



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





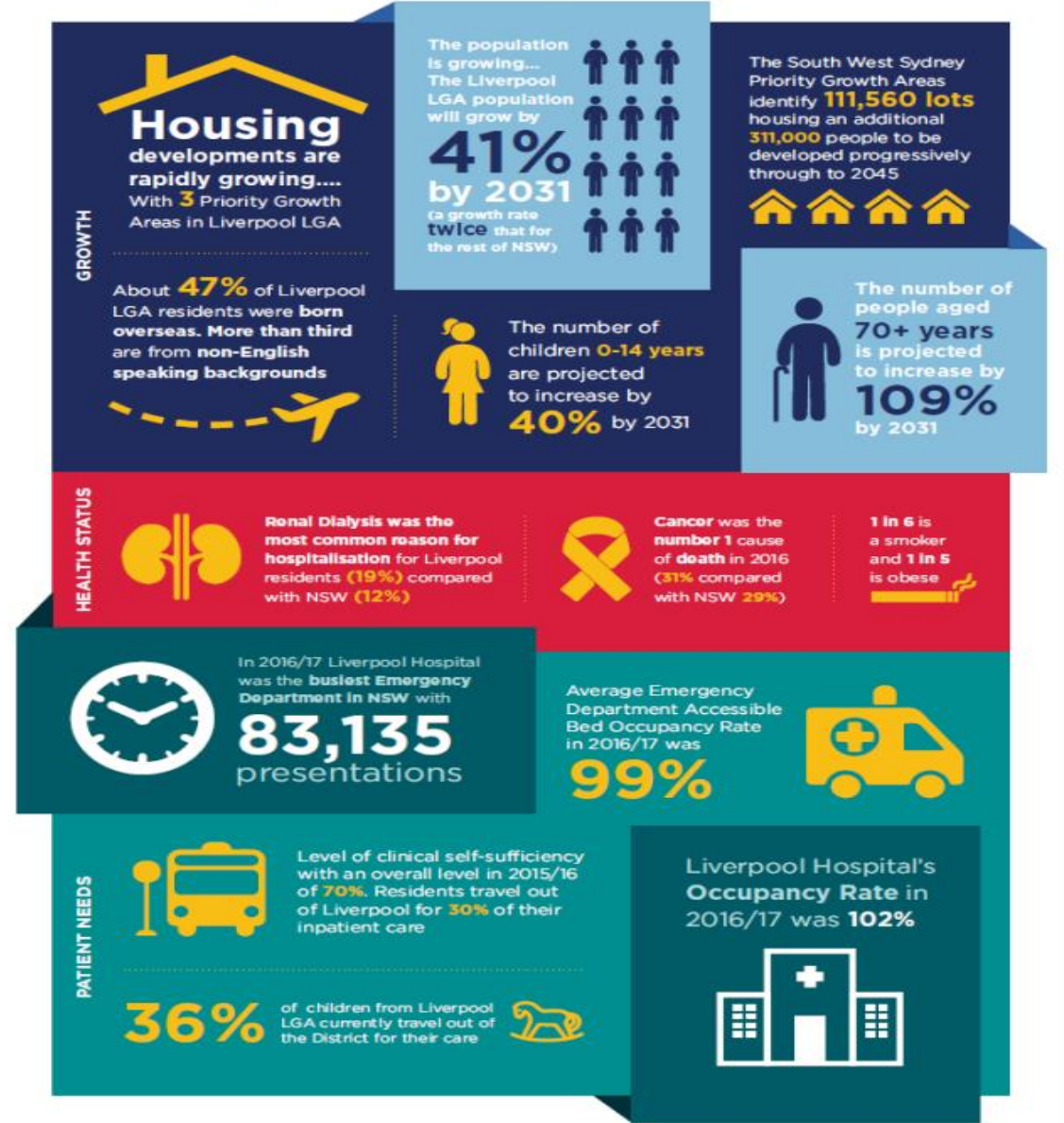
Australian Government  
Australian Institute of  
Health and Welfare

# Australia's health 2018

In brief



## Liverpool Hospital - Key Challenges to 2031





### 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

*We Care*

## Our Vision

Leading care,  
healthier  
communities



## Key Policies >

NSW Premier's Priorities

NSW State Health Plan to 2021

SWSLHD Strategic and Healthcare Services Plan to 2021

Transforming Your Experience

## Core Values >

Collaboration

Openness

Respect

Empowerment

## Strategic Directions >



### Safe, Quality Care:

- Consistently safe
- Outstanding quality
- Appropriate, timely care
- Evidence based and patient-centred care
- Cultural safety
- Accountability and governance



### A Healthy Community:

- Healthy people and communities
- Safe, healthy environments
- Knowing the needs of the community
- Prevention and early intervention



### Collaborative Partnerships:

- Consumer, patient and carer involvement
- Genuine engagement and communication
- Strategic partnerships
- Funding opportunities



### A Healthcare System for the Future:

- Building and adapting for the future
- Networked and integrated services
- Agile and innovative care
- Responsive to community diversity



### Our People Make a Difference:

- Workforce for the future
- Culture of respect and compassion
- Employer of choice
- Effective leadership and empowered staff



### A Leader in Research and Teaching:

- Delivering research innovation
- Acknowledgement and recognition of research
- Continuous education, teaching and training

## Impact >

### Safe, Quality Care:

- Accreditation of all facilities, services, training and education programs within SWSLHD
- Reduction in healthcare acquired injuries (pressure injuries, falls, hospital acquired infections)
- Improvement in Patient Experience survey results

### A Healthy Community:

- Decrease in adult and child overweight and obesity rates
- Decrease in overall smoking rates and rates of women smoking during pregnancy – Aboriginal and non-Aboriginal
- Increase in BreastScreen participation rate (all, Aboriginal, Culturally and Linguistically Diverse)

### Collaborative Partnerships:

- Increase in the diversity in membership of Consumer and Community Networks
- Increase in the value of donations, including campaign specific donations
- Increase in the number of successful grant applications

### A Healthcare System for the Future:

- Increase in outpatient activity (occasions of service)
- Decrease in potentially preventable hospitalisations
- Decrease in unplanned hospital readmissions within 28 days

### Our People Make a Difference:

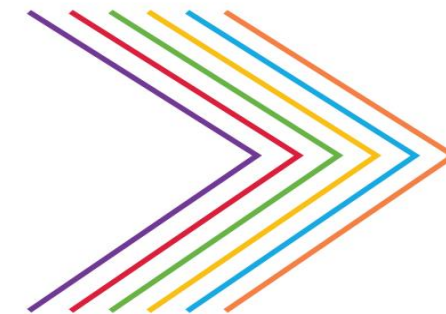
- Improvement in Response Rate and Staff Engagement Index from the People Matter Employee Survey
- Increase in the proportion of staff identifying as Aboriginal
- Increase in the proportion of staff with a Professional Development Plan

### A Leader in Research and Teaching:

- Increase in number of Academic Units
- Increase in number of people enrolled in clinical trials
- Decrease in the number of days taken to approve research projects

## SWSLHD Vision >

# Leading care, healthier communities



# HEALTH PRIORITIES AND TRENDS

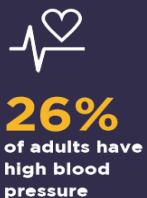
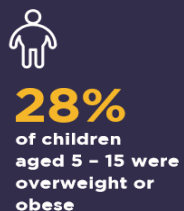
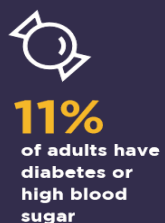
## The Health of our Community

Life expectancy at birth:



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.



**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** Musculoskeletal Network

## Model of care for osteoporotic refracture prevention

2nd edition



**NSW** GOVERNMENT | **AGENCY FOR CLINICAL INNOVATION** Collaboration. Innovation. Better Healthcare.


**ACI** NSW Agency for Clinical Innovation

**MODEL OF CARE**

## Osteoarthritis Chronic Care Program

Revised 2018

Musculoskeletal Network




**NSW** GOVERNMENT | **AGENCY FOR CLINICAL INNOVATION** Collaboration. Innovation. Better Healthcare.

**CONSUMER INFORMATION**

## Best practice care for people with acute low back pain

Musculoskeletal Network



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.aci.health.nsw.gov.au/\\_data/assets/pdf\\_file/0007/336688/acute-low-back-pain-moc.pdf](https://www.aci.health.nsw.gov.au/_data/assets/pdf_file/0007/336688/acute-low-back-pain-moc.pdf)

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# SUCCESSSES 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

# RESEARCH TRANSLATION: CHANGING PRACTICE

## 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