LHD AND SYSTEM PERSPECTIVE
EXERCISE FOR FALLS PREVENTION - 28 NOVEMBER 2019
HOW CAN WE HAVE A GREATER IMPACT ON POLICY AND PRACTICE?

1. Falls Prevention: making it important to LHDs and Health Systems
2. Disease or condition based approaches: Are they backfiring?
3. Research Translation: not the evidence but implementation
   • Partnerships: using your networks
   • Consumers and Community: bringing a different perspective
LIVERPOOL HOSPITAL – A SNAPSHOT

- Tertiary and quaternary academic focused acute hospital – Big budget!
- ED >92,000 presentations; 46,000 admissions
- Diverse in culture, languages, age and socioeconomic status
- High migrant population – 48%

Projections to 2031:
- 40% Population Growth (twice the predicted rate of NSW)
- 109% increase in older people
- 40% increase in children 0-14 years
Australia's health
2018

In brief
Our Vision

Leading care, healthier communities

1. Consistent delivery, quality and safe care
   Our culture and systems will ensure our care is always safe and of the highest quality

2. Personalised, individual care
   We will provide consistent, high quality, person-centred care

3. Respectful communication and genuine engagement
   We will engage patients, staff and communities by listening, respecting and responding

4. Effective leadership and empowered staff
   We will develop, empower and enable all staff and support shared leadership
HEALTH PRIORITIES AND TRENDS

The Health of our Community

Life expectancy at birth:

85 for women
81 for men

The main causes of death for SWSLHD residents are cancer and circulatory disease.

Reflecting patterns across Australia, our community is experiencing ill-health and chronic disease at a high rate. Much of this disease is preventable through lifestyle modification.

56% of adults are overweight or obese
11% of adults have diabetes or high blood sugar
28% of children aged 5-13 were overweight or obese
26% of adults have high blood pressure
52% of adults participate in adequate physical activity
5% of adults eat enough vegetables

23% of adults drink at levels posing a long term risk to health
16% of adults smoke
94% of children are fully immunised at 5 years; 96% for Aboriginal children
9% of women who are pregnant smoke
45% of women aged 50-69 participate in biennial breast screening

14% of adults report high or very high levels of psychological distress
21% of older people (65+) reported a fall in the previous year
4,833 people are diagnosed with cancer each year
526 people are diagnosed with hepatitis B each year
411 people are diagnosed with hepatitis C each year

Many hospitalisations are potentially preventable. Each day in SWSLHD 63 people are hospitalised for a potentially preventable reason. There are also:

61 hospitalisations due to injury and poisoning
26 hospitalisations attributable to falls
14 hospitalisations attributable to alcohol consumption
13 hospitalisations attributable to smoking
4 hospitalisations attributable to diabetes
FALLS PREVENTION: MAKING IT IMPORTANT TO LHDS AND HEALTH SYSTEMS

▪ What we measure is important
  ▪ Why Falls in Hospital? Now “Falls Injury” adjustors but ?community, ED
▪ Stakeholders see VALUE or OUTCOMES differently
▪ System is shifting from VOLUME to VALUE
▪ Better Value Care – Quadruple Aim
  ▪ Tranche 1 LBVC: Falls in Hospital, OACCP, ORP
  ▪ Tranche 2 LBVC: Hip Fracture
▪ PROACTIVE not REACTIVE
▪ NOT only the one STRATEGY
DISEASE OR CONDITION BASED APPROACHES: ARE THEY BACKFIRING?

- Disease focus rather than on burden and individual needs
- Why do we compete?? It is about the person...
  - Cancer, Cardiovascular Disease, Stroke...lessons from MSK
  - OACCP – 40-60% fall < 6/12; ORP – minimal trauma (falls)
  - Rehab: people with CV, Ca all FALL too and benefit from PA
- “Falls in Hospital” focus rather than community dwellers
- Physical Activity overall is beneficial – use synergies
Models of Care

Model of care for osteoporotic fracture prevention

2nd edition

Osteoarthritis Chronic Care Program
Revised 2018

Best practice care for people with acute low back pain

Information contained in the model of care includes national and international recommendations for the care for people with acute low back pain. The model of care is available at: https://www.nswhealth.gov.au/__data/synched_file.pdf?dl=00535688866acu_back_pain-nsw.pdf
SUCCESSES AND HOW OTHER RECENT CHANGES HAVE COME ABOUT?

▪ Always remember the why...understand what needs to change and how to influence it

▪ Do we need policy change first OR can policy change follow practice change?

▪ Understand the local drivers – motivation for change.

▪ What is of mutual benefit to stakeholders

▪ Understand sphere of influence and responsibility

▪ Develop true partnerships – common goals

▪ Courage and persistence
Key Factors:

- Consumer and clinician involvement in design and implementation
- Solutions need buy in - complex systems balance – attack the boundaries
- Frontline clinician engagement = Empowered clinicians implement
- Measure relevant outcomes and value within the system
HOW TO ACHIEVE POLICY AND PRACTICE CHANGE?

▪ Falls prevention exercise for community dwellers:
  ▪ What does success look like? Are we clear on solutions and who owns it?
  ▪ Evidence-based fall-prevention exercise interventions are well known
  ▪ Guidelines – who follows them and do they even include fall prevention?
  ▪ So need to think more about enablers and barriers:
    ▪ Areas of responsibility – funding, workforce, care setting
    ▪ Who is impacted? ED, Ambulance, GPs, Industry?
    ▪ Who will champion the “cause”?
    ▪ Who influences who? Leverage off all stakeholders