HUNTER NEW ENGLAND
NSW HEALTH

# NSW Health Management Policy to Reduce Fall Injury Among Older People

# Community Work Plan

2008

HNE Community Fall Injury Prevention Among Older People Working Party

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# BACKGROUND - Implementation Plan: The Community Setting

## Plan at a glance

Implementation of these strategies will be overseen by the Community Falls Injury Prevention Among Older People Working Party.

### THE COMMUNITY SETTING

**C1. Implement population-based prevention strategies for people living independently in the community.**
C1.1 Ensure the availability and promotion of appropriate physical activity groups that meet the needs of people aged 50 and over.
C1.2 Ensure that there is opportunity for people aged 50 and over to participate in self-directed physical activity.
C1.3 Provide low-cost community education strategies to support the state-wide social marketing campaign.
C1.4 Work with local governments to reduce environmental risks in public places.

**C2. Implement opportunistic brief intervention strategies for older people coming into contact with AHS services*.**
C2.1 Identify appropriate screening and assessment tools.
C2.2 Identify/develop and implement appropriate protocols for screening, brief intervention and referrals for patients that attend AHS services or are visited by relevant AHS community staff (eg CHCs, MPSs, home visiting etc).
** Excludes Emergency Departments/Inpatient care (addressed in Acute/Subacute Setting strategies).*

**C3. Strategies for people other relevant service providers (non-AHS).**
C3.1 Support other relevant service providers to deliver brief falls injury prevention strategies.

### GETTING IT DONE
Actions to consider across all strategies

**Leadership** – Who will drive this process?
Who will be accountable for ensuring that it is delivered?

**Organisational strategies** – What is required within the organisation to facilitate and enable this? Example: written policies, endorsement and support of Area Executive.

**Resources and tools** – What is required to achieve this?
From funding sources to specific tools such as screening instruments.

**Workforce development** – What support do staff need?
May include formal training opportunities and informal approaches such as networks, mentoring and peer support.

**Performance monitoring and feedback** – How will we know if this is working?
Will include a process to monitor the performance of all units and provide feedback.

**Figure 1: "Plan at a glance" – the Community Setting**

## Background and context

### Actions occurring across NSW

NSW Health is coordinating a number of state-wide activities which will support the implementation of the policy across all Area Health Services.

- A social marketing campaign is being planned for 2008/9 and/or 2009/10. The campaign will provide a range of educational messages regarding falls injury prevention, with the primary recommendation being to increase physical activity to build resilience and hence build resilience against falls injuries. Secondary messages may include additional protective strategies which older people can undertake such as medication management, appropriate footwear, vision checking, home safety and the use of personal alarms. An important aspect of the campaign will be a focus on the concept of maintaining independence. It is important to ensure that a fear of falling is not inadvertently generated, as this actually increases the likelihood that an older people will become inactive and ultimately more frail and susceptible to fall injury.
- NSW Health will establish a permanent 1800 number to provide the community with access to information and advice about falls injury prevention. The main focus of this call centre will be the promotion of physical activity groups which provide appropriate activities for older people.
- A new training and accreditation scheme will be delivered through the fitness industry. This will provide training for people to deliver physical activity groups specifically designed to reduce falls injuries in older people. Leaders who complete this program will become eligible for fitness industry accreditation and insurance, and will be subject to their quality assurance frameworks. This will be important to area health service staff who will be seeking to refer community members only to those physical activity groups that are known to be appropriate and safe.

### Focus for HNE Health

Within this state-wide context, the focus of HNE Health in this setting will include the following.

- The availability of physical activity opportunities suitable for people in or approaching older age (broadly including people aged 50 and over) will be increased. The AHS will not deliver these activities directly, but will instead build partnerships with private providers and build their capacity to do so, notably in the more rural and remote areas where current access to such activities is poor. This may include providing AHS venues for private leaders to run groups in. Organised physical activity groups that meet evidence, safety and quality criteria will be identified and/or formed to fit within the state-wide initiatives described above, notably to meet the industry accreditation standards and be sustainably promoted through databases managed by the state-wide 1800 line.
- Investments will also be made to support self-directed physical activity opportunities for older people (ie in addition to the organised groups described above). This will primarily be achieved by working with local governments and other relevant partners to build and maintain environments that support this.
- The state-wide social marketing campaign will be supported locally. There is no need to duplicate the state investment, and whilst education is an important aspect of falls injury prevention, the evidence suggests that it has a relatively small impact compared to the other strategies described herein. Local education strategies will therefore be low-cost and opportunistic. As with the state initiatives, the focus will be on “maintaining independence”.
- Brief interventions will be identified/developed for delivery through area health service providers such as community health services. This will represent a multi-strategic approach to falls injury prevention, and will include attention to related issues such as bone strength. Screening, brief advice, further clinical assessment where appropriate and follow-up referrals will be included in new protocols to be developed in consultation with the Quality and Patient Safety Committee and Clinical Governance. Implementation will be supported by resources, workforce development strategies and ongoing performance monitoring. Some community health services already have similar strategies in place which may form the basis of a more systematic, AHS-wide approach.
- The capacity for non-AHS delivery of brief interventions will also be explored. Possible settings include General Practice and various community services targeting older people. The AHS will play a supportive role in encouraging the appropriate delivery of brief interventions in these settings.

# 2008 Work Plan – detailed strategies and actions

**NOTE:** Actions beyond 2008 are provided (in italics) to indicate where strategy will be addressed in future years.

### *Strategy C1: Implement population-based prevention strategies for people living independently in the community.*

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| Policy Compliance Procedure (PCP) | Implement HNEH PCP to support C1 strategies. | Community Working Group (HNEPH in leadership role). | March 2008 | Publication of PCP and distribution to target audience. |
| | C1.1.1 Identify private providers and build partnerships. Identify current physical activity group availability and gaps in access.<br>– Identification to involve mapping current Active Over 50's, Heartmoves, and other suitable Fitness NSW accredited programs across HNE.<br>– Falls injury rates and Rural Falls data to inform identification of areas of need.<br>– CATI survey to measure extent of current referral by AHS staff to physical activity programs and barriers and acceptability of such referral.<br>– Content of programs to be assessed to determine whether nutrition assessment/advice is provided. | HNEPH (leadership role) in partnership with the Active Over 50s<br>Other potential partners:<br>– Heartmoves<br>– Fitness Australia<br>HNEH Dieticians | March-May 2008 | Production of detailed map of current HNE activity and areas of need.<br>CATI survey conducted and results analysed. |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C1.1.2 Fill identified gaps through:<br>– accrediting current fitness leaders with older adult specialisation<br>– training new fitness leaders (including matching to AHS venues identified in CATI)<br>– Assess training and accreditation programs for nutrition content and advocate for inclusion of content in programs. | HNEPH (leadership role) in partnership with the Active Over 50s<br>Other potential partners:<br>– Heartmoves<br>– Fitness Australia<br>HNEH Dieticians | December 2008<br><br>*January 2009-June 2010* | – **X** current fitness leaders accredited in older adults specialisation<br>– **Y** new fitness leaders trained<br>– **Z** new older adults established<br><br>– ***X*** *current fitness leaders accredited in older adults specialisation*<br>– ***Y*** *new fitness leaders trained*<br>– ***Z*** *new older adults established*<br>**Note: X, Y, Z will be informed by action C1.1.1** |
| | C1.1.3 Identify/develop a sustainable professional network to support physical activity providers.<br>– Facilitate accreditation of current and new leaders with organisations that provide professional networks including Active Over 50's, Heartmoves and Fitness Australia.<br>– Advocate for these organisations to enhance their support for HNE members, including: ease of re-accreditation; provision of support services relevant to rural members. | HNEPH (leadership role) in partnership with the Active Over 50s program<br>Other potential partners:<br>– Heartmoves<br>– Fitness Australia | December 2008 | 100% of current fitness leaders that received older adults specialised training accredited with either Active Over 50s or Heartmoves<br><br>100% of new fitness leaders accredited with Fitness NSW |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C1.1.4 Agree upon an appropriate “badging” model for AHS recommendation of appropriate physical activity groups. To include: criteria for endorsement and risk management strategies.<br>– Identify existing badging options, including LiveLifeWell, Active Over 50's, Heartmoves and Fitness Australian (older adults program) | HNEPH (leadership role) in partnership with the Active Over 50s program<br>Other potential partners:<br>– Heartmoves<br>– Fitness Australia | December 2008 | Advisory Committee agreement on badging |
| | C1.1.5 Identify/develop a sustainable mechanism to track availability of AHS-recommended physical activity groups.<br>– Liaise with organisations that provide networks (see C1.1.3 above) to identify current processes for tracking availability.<br>– Support the enhancement of such processes to enable AHS/other health professionals (eg GPs) to refer to these groups (see C1.1.7) and promotion to the general public (C1.1.6). | HNEPH (leadership role) in partnership with the Active Over 50s program<br>Other potential partners:<br>– Heartmoves<br>– Fitness Australia | December 2008<br><br>*January 2009-June 2010* | Liaise with relevant organisations to develop a plan for effective activity tracking.<br><br>*Implementation of effective tracking processes.* |
| | C1.1.6 Support promotion of AHS-recommended physical activity groups to the public.<br>– Liaise with organisations that provide networks (see C1.1.3 above) to identify current promotional activities.<br>– Support the enhancement of such promotional activities to ensure relevance and effectiveness of promotion to the HNE general public. | HNEPH (leadership role) in partnership with the Active Over 50s program.<br>Additional support from HNEAHS Public Affairs.<br>Other potential partners:<br>– Heartmoves<br>– Fitness Australia<br>– Department of Sport and Recreation | December 2008<br><br>*January 2009-June 2010* | Liaise with relevant organisations to develop a promotion plan.<br><br>*Implementation of promotions plan.* |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C1.1.7 Encourage and support relevant service providers to refer patients/clients to AHS-recommended physical activity groups.<br>– Liaise with organisations that provide networks (see C1.1.3 above) to identify current referral processes.<br>– Support the enhancement/re-structuring of such referral processes to enable AHS/other health professionals (eg GPs) to refer to these groups.<br>– Investigate the incorporation of nutrition assessment into this referral process to ensure appropriate referral is undertaken for, in particular, people with low BMI. | HNEPH (leadership role) in partnership with the Active Over 50s program.<br>Additional support from the Aged Care and Rehabilitation Network.<br>HNEH Dieticians<br>Other potential partners:<br>– Heartmoves<br>– Fitness Australia<br>– Divisions of GP<br>– Allied Health | December 2008<br>*January 2009-June 2010* | Liaise with relevant fitness, AHS and GP bodies to develop a plan for such a referral process.<br>*Implementation of referral process for AHS staff/GPs/etc to refer clients to AHS-endorsed physical activity groups.* |
| | C1.1.8 Develop appropriate performance indicators for C1.1 | Community Working Party with support from Falls Injury Prevention Coordinator | 2008, *2009, 2010* | Inclusion of performance indicators in yearly work plans. |
| | C1.1.9 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee. | Community Working Party with support from Falls Injury Prevention Coordinator | December 2008 and *2009; June 2010* | Report on performance indicators provided to Advisory Committee |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| **C1.2 Ensure that there is opportunity for people aged 50 and over to participate in self-directed physical activity.** | C1.2.1 Identify potential opportunities for self-directed PA such as walking. Work with relevant partners (such as local governments) to ensure that there is a supportive environment for these activities.<br>– Map current self-directed physical activity opportunities throughout the HNE.<br>– Include identified opportunities in promotional and referral processes developed in C1.1.6 & C1.1.7<br>– Investigate opportunities for working with Local Government and develop a plan for improving supportive environments.<br>– Content of programs to be assessed to determine whether nutrition advice is provided. | HNEPH<br>Working in partnership with other groups to be identified as part of this action.<br>HNEH Dieticians<br>Potential partners:<br>– Heartmoves<br>– Fitness Australia<br>– Local government<br>– Premier's Council for Active Living | December 2008<br><br>*January 2009-June 2010*<br><br>December 2008<br><br>*January 2009-June 2010* | Production of map of current HNE activity and areas of need.<br><br>*Implementation of promotions plan and referral process for AHS staff/GPs/etc to refer clients to self-directed physical activity opportunities (as in C1.1.6 & C1.1.7).*<br><br>Develop a plan for improving supportive environments<br><br>*Implement plan for improving supportive environments* |
| | C1.2.2 Develop appropriate performance indicators for C1.2 | Community Working Party with support from Falls Injury Prevention Coordinator | 2008, *2009, 2010* | Inclusion of performance indicators in yearly work plans. |
| | C1.2.3 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee. | Community Working Party with support from Falls Injury Prevention Coordinator | December 2008 and *2009; June 2010* | Report on performance indicators provided to Advisory Committee |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| **C1.3 Provide low-cost community education strategies to support the state-wide social marketing campaign.** | C1.3.1 Establish feasible and equitable protocols for responding to community requests for information. | HNEPH | December 2008 | Development of protocol |
| | C1.3.2 Identify/develop appropriate low-cost community education materials and dissemination strategies. May include: medication management, appropriate footwear, vision checking, home safety, personal alarms, nutrition advice (etc).<br>– Include identified education materials in promotional and referral processes developed in C1.1.6 & C1.1.7<br>– planning and implementation of other dissemination strategies | HNEPH and Community Working Party with support from Falls Injury Prevention Coordinator<br><br>HNEH Dieticians | December 2008<br><br>*January 2009-June 2010*<br><br>*January 2009-June 2010* | Identify appropriate community education materials<br><br>*Implementation of promotions plan and referral process for AHS staff/GPs/etc, including use of community educational materials (as in C1.1.6 & C1.1.7).*<br><br>*Implementation of other dissemination strategies* |
| | C1.3.3 Deliver low-cost education strategies that support the state-wide social marketing campaign.<br>– Liaise with NSW Health regarding timing and nature of social marketing campaign<br>– Develop plan for supporting campaign locally<br>– Deliver strategies outlined in plan | HNEPH with support as appropriate from partners including those identified earlier (eg Active Over 50s, groups to be identified in C1.2.1) and NSW Health. | December 2008<br><br>*January 2009-June 2010* | Document timing and nature of state-wide marketing campaign.<br><br>*Develop and implement local social marketing plan.* |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C1.3.4 Develop appropriate performance indicators for C1.3 | Community Working Party with support from Falls Injury Prevention Coordinator | 2008, *2009, 2010* | Inclusion of performance indicators in yearly work plans. |
| | C1.3.5 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee. | Community Working Party with support from Falls Injury Prevention Coordinator | December 2008 and *2009; June 2010* | Report on performance indicators provided to Advisory Committee |
| **C1.4 Work with local governments to reduce environmental risks in public places.** | C1.4.1 Explore options for hazard reduction with key partners such as local governments (eg through improved planning processes).<br>May consider:<br>• slipping and tripping hazards<br>• lighting design and intensity<br>• clear marking of changes in level<br>• installation of hand rails grab rails in ablution areas.<br>This action may include lobbying for action at the State level. | HNEPH<br>Potential partners:<br>– Local government<br>– Premier's Council for Active Living<br>– NSW Health | December 2008 | Develop a plan for reducing environmental risk in public places |
| | C1.4.2 Build the capacity of local governments to systematically include agreed strategies into their planning processes. | HNEPH | *January 2009-June 2010* | *Implement plan for reducing environmental risk in public places* |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C1.4.3 Develop appropriate performance indicators for C1.4 | | 2008, *2009, 2010* | Inclusion of performance indicators in yearly work plans. |
| | C1.4.4 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee. | Community Working Party with support from Falls Injury Prevention Coordinator | December 2008 and *2009; June 2010* | Report on performance indicators provided to Advisory Committee |

### *Strategy C2: Implement opportunistic brief intervention strategies for older people coming into contact with AHS services.*

NB excludes Emergency Departments and inpatient services: these are addressed in the Acute Setting section of this plan.

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| Policy Compliance Procedure (PCP) | Implement HNEH PCP to support C2 strategies. | Community Working Group (HNEPH in leadership role). | March 2008 | Publication of PCP and distribution to target audience. |
| **C2.1 Identify appropriate screening and assessment tools.** | C2.1.1 Identify current practice across the AHS.<br>**Screening** = stratifies patients to High/Low etc.<br>**Assessment** = more detailed diagnostic assessment to specifically identify which risk factors require clinical attention.<br>– CATI survey to measure extent of current screening and assessment processes, and assess barriers and acceptability of such practices. | Community Working Party to take leadership, with input from:<br>• Area CH Committee<br>• Area Allied Health Committee<br>• Aged Care and Rehabilitation Clinical Network<br>• Managers of CHCs and MPSs<br>• Rankin Park Day Hospital Falls Clinic<br>• Aged Care Assessment Teams<br>• Transitional Aged Care Service<br>• Community nurses<br>• Physiotherapists<br>• Occupational Therapists<br>• IT staff (eg re: CHIME)<br>• Patient Safety Officers<br>• Other relevant staff as appropriate<br><br>NB. HNE Falls Injury Prevention Advisory Committee to ensure that there are appropriate linkages between *all* actions in this plan related to screening and assessment tools. | March - April 2008<br><br>May,2008 | CATI survey conducted and results analysed<br><br>Report available detailing current practice across HNE. |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C2.1.2 Agree upon criteria for tool selection, for endorsement by Quality and Patient Safety Committee. (Although a single tool across the AHS is preferable, this may not be feasible. This proposes that different tools may be used but that all must meet the agreed criteria). | Community Working Party to take leadership, with input from:<br>• Area CH Committee<br>• Area Allied Health Committee<br>• Aged Care and Rehabilitation Clinical Network<br>• Managers of CHCs and MPSs<br>• Rankin Park Day Hospital Falls Clinic<br>• Aged Care Assessment Teams<br>• Transitional Aged Care Service<br>• Community nurses<br>• Physiotherapists<br>• Occupational Therapists<br>• IT staff (eg re: CHIME)<br>• Patient Safety Officers<br>• Other relevant staff as appropriate | August, 2008 | Criteria developed for tool selection. |
| | C2.1.3 Develop appropriate performance indicators for C2.1 | Community Working Party with support from Falls Injury Prevention Coordinator | Oct, 200/8 | Inclusion of performance indicators in yearly work plans. |
| | C2.1.4 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee. | Community Working Party with support from Falls Injury Prevention Coordinator | Dec, 2008-*2010* | Report on performance indicators provided to Advisory Committee |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| **C2.2 Identify/develop and implement appropriate protocols for screening, brief intervention and referrals for patients that attend AHS services or are visited by relevant AHS community staff (eg CHCs, MPSs, home visiting etc).** | C2.2.1 Identify which AHS units and personnel are appropriately placed to deliver this intervention, and investigate the current practices where strategies are already in place.<br>– CATI survey to measure extent of current intervention delivery, and assess barriers and acceptability of such practices. | Community Working Party to take leadership, with input from:<br>• Area CH Committee<br>• Area Allied Health Committee<br>• Aged Care and Rehabilitation Clinical Network<br>• Managers of CHCs and MPSs<br>• Rankin Park Day Hospital Falls Clinic<br>• Aged Care Assessment Teams<br>• Transitional Aged Care Service<br>• Community nurses<br>• Physiotherapists<br>• Occupational Therapists<br>• IT staff (eg re: CHIME)<br>• Patient Safety Officers<br>• HNEH Dieticians<br>Other relevant staff as appropriate | March - April 2008<br><br>October 2008 | CATI survey conducted and results analysed<br><br>Development of guidelines that determine units/personnel required to complete screening tool |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C2.2.2 Identify/develop written protocols for the endorsement of the Quality and Patient Safety Committee.<br>To include:<br>• Screening process<br>• Brief interventions as required (eg brief advice, brief home safety audits if home visiting etc).<br>• Appropriate referral protocols to additional services as required (eg more comprehensive clinical assessment if appropriate, PA groups, falls clinic, GP care, vision checks, HNEH Dieticians).<br>• Appropriate systems for maintaining records of screening, outcomes and referral pathways.<br>Appropriate processes to identify service blocks and recommend solutions. | Community Working Party to take leadership, with input from:<br>• Area CH Committee<br>• Area Allied Health Committee<br>• Aged Care and Rehabilitation Clinical Network<br>• Managers of CHCs and MPSs<br>• Rankin Park Day Hospital Falls Clinic<br>• Aged Care Assessment Teams<br>• Transitional Aged Care Service<br>• Community nurses<br>• Physiotherapists<br>• Occupational Therapists<br>• IT staff (eg re: CHIME)<br>• Patient Safety Officers<br>• HNEH Dieticians<br>Other relevant staff as appropriate | November 2008 | Guidelines for screening, intervention and record keeping presented to AHS Quality and Patient Safety Committee |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C2.2.3 Identify/develop written resources to support implementation of protocols. | Community Working Party to take leadership, with input from:<br>• Area Allied Health Committee<br>• Aged Care and Rehabilitation Clinical Network<br>• Managers of CHCs and MPSs<br>• Rankin Park Day Hospital Falls Clinic<br>• Aged Care Assessment Teams<br>• Transitional Aged Care Service<br>• Community nurses<br>• Physiotherapists<br>• Occupational Therapists<br>• IT staff (eg re: CHIME)<br>• Patient Safety Officers<br>• AHS HACC positions<br>• Other relevant staff as appropriate<br>• OC&L<br>• HNEH Dieticians | December 2008 | Resources to support implementation of guidelines developed |
| | C2.2.4 Identify/develop a process for monitoring compliance with the new protocols. | Performance Improvement Unit, with strategic support as appropriate from Community Working Party. | December 2008 | Monitoring process developed |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | *C2.2.5 Identify/develop and deliver appropriate strategies to implement new protocols across HNE Health. These may include:*<br>• *Identification of "change agents" in each facility/team, to take a leadership role*<br>• *Written protocols (see C2.2.2)*<br>• *Written resources (see C2.2.3)*<br>• *Staff training*<br>• *Communication strategies*<br>*Performance monitoring and feedback* | *Community Working Party to have strategic oversight and ensure communication and information sharing across the AHS.*<br>*Managers of individual facilities/teams to take local responsibility for rollout, reporting up through usual management hierarchy (see page 9 of this plan).* | *2008/9-2009/10* | |
| | *C2.2.6 Track compliance with protocols over time, and feed this information back to individual facilities and teams.* | *Performance Improvement Unit, with strategic support as appropriate from Community Working Party.* | *2008/9-2009/10* | |
| | C2.2.7 Develop appropriate performance indicators for C2.2 | Community Working Party with support from Falls Injury Prevention Coordinator | Dec 2008 | Inclusion of performance indicators in yearly work plans. |
| | C2.2.8 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee. | Community Working Party with support from Falls Injury Prevention Coordinator | Dec 2008-*2010* | Report on performance indicators provided to Advisory Committee |

***Strategy C3: Implement opportunistic brief intervention strategies for older people coming into contact with other (non-AHS) relevant service providers.***

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| Policy Compliance Procedure (PCP) | Implement HNEH PCP to support C3 strategies. | Community Working Group (HNEPH in leadership role). | March 2008 | Publication of PCP and distribution to target audience. |
| **C3.1 Support other relevant service providers to deliver brief falls injury prevention strategies.** | C3.1.1 Identify which service providers are appropriately placed to deliver brief interventions such as screening, brief advice and referral. May include (but not limited to): General Practitioners, Practice Nurses, community services accessing older people. | Community Working Party to take leadership, with input from:<br>• HNEPH<br>• HACC<br>• Department of Veterans' Affairs<br>• Private home nursing providers<br>• Department of Ageing, Disability and Home Care<br>• Divisions of General Practice / Practice Nurses<br>• Commonwealth Carelink<br>• Other relevant organisations as appropriate | Apr 2009 | Document completed detailing other relevant service providers considered able to provide brief interventions |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C3.1.2 Consult with service providers to determine current capacity, activities and potential for brief interventions. | Community Working Party to take leadership, with input from:<br>• HNEPH<br>• HACC<br>• Department of Veterans' Affairs<br>• Private home nursing providers<br>• Department of Ageing, Disability and Home Care<br>• Divisions of General Practice / Practice Nurses<br>• Commonwealth Carelink<br>• Other relevant organisations as appropriate | July 2009 | Workshops with identified parties considered able to provide brief interventions to identifiy potential/limitations |
| | *C3.1.3 Build the capacity of these service providers to increase their delivery of brief interventions. Actions will depend on context but may include:*<br>• *Identification/development/provision of written protocols/policies.*<br>• *Identification/development/provision of resources to support implementation (such as tools and written information).*<br>*Workforce development and training.* | *Community Working Party to take strategic leadership, in partnership with all relevant organisations identified in C3.1.1/C3.1.2*<br>*As C3 refers to non-AHS organisations, a decision must be made regarding the level of investment that HNE Health wishes to make. This is to be determined by the HNE Falls Injury Prevention Among Older People Advisory Committee. The resource implications shown here are options for consideration.* | *2008/9-2009/10* | Support material and resources developed/available for use by other organisations |
| | C3.1.4 Develop appropriate performance indicators for C3.1 | Community Working Party with support from Falls Injury Prevention Coordinator | Dec 2008 | Inclusion of performance indicators in yearly work plans. |

| Sub-strategy | Actions | Responsibility / Partners | Due Date | Performance Indicator |
|---|---|---|---|---|
| | C3.1.5 Collect appropriate performance indicators and provide reports to the HNE Falls Injury Prevention Advisory Committee. | Community Working Party with support from Falls Injury Prevention Coordinator | Dec 2008-*2010* | Report on performance indicators provided to Advisory Committee |

# Evaluation and monitoring

NSW Health has engaged the Injury Risk Management Research Centre at the University of New South Wales to develop an evaluation plan for implementation of the policy across NSW. At the time of writing this document, the evaluation plan was not yet finalised. However early feedback from the policy development group provides the following insight to the likely process, impact and outcome indicators that may be used to describe its implementation.

It is important that the local performance indicators developed by HNE Health are consistent with those that will be used by the State, as this will ensure consistency and a smooth reporting process. The development of local performance indicators has therefore commenced but has not been finalised. This will also allow the working parties time to consult with important local stakeholders, whose engagement in the process will be essential for a successful implementation of the plan. All working parties have agreed to finalise this process in time for first reports to be presented to the Advisory Group in December 2007.

The following is an outline of the likely outcome, impact and process indicators for the policy as a whole. This draft information has been provided in liaison with the group developing the state-wide evaluation. The Falls Injury Prevention Coordinator will ensure that the Advisory Group is kept informed of progress on this. **All these measures are consistent with this plan, including proposed clinical governance indicators regarding compliance with clinical protocols.**

| Setting | Outcome indicators<br>*All Area Health Services are already required to report on the following outcome indicators.* | Possible impact indicators (currently in development)<br>*Impact indicators represent intermediate measures of the success of interventions. Examples of likely impact indicators may include (but are not limited to) the following.* | Possible process indicators (currently in development)<br>*Process indicators will describe local activities in each setting. Examples of likely process indicators may include (but are not limited to) the following.* |
|---|---|---|---|
| **Community** | • To hold steady the current level of hospitalisations from fall injury (specifically number of admissions due to fractured neck of femur in people aged 65 and over).<br>*This is a dashboard indicator from the HNEAHS Balanced Scorecard – Population Health.* | • Proportion of community-dwelling older people who participate in physical activity.<br>• Proportion of community-dwelling older people who undertake additional protective actions to prevent falls injuries.<br>• Delivery of opportunistic brief interventions by AHSs (eg community health services).<br>• Delivery of opportunistic brief interventions by other relevant service providers (eg general practitioners). | • Descriptive data re: Activities to increase the access of older people to physical activity opportunities.<br>• Descriptive data re: Activities to encourage and support opportunistic brief interventions by relevant service providers within AHSs (eg community health services).<br>• Descriptive data re: Activities to encourage and support opportunistic brief interventions by other relevant service providers (eg general practitioners). |

**Who is responsible for data collection?**

Responsibility for the collection of data for these indicators is yet to be finalised. This will take place as a part of the state policy evaluation planning process and will include consultation with AHSs through the local Falls Injury Prevention Coordinators. It is likely to be a combination of NSW Health and local AHS data.

- Outcome indicators – it is already the responsibility of individual AHSs to routinely collect data for these indicators.
- Impact indicators – this is likely to be a combination of state-wide and local data collection. This implementation plan describes a process whereby Clinical Governance will develop a process for monitoring compliance with new protocols in community health, acute/subacute and AHS-controlled residential aged care settings. Community indicators are more difficult to collect at the population level (eg indicators of population prevalence of physical activity, knowledge and awareness etc). NSW Health is currently exploring options to collect these population data centrally for all AHSs.
- Process indicators – these indicators are purely descriptive and most appropriately collected by AHSs. This implementation plan describes a process whereby each of the working parties will develop appropriate performance indicators and provide regular reports to the Advisory Group. The Falls Injury Prevention Coordinator will ensure that the same data collected for the Advisory Group meet the needs of any required state-wide reporting.

The following example provides an indication of how the final performance indicators will be written, and their possible data sources. Please note this is a draft only for demonstration purposes. The Working Parties will have completed these by December 2007.

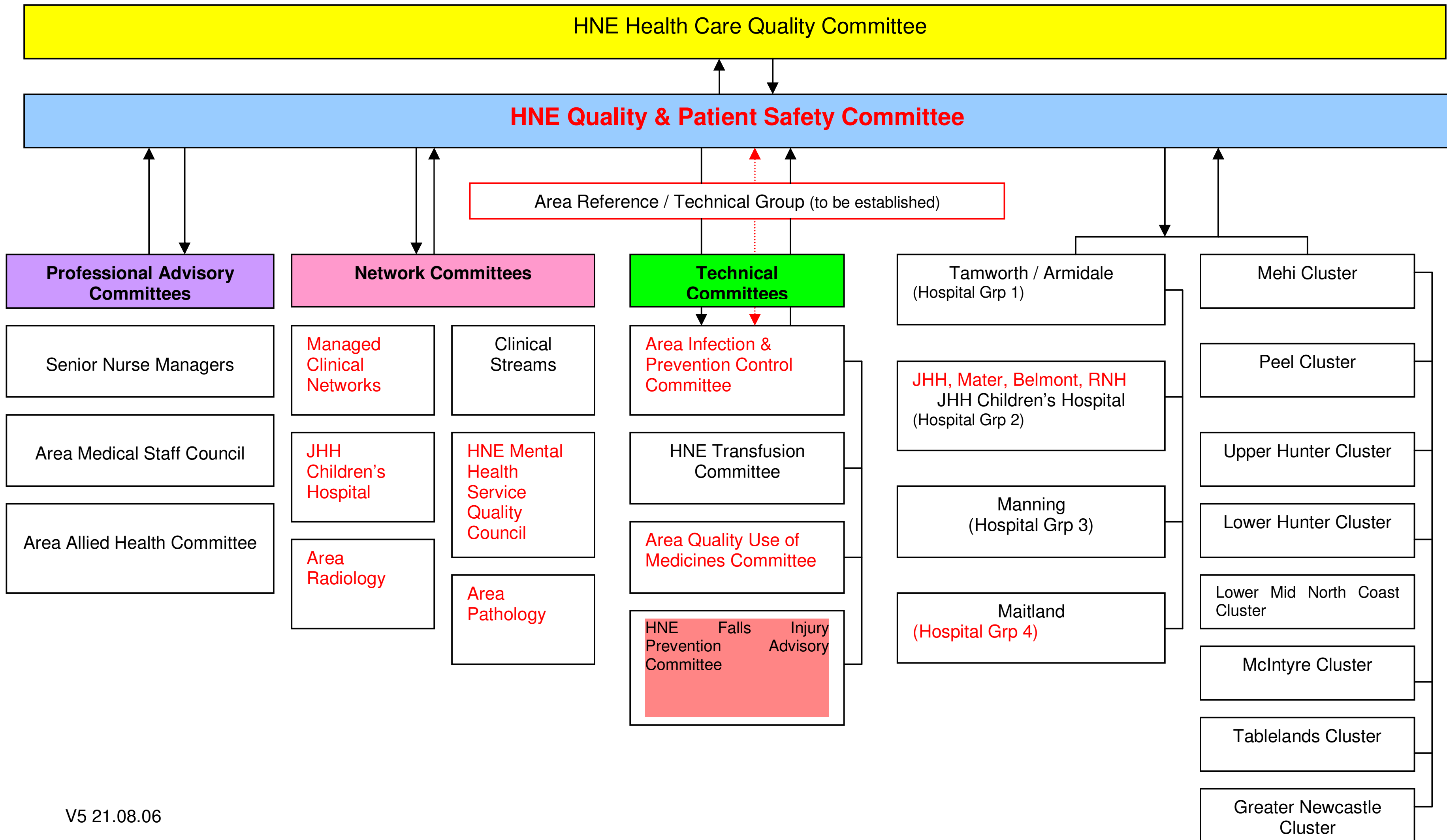
| **C1. Implement population-based prevention strategies for people living independently in the community.** | | |
|---|---|---|
| **Sub-strategy** | **Performance Indicators** | **Data source** |
| C1.1 Ensure the availability and promotion of appropriate physical activity groups that meet the needs people aged 50 and over. | **Process indicators** | |
| | Completion of mapping process and gap identification. | HNEPH/Active Over 50s program data |
| | N leaders trained, N groups established. | HNEPH/Active Over 50s program data |
| | Professional support provided for leaders. | HNEPH/Active Over 50s program data |
| | Promotional activities undertaken. | HNEPH/Active Over 50s program data |
| | **Impact indicators** | |
| | Availability of appropriate physical activity groups (including N trained leaders and N groups running). Analyses by cluster including N available groups per capita. | HNEPH/Active Over 50s program data |
| | Number of direct referrals received from health care providers. | Active Over 50s program data |
| | **Outcome indicators** | |
| | Number of people aged 50+ participating in specific groups recommended by the AHS. | Active Over 50s program data |
| | Proportion of community members aged 50+ participating in organised physical activity groups (prevalence indicator across the population). | NSW Health (methodology to be developed) |

# References


1. National Centre for Health Promotion, NSW Health Department (1996) *1994 NSW Health Promotion Survey – technical report.* Sydney: NSW Health Department.
2. Jorm L, Astbury L, Byth F (1995) *New South Wales Health Department Falls Prevention in Older People Campaign: Report on the Baseline Survey.* Sydney: NSW Health Department.
3. Australian Bureau of Statistics (1995). *Falls risk factors for persons aged 65 years and over: New South Wales*. Canberra: Australian Bureau of Statistics. ABS Catalogue No. 4393.1.
4. Dolinis J, Harrison J & Andrews G (1997) Factors associated with falling in older Adelaide residents. *Australian and New Zealand Journal of Public Health, 21*: 462-8.
5. Kendig H, Helme R, Teshuva K, Osborne D, Flicker L & Browning C (1996) Health status of older people project: preliminary finding from a survey of the health and lifestyles of older Australians. Melbourne: Victorian Health Promotion Foundation.
6. Lord S, Ward J, Williams P & Anstey K (1993) An epidemiological study of falls in older community-dwelling women: the Randwick falls and fractures study. Australian Journal of Public Health, 17: 240-5.
7. NSW Department of Health (2003) *Management Policy to Reduce Fall Injury Among Older People – Detailed strategies and performance requirements 2003-2007*. Sydney: NSW Health Department.
8. National Ageing Research Institute (2004) *An analysis of research on preventing falls and falls injuries in older people: Community, residential care and hospital settings*. Canberra: Commonwealth of Australia.
9. Tinetti M & Speechley M (1989) Prevention of Falls Among the Elderly. *New England Journal of Medicine, 320(16)*: 1055-1059.
10. Norton R & Butler M (1997) *Prevention of Falls and fall-related injuries among institutionalised older people.* Wellington New Zealand: University of Auckland.
11. American Geriatrics Society, British Geriatrics Society and American Academy of Orthopaedic Surgeons Panel on Falls Prevention (2001) Guideline for the Prevention of Falls in Older Persons. *Journal of the American Geriatrics Society, 49(5)*: 664-72.
12. Moller J (2001) *Changing resource demands related to fall injury in an ageing population*. Unpublished report prepared for the NSW Health Injury Policy Unit.
13. NSW Department of Health (2003) *Management Policy to Reduce Fall Injury Among Older People – Policy in brief 2003-2007*. Sydney: NSW Health Department.
14. NSW Department of Health (2007) *A new direction for NSW: State Health Plan. Towards 2010*. Sydney: NSW Health Department.

# Appendix A

Figure 12: HNE Health Governance Structure for Quality

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