

**CENTRAL WEST GIPPSLAND**  
Primary Care Partnership

**Curtin University**

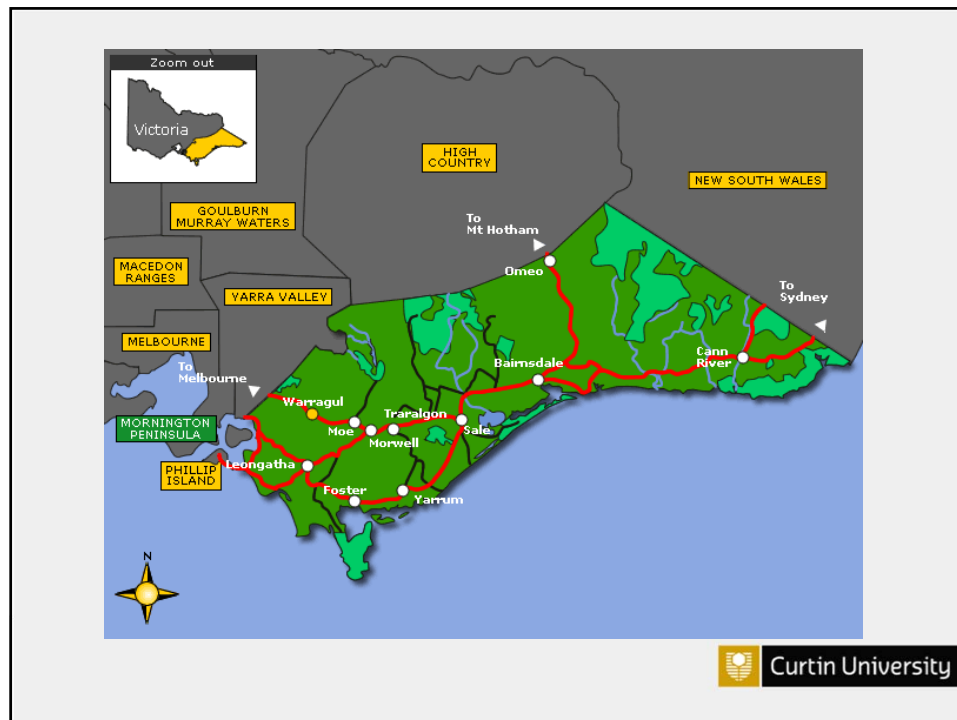
# Development and implementation of a fall prevention pathway for people living with dementia in Gippsland

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Curtin presentation: September 2014

## How it all began

- Identification of a need – Department of Health Gippsland Regional Office Aged Care Team following the development of the Gippsland Dementia Plan 2011- 2014
  - Fragmentation of services for people with dementia
  - Lack of linking of falls prevention with early stages of dementia
- Proposal for Dept of Health funding approx 18 months ago
  - Assessment and care pathway
  - Focus on emerging research demonstrating effect of balance exercise to reduce falls risk in people with dementia
- Recruitment of project officer (Colleen Oakley-Browne)
- Establishment of project Steering Committee



## Project partners

- ▶ Project funded by Department of Human Services, through the Central West Gippsland PCP
- ▶ Project Steering Committee including:
  - Richard Adams (Dept. of Health, Active Service Model Industry Consultant -HACC & Aged Care)
  - Colleen Oakley-Browne (project officer, Central West Gippsland PCP)
  - Petra Boverly-Spencer (Latrobe Community Health Service, Manager Primary Interventions)
  - Kate Palmer (West Gippsland Healthcare Group, Community Allied Health Manager)
  - Bruce Campbell (SACS Coordinator, LaTrobe Regional Hospital)
  - Karen Price (Alzheimer's Australia Victoria, Dementia Consultant)
  - Kay Jellis (Latrobe City Council, HACC Coordinator)
  - Annette Wheatland (Gippsland Regional Manager, Southern Cross Care)
  - Keith Hill (researcher / project advisor, Curtin University)
  - Selena Northover (Manager Health Independence Programs, LaTrobe Regional Hospital)
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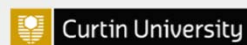
## Stages of project activity

- Regular project steering committee meetings
- Literature review – exercise to reduce risk of falls for people living with dementia (community focus)
- Development and refinement of Assessment Service Pathway for Gippsland
- Launch of Pathway, and series of forums, workshops and video-conferences, targeting:
  - Referrers
  - Health professionals who may be involved in exercise prescription
  - General Practitioners and Practice Nurses
  - Home Care Workers
  - HACC Assessment staff and District Nursing staff
- Ongoing support and evaluation of uptake

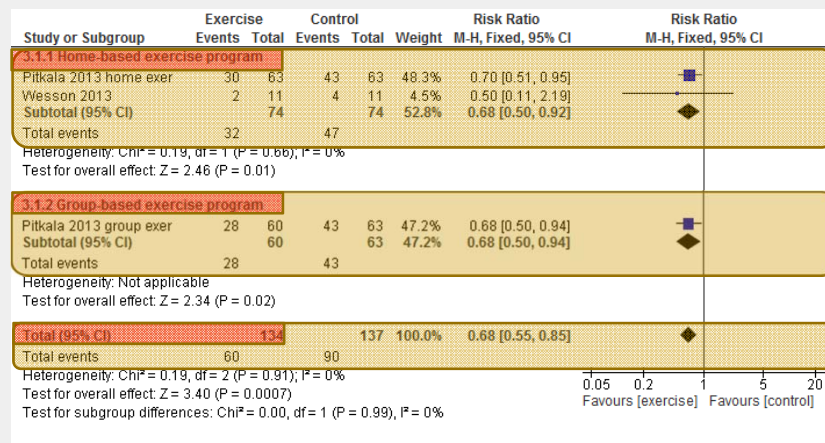


## Literature review

- An important focus of the project is introducing exercise to improve balance and reduce falls risk for people with mild to moderate severity dementia
- Limited research, only several small studies
- Review led by Dr Elissa Burton (Curtin University)
- Involvement and feedback by members of the project Steering Committee
- Has been accepted for publication: *Clinical interventions in Ageing* journal



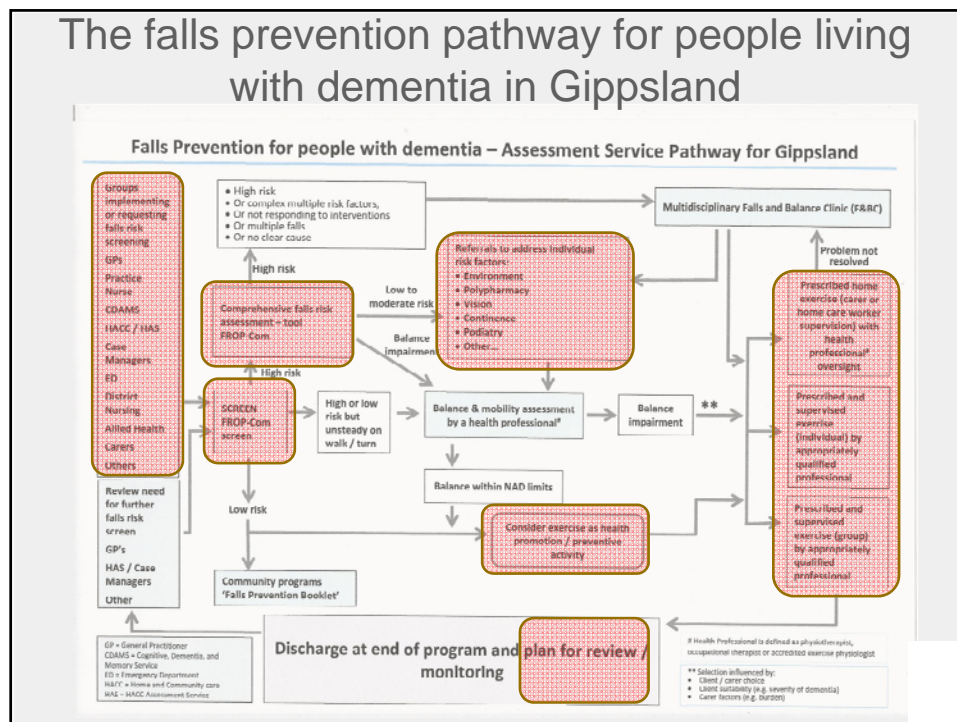
## Recently published meta-analysis: Exercise vs usual care for fallers versus non-fallers – participants with dementia (community)



## Why is a referral pathway important?

- Limited fall prevention focus for people with dementia
- Major negative impact of falls for people with dementia (increased carer burden, trigger for residential care admission)
- Engage broad range of stakeholders
- Multiple points of entry
- Change falls prevention focus to mild to moderate severity dementia

## The falls prevention pathway for people living with dementia in Gippsland



## The falls prevention pathway for people living with dementia in Gippsland

### Identification of falls risk and referral / screen

- Many people accept falls as an inevitable part of ageing (irrespective of cognitive impairment)
- Only a quarter of older people who fall report the fall to a Dr or health professional
- Many falls risk factors are not identified or managed optimally (eg guideline care in Emergency Departments)
- Need for multiple access / referring points

### Timing

- Consider falls risk screening
  - in early stages of dementia, and
  - intermittent review, especially if increased unsteadiness, falls or near falls

## The falls prevention pathway for people living with dementia in Gippsland

- Tools: Falls risk **screening** tool (FROP-Com\* screen)



(Affix Patient ID Label)

UR No: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Falls Risk for Older People in the Community (FROP-Com) Screen**

Screen all people aged 65 years and older (50 years and older Aboriginal & Torres Strait Islander peoples)

Date of screen: / /

FALLS HISTORY		SCORE
1. Number of falls in the past 12 months?	<input type="radio"/> None (0) <input type="radio"/> 1 fall (1) <input type="radio"/> 2 falls (2) <input type="radio"/> 3 or more (3)	[ ]
<b>FUNCTION: ADL status</b>		
2. Prior to this fall, how much assistance was the individual requiring for instrumental activities of daily living (eg cooking, housework, laundry)?	<input type="radio"/> None (completely independent) (0) <input type="radio"/> Supervision (1) <input type="radio"/> Some assistance required (2) <input type="radio"/> Completely dependent (3)	[ ]
<b>BALANCE</b>		
3. When walking and turning, does the person appear unsteady or at risk of losing their balance?	<input type="radio"/> No unsteadiness observed (0) <input type="radio"/> Yes, minimally unsteady (1) <input type="radio"/> Yes, moderately unsteady (needs supervision) (2) <input type="radio"/> Yes, consistently and severely unsteady (needs constant hands on assistance) (3)	[ ]
<b>Total Risk Score</b>		[ ]

Total score	0	1	2	3	4	5	6	7	8	9
Risk of being a faller	0.25	0.7	1.4	4.0	7.7					
Grading of falls risk	0-3 Low risk				4-9 High risk					
Recommended actions	Further assessment and management if functional/balance problem identified (score of one or higher)				Perform the Full FROP-Com assessment and / or corresponding management recommendations					

FROP-Com = Falls Risk for Older People: Community version: Curtin University  
Screen available from-[http://www.mednwh.unimelb.edu.au/nari\\_tools/nari\\_tools\\_falls.html](http://www.mednwh.unimelb.edu.au/nari_tools/nari_tools_falls.html)

## The falls prevention pathway for people living with dementia in Gippsland

- Tools: Eg Falls risk **assessment** tool (FROP-Com\*)



Personal details

Name: \_\_\_\_\_  
Personal Code #: \_\_\_\_\_  
Date of Assessment: / /

Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Marital Status:**  
Single / Married (de facto) / Widowed / Divorced (separated) / Unknown (circle)

**Usual living arrangements:** \_\_\_\_\_

**Recent health / community services use:**

1. Community Aged Care Packages Services	Y/N	2. Community Rehabilitation	Y/N
3. Doctors Appointment	Y/N	4. Doctor Home Visit	Y/N
5. Home Help	Y/N	6. Home Modifications	Y/N
7. Home Rehabilitation	Y/N	8. Linkages Package	Y/N
9. Meals on Wheels	Y/N	10. OT Home visit	Y/N
11. Outpatient Appointment	Y/N	12. Other	Y/N
13. Post Acute Care	Y/N	14. Personal Care	Y/N
15. Respite Care	Y/N	16. District Nursing Services	Y/N
17. Physiotherapist Appointment	Y/N	18. Dietician	Y/N
19. Podiatrist	Y/N	20. Personal Alarm	Y/N
21. Day Centre	Y/N	22. Falls and Balance clinic	Y/N

Comments: \_\_\_\_\_

• Is English the individual's preferred language? If not, what is?  Yes  No  
 • Does the individual have functional English?  Yes  No

History of falls (6-3 points)		SCORE
1. Number of falls in the past 12 months?	<input type="radio"/> No falls (0) <input type="radio"/> 1 fall (1) <input type="radio"/> 2 falls (2) <input type="radio"/> 3 or more (3)	[ ]
2. Was an injury sustained in any of the falls in the past 12 months? <i>(from most severe injury due to a fall in the past 12 months)</i>	<input type="radio"/> No (0) <input type="radio"/> Minor injury, did not require medical attention (1) <input type="radio"/> Minor injury, did require medical attention (2) <input type="radio"/> Severe injury (fracture, etc.) (3)	[ ]
3. Describe the circumstances of the most recent fall in the past 12 months.		
<b>Title of fall:</b> ASU (put please circle)		
<b>Location of fall:</b> inside home / outside home / community		
<b>Direction of fall:</b> left / right / forward / backward / down / can't remember / other		
<b>Cause of fall:</b> slip / trip / loss of balance / loose wire / tripped / feeling dizzy or giddy / alcohol or meds / fell out of bed / imbalance		
Comments:		
<b>Sub total for this page</b>		[ ]

FROP-Com = Falls Risk for Older People: Community version:  
Assessment tool available from-  
[http://www.mednwh.unimelb.edu.au/nari\\_tools/nari\\_tools\\_falls.html](http://www.mednwh.unimelb.edu.au/nari_tools/nari_tools_falls.html)

## Implementation of pathway

- Launch at:
  - Forum (Sept 15) – approx 80 participants
  - Workshop – exercise and falls prevention for people with dementia (Sept 15) – approx 40 participants
  - Videoconference – home care workers (5 sites, approx 25 participants)
  - Videoconference – district nursing and HACC Assessors (3 sites, approx 12 participants)
  - GP and Practice Nurse presentation (approx 60 participants)
- Ongoing activities to support screening and referral through PCP and partner agencies
- Review and evaluation activities
- Ongoing availability of resources – including new dementia website - <http://dementiagippsland.com.au/>



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The screenshot displays the Dementia Gippsland website interface. At the top, there is a search bar and a 'Site Map' link. Below this is a navigation menu with the following items: Home, Dementia & Memory Loss, Support Services, Risk Factors, Community Resources, Learning Centre, and Feedback. The main content area features three large panels:

- About Dementia & Memory Loss:** Includes a sub-header 'Learn more about living with Dementia and Memory Loss' and a list of links: 'Understanding Memory Loss', 'Understanding Dementia', and 'Types of Dementia'.
- Where to get Support:** Includes a sub-header 'Get the most up to date info on Dementia from the Human Services Directory' and a 'Search Online Directory' button.
- Risk Factors:** Includes a sub-header 'Learn how to reduce risk factors with lifestyle' and a list of links: 'Maintain a Healthy Brain', 'Dementia Risk Factors', and 'Brain Exercise'.

At the bottom right of the page, the Curtin University logo and name are visible.

## Where to from here

- Innovative translation project (research to practice)
- Identify barriers and facilitators to support region wide uptake
- Implementation
- Evaluation
- Dissemination of project activity and outcomes:
  - Australian and New Zealand Falls Prevention conference (Sydney, Nov 2014)