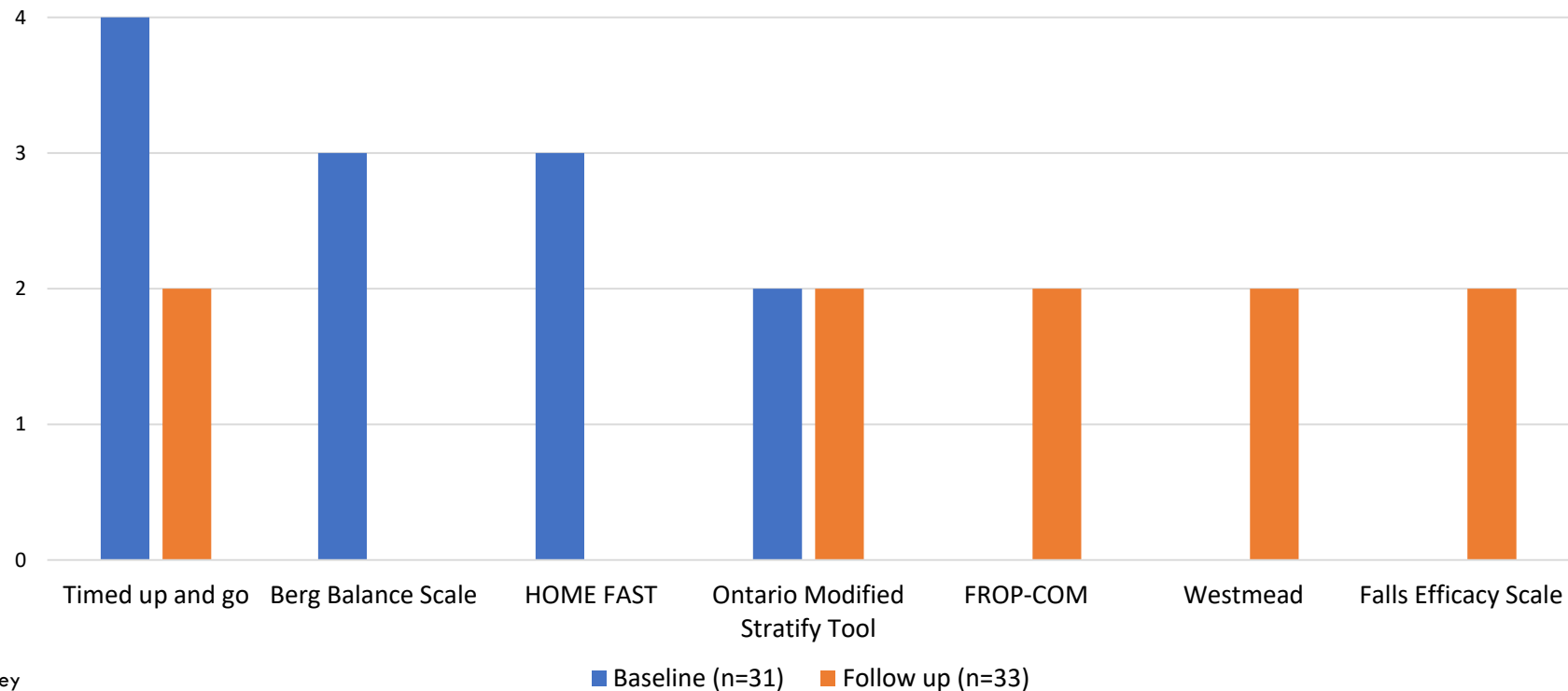
16 participants (48.4%) reported they had changed their practice in some way since the workshop:

- **Incorporating client education** on fall prevention during usual care (n=3, 18.8%)
- **Use of new assessments** or enhancing the assessment process to include fall prevention explicitly (n=7, 43.8%)
- Increased awareness of aspects of fall prevention such as **poly-pharmacy and vision** (n=4, 25.0%)
- Increased **attention to lighting and lighting solutions** (n=4, 25.0%)
- **Referring** to other service providers (n=1, 6.3%)
- **Involving clients in finding solutions** (n=1, 6.3%)
- Developing a **new fall prevention** program (n=1, 6.3%)
- Three (9%) reported they had not changed their practice as they felt they were already practising what was presented in the workshops

Standardised assessments used by occupational therapists

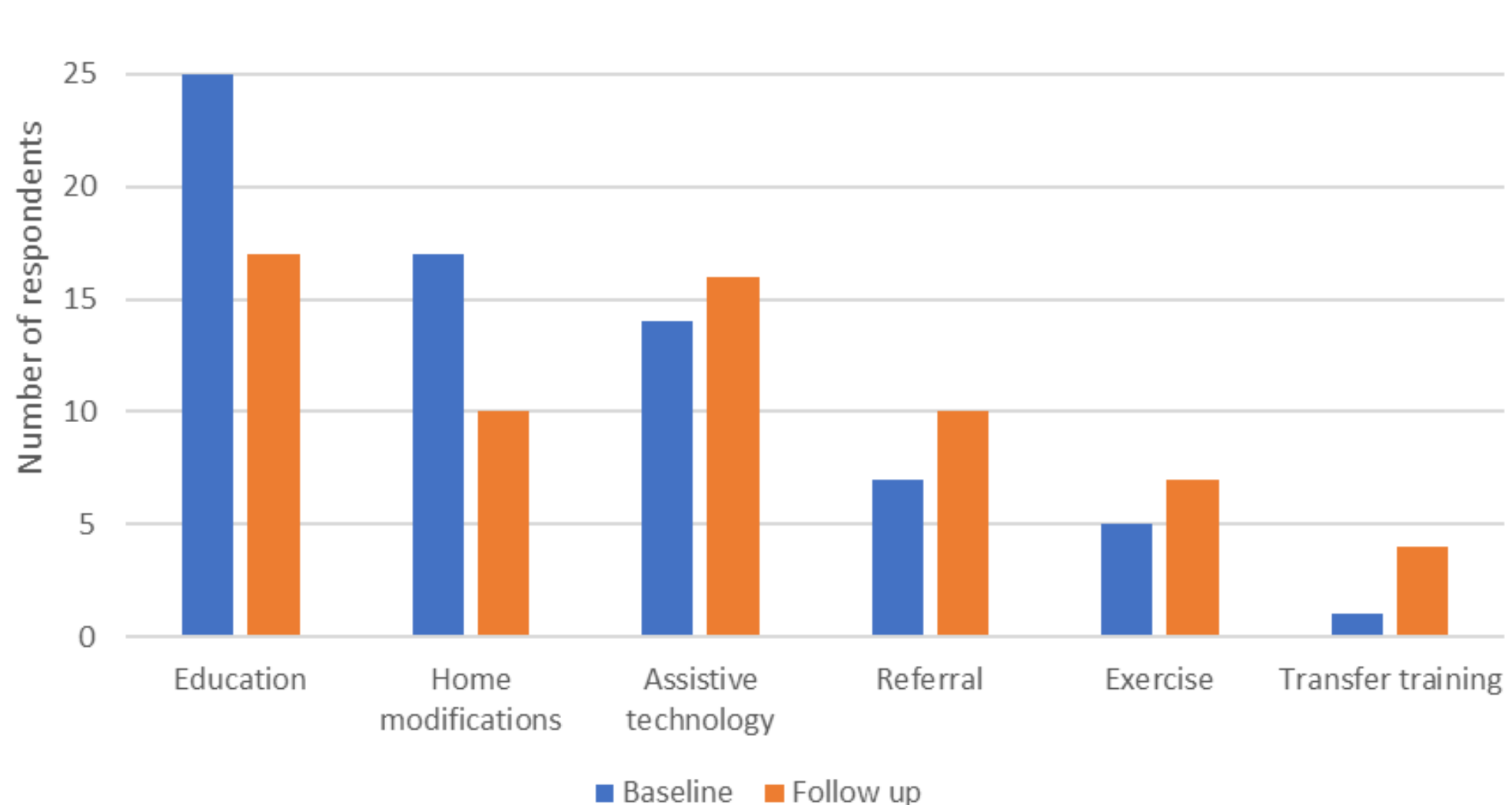
At baseline, nine OTs (29%) indicated they did not use any assessments, and at follow up this increased to 13 participants (39.4%).

The use of non-standardised assessments decreased from baseline to follow-up, although these were still used by most participants at baseline (n= 14, 42.4%) and follow up (n=13, 39.4%).⁵



Interventions used by occupational therapists

At baseline 5 (16.1%) indicated they did not provide interventions, and at follow up 8 (24.2%) did not provide interventions.



Key findings

- Workshops were associated with increased confidence in falls prevention
- Less changes in practice following the workshops
- Limitations of workshops alone to change practice
- Health systems need to support evidence based falls prevention
- Engagement of and support of GPs needed to initiate falls prevention interventions
- Understanding of the roles of team members needed to stimulate more inter-professional referrals

The iSOLVE project

Investigators

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Advisory Committee

Northern Sydney Local Health District, GP, pharmacist, occupational therapist, physiotherapist, exercise physiologist, podiatrist, nurse, hospital, consumer representatives

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ANZ Clinical Trial Registry:
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Website: www.bit.ly/isolve

iSOLVE Integrated **SOL**utions for
sustainable fall pre**VE**ntion

