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

<table>
<thead>
<tr>
<th>Falls remain a serious problem for older people over the age of 65</th>
<th>Hospitalisation rates for falls are not reducing but have increased significantly</th>
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</table>
| - Balance and strength exercises,  
- Home safety interventions  
- Medication reviews are effective interventions | Access to falls prevention services is difficult in the community |
| 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. | GPs need to be engaged in falls prevention and refer to allied health falls prevention services |
| | Solution: Provide evidence based intervention workshops and investigate falls prevention practice |
The iSOLVE project

- Establish integrated processes and pathways to **identify older people at risk of falls** and engage a whole of primary care approach to fall prevention.

- Form **referral pathways** and networks with GPs and allied health service providers.

- Improve access to appropriate fall prevention interventions for older people, **ensure ongoing knowledge acquisition and sustainable action** by healthcare professionals and organisations.
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 in identifying older people in need of falls prevention

- Not confident
- Confident

Baseline (n=266) vs 3 months (n=248)
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

Of those who saw older people sometimes or often:
How often did they receive referrals for falls prevention?

- Never
- Rarely
- Sometimes
- Often

Baseline (n=267)  3 months (n=233)
Referrals received for falls prevention – all groups

Referrals received by AHPs at baseline

- GP
- Geriatrician
- Community nurse
- Physiotherapist
- Exercise physiologist
- Occupational therapist
- Pharmacist
- Optometrist
- Podiatrist
- Community exercise group
- Stepping On
- Falls clinic
- Self-referral

Legend:
- Never
- Rarely
- Sometimes
- Often
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%).

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Baseline (n=31)</th>
<th>Follow up (n=33)</th>
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<tbody>
<tr>
<td>Timed up and go</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Berg Balance Scale</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>HOME FAST</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Ontario Modified Stratify Tool</td>
<td>2</td>
<td>2</td>
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<tr>
<td>FROP-COM</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Westmead</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Falls Efficacy Scale</td>
<td>2</td>
<td>2</td>
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</tbody>
</table>
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

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NHMRC Partnership Project
Grant: 1072790 (2014-2019)
ANZ Clinical Trial Registry: ACTRN1261500401550
Website: www.bit.ly/isolve