GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details ***This information will be used only for contacting you in relation to this submission***	
Title	Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☒ Other ☐
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Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

☐ I do not want my submission published

☐ I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

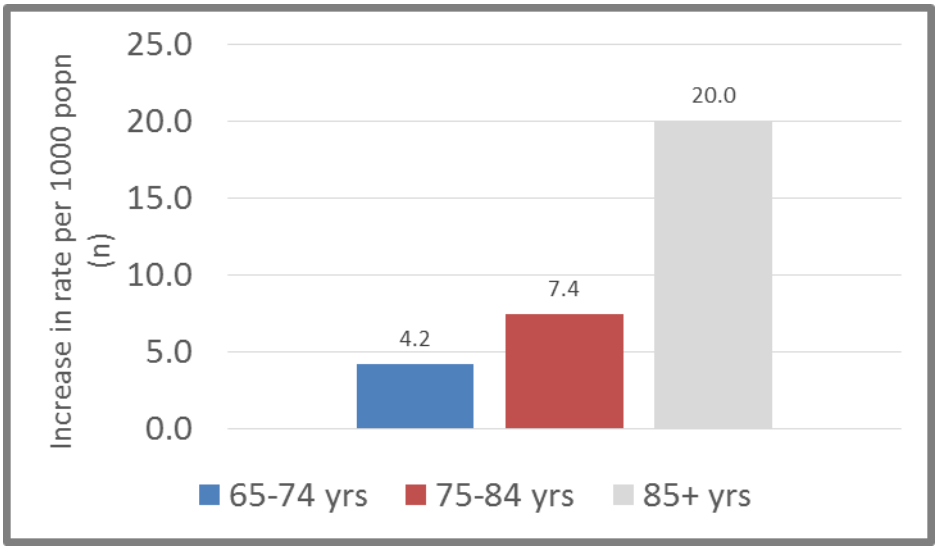
Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

Falls Prevention Health Network Clinical Lead - submission to the Sustainable Health Review 2017

Background

Falls are a significant issue in WA, ranking as the fourth most common cause of community injury death (11%) and the second most common cause of community injury hospitalisation (31%).[i] A recent report on cost of injury, showed in 2012 falls in older adults cost the WA economy 2.13 billion dollars of which 250 million relate to direct cost[ii]. Historically, compared to other states in Australia WA has outperformed other states with a stable rate of falls related hospitalisation (1999 – 2009)[iii], disturbingly WA performance has deteriorated with trend increased rates in 2012 when compared to 2003.



Falls in WA has thus been a sleeping giant and requires a renewed focus and careful investment. Although the exact timing of the change in trend is under review, this change likely related to comparative disinvestment in subacute services and staffing. Recent service expansion represents diversification of existing investment rather than new falls prevention activity.

The 2014 Falls Prevention Model of Care (MoC)[iv] articulates a best practice approach to reducing falls risk, fall incidents, and falls-related injuries, whilst recognising the positive achievements and work in this field. The model means WA is well positioned to respond to the increasing falls problem through a growth phase for the next decade. A broad suite of falls prevention measures, as well as being cutting edge incorporate locally developed hospital and post ED interventions. They, are available and can be modelled with return on investment estimated, once high level commitment is made to falls program development.[v]

The key recommendations and strategies for implementation for each of the MOC focus areas are used to gauge progress under the SHR statement headings.

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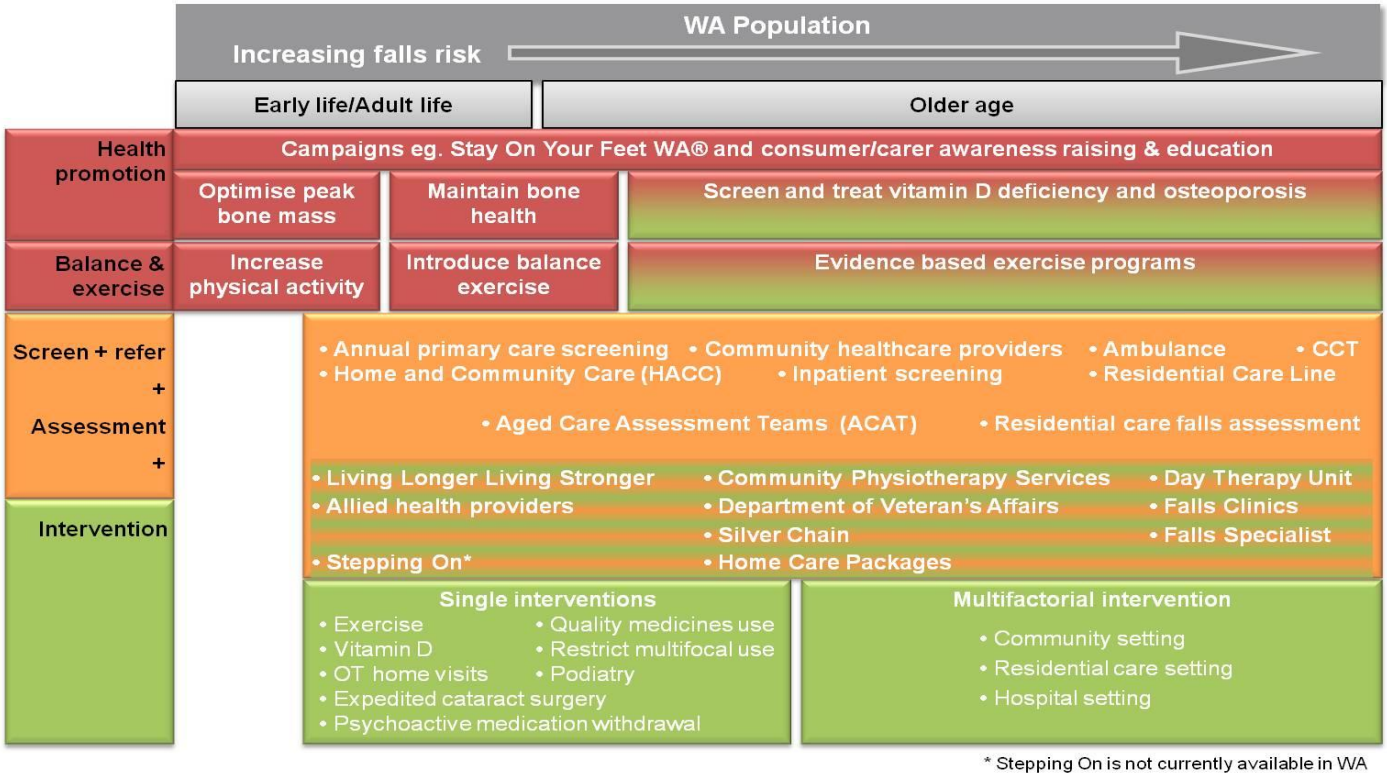
A sustainable health system in WA

Comment is provided against the prompt points provided

1. Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition.

A number of services and interventions are available that aim to effect the health behaviour change required. The web of services and interventions can be spread across time in a realistic and appropriate way to consider falls prevention care. Services are listed in the MOC 2014 as demonstrated on this summary graph. To leverage the dose of intervention, delivery should be evaluated and aligned to optimal population modelled delivery level.



New patient centred services should include:

- Post ED falls-service-needs development (recent RESPOND RCT[vi] demonstrated falls reduction)
- Inpatient education program (SAFE RECOVERY)[vii] requires expansion (currently partially implemented)
- Fracture liaison service (this can be integrated with falls services)
- Inpatient falls admission pathways (FSH developed)

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Specific evidence based interventions do require a sustained approach to implementation. Each of these can be expanded upon within existing services by addressing barriers to uptake of evidence. Each intervention has a target population and specific information for optimal uptake. The extent of uptake is unknown and not routinely measured.

2. The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public.

A mix of services is available but gaps exist particularly in the sub-acute space. New services based on local evidence and cost data include:

- Post ED falls service needs development (recent RESPOND RCT demonstrated falls reduction)
- inpatient education program (SAFE RECOVERY) requires expansion (currently partially implemented)
- Fracture liaison service (this can be integrated)
- Inpatient falls admission pathways (FSH developed)

Certain issues affecting the broad older adult population may require additional service development or project focus.

Physical inactivity is an example with correct exercises preventing falls as well as providing social and other health benefits. The consistent delivery of healthy lifestyle messages to the general population across the lifespan will help to normalise these behaviours.

Through an innovative contractual relationship with Injury Matters, the Stay on Your Feet WA ® has evolved into a more contemporary education program that measures and evaluates impact/awareness of measures. (MOC Rec2)

A number of falls prevention exercise programs are taught to practitioners in WA however no support exists for development of businesses to deliver programs or support for older adults to overcome barriers to attending programs. Other countries such as New Zealand have implemented Tai Chi with great success across the entire country and targeted the Otago exercise program to high risk older adults. Although WA has these programs and some delivery we lack a co-ordinated and funded program with momentum to overcome the barriers.

More specifically increased investment in evidence based programs would increase the general population's ability to avoid preventable falls by

- Recommendation: Increasing the availability of tai chi and other evidence based exercise programs across the state.

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3. Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance.

Reviewing monitoring and longitudinal data related to falls related hospitalisation and falls in hospital with closer attention would be beneficial. Currently measurement is sporadic, report based, inaccessible and often reported years down the track.

4. Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care.

The Falls Prevention Health Network and Community of Practice bring people together to share and standardise information related to falls prevention. They provided input into the WA Primary Health Alliance's Falls Prevention HealthPathway to ensure consistency of messages and guides across the sector. This contact should be formalised and ongoing to prevent boundaried and silo'ed approaches.

This approach is limited as it tends to attract those whom are government employees within health. When examining the evidence based interventions it is clear other sectors and government organisations could partner together to develop an integrated approach.

Opportunities to acknowledge, reward and promote achievement for specific interventions exist. Currently services may need to be developed to fill "evidence - practice gaps" when clearly existing sectors already have roles and responsibilities that can be leveraged. An example my be prescription of sedatives in older adults, although the problem starts in primary care the continuation and cessation may stem across multiple agencies (pharmacy, hospitals, medical specialists etc) and across organisations (drug organisations). This intervention could be a focus for across partnership approach and shared responsibility. Each intervention below would benefit from a similar systemic approach.

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This table rates intervention strategies from the MOC (page 34) by the extent to which: their impact is supported by the evidence, the individuals who could benefit and their efficiency. (MOC REC 3-9)

	Intervention	Priority group	Evidence rating	Comment
3	Exercise	Hi risk and general population	+++	Balance component, home or group, 2 hours week (C) Balance program should weigh up exercise intensity versus safety taking into account resident's cognitive status. (R)
4	Psychoactive medication withdrawal	Those taking the medication	+	GP supported, stepped withdrawal, average 5 visits.
4	Pharmacist medication review	All those in residential care	+	Changes as needed and formal monitoring
5	Vit D hi dose	Those with low Vit D (C)	+++	Cholecalciferol > 800 IU/day, prevents fractures and falls
6	Restrict multifocal spec use	Active older people using multifocal specs	+	Use an additional pair of single lens specs when outside. Provide falls education.
6	Expedited cataract surgery	First cataract	+	Wait time < 4 weeks
7	OT home visit	High risk	++	Hazard reduction, training education (part of overall assess)
8	Podiatry	Disabling foot pain, attending podiatry clinic	+	May include orthoses, footwear advice, foot and ankle exercises, falls education
8	Multifactoral assess & targeted intervention	High-risk patients such as those with recurrent unexplained falls or those who have suffered a fall injury. (C & R)	++	Effective if interventions provided or arranged directly by assessment team.
	Hip protectors	Mobile residents who will be compliant.	Good practice point	Acceptability and adherence a major challenge, but effective in preventing fractures if worn.

C = community dwelling older people R = Older people living in residential care U = Unknown

[i] Ballestas T, Xiao J, McEvoy S, Somerford P. The epidemiology of injury in Western Australia, 2000-2008. Perth: Department of Health WA; 2011.

[ii] Incidence and costs of injury in Western Australia 2012. Report prepared for the Chronic Disease Prevention Directorate Department of Health WA. Hendrie D, Miller TR, Randall S, Brameld K, Moorin RE

[iii] AIHW: Bradley C 2012. Hospitalisations due to falls by older people, Australia 2008–09. Injury research and statistics series no. 62. Cat. no. INJCAT 138. Canberra: AIHW.

[iv] Department of Health, Western Australia. Falls Prevention Model of Care. Perth: Health Strategy and Networks, Department of Health, Western Australian; 2014

[v] Carande-Kulis et al. A cost-benefit analysis of three older adult fall prevention interventions. J Safety Res 2015, 52, 65-70.

[vi] Barker AL et al. RESPOND--A patient-centred programme to prevent secondary falls in older people presenting to the emergency department with a fall: protocol for a multicentre randomised controlled trial. Injury Prevention. 2015, 21 (1)

[vii] Hill AM et al. Fall rates in hospital rehabilitation units after individualised patient and staff education programmes: a pragmatic, stepped-wedge, cluster-randomised controlled trial. 2015. The Lancet 385, 9987, 2592-2599