

Evaluation of the Northside Health Service District Falls Clinics Project

Final Report, January 2011

Executive Summary

Issue addressed

Falls remain a major public health problem for adults aged 65 years and over in Queensland, particularly due to subsequent fall-related injury, morbidity and mortality. Falls clinics are an important component of the state-wide approach to falls prevention, providing multidisciplinary service to community-dwelling older adults who are at high-risk of experiencing falls and falls with injury. These clinics provide time-limited, falls-specific assessment and interventions to clients using evidence-based research to identify and treat modifiable falls risk factors, with the aim of reducing the risk of future falls.

The Northside Health Service District falls clinics project

The Patient Safety and Quality Improvement Service, formerly known as the Patient Safety Centre, provided funding to the Northside Health Service District (HSD) to establish one hospital-based falls clinic at The Prince Charles Hospital and two community-based falls clinics located in local community centres. All clients attending these clinics underwent a comprehensive multidisciplinary falls-risk assessment, including comprehensive falls history and a range of functional capacity measures based on the recommended Victorian Falls Clinics Minimum Data Set (MDS) (Hill & Black 2004). Following this assessment, clients were provided with advice, referrals and recommendations for further services and interventions, and reassessed at 6-monthly intervals.

Methods

Data were collected from the Northside HSD falls clinics between October 2007 and September 2009. This report examines the baseline demographics and MDS measures of attending clients, and the effectiveness of the falls clinic interventions on reducing falls and improving functional capacity. The adherence rates to the falls clinic recommendations were also examined. Furthermore, differences were examined between attendees and non-attendees of the follow-up visits.

Results

The hospital-based and community-based falls clinics were both effective in reducing the rate of falls and fall injuries among clients who returned for follow-up visits. In the hospital-based clinic, the rate of falling at the 6-month visit was reduced by 55% and

the rate of injurious falls was reduced by 38%. In the community-based clinics, the rate of falling at the 6-month visit was reduced by around 60% and the rate of injurious falls was reduced by over 70%. In addition, statistically significant improvements in functional capacity were found among clients who returned for follow-up visits. In the hospital-based clients, significant improvements were seen in dynamic balance (47%), falls self-efficacy (13%), walking speed (10%) and physical function (Frenchay Activities Index, 10%). Similarly, in the community-based clients, improvements were seen in dynamic balance (15%) and walking speed (14%), although the small sample size limited the extent to which significant improvements could be detected. Further research is required to promote greater adherence to falls clinic recommendations and reduce loss to follow-up of clients.

The project demonstrated that formal falls clinics can be successfully established in Queensland utilising existing health care services already providing services to the older population. Formalising these services into falls clinics enables the delivery of a specialised, evidenced-based falls-prevention service in a systematic and effective approach. Importantly, these clinics provide a vital service to which community healthcare providers can refer older adults at high risk of experiencing falls.

Conclusions

The Northside HSD falls clinics, established from existing services, provided an opportunity to deliver specialised, evidenced-based falls-prevention interventions to older adults at high-risk of falls, and was effective in reducing the rate of falls and improving the functional capacity of attending clients. The multi-factorial, multidisciplinary approach used in these clinics made a positive contribution to the health and well-being of older Queenslanders, by minimising their risk of falls and falls injury, and reducing the substantial burden of falls on the healthcare system.

Where to from here?

Falls clinics provide an essential falls prevention service to older Queenslanders, and should be established across Queensland, particularly areas where a high demand for these services exists. Queensland Health should continue to support the establishment of these clinics, given the evidence of their effectiveness in reducing risk of falls, by providing centralised support, education and resources. Furthermore, the services of falls clinics should be widely promoted to healthcare providers, particularly those who provide services to older adults at high risk of falls.