Improving Falls Clinic client engagement in falls prevention activities

National Ageing Research Institute working in partnership with Falls Clinics at:

- The Royal Melbourne Hospital – Royal Park Campus,

- Bundoora Extended Care Centre and

- Barwon Health

FINAL REPORT

Kirsten Black and Keith Hill

AUGUST 2005

Acknowledgements

The project team would like to acknowledge the support of the project steering committee for their advice and support.

Ms Ettie Pullman	Falls Clinic client
Mr Len Buchanan	Falls Clinic client
Ms Carol Pyke	Department of Human Services (Metropolitan Health and Aged Care)
Dr Michael Dorevitch	Bundoora Extended Care Centre
Dr Neil Crompton	Barwon Health
Ms Kathryn Bieser	Barwon Health

We would also like to thank the Falls Clinics involved in the study as well as the Falls Clinic clients who completed surveys and telephone interviews.

Thanks to Marcia Fearn from the Preventive and Public Health division at NARI for her contribution to the project.

Contents

ACKNOWLEDGEMENTS 1

1. INTRODUCTION 3

1.1 Project Aim 4

2. PROJECT METHODOLOGY 5

2.1 Participating Falls Clinics 5
2.2 Advisory group 5
2.3 Data collection 5
2.4 Ethics 6

3. FINDINGS 7

3.1 Response levels 7
3.2 Expectations of the Clinic (people on waiting lists) 7
3.3 Client feedback after Clinic assessment 12
3.4 Feedback from clients who did not return for follow-up 18
3.5 Falls Clinic Staff reports of clients undertaking Falls Clinic recommendations 20

4. CONCLUSION AND RECOMMENDATIONS 29

4.1 Framework and recommendations to improve uptake of Falls Clinic recommended activities 31

5. REFERENCE 34

APPENDICES 35

Appendix 1: Survey questions for clients on waiting lists 35
Appendix 2: Client Survey Questions 37
Appendix 3: Telephone interview questions for clients who do not return for review 39
Appendix 4: Staff form: Barriers to undertaking interventions 40
Appendix 5: Reasons for not undertaking interventions 41

ATTACHMENTS 43

Attachment 1: Revised survey for clients on waiting lists 43
Attachment 2: Revised survey for clients attending clinic 43
Attachment 3: Revised telephone interview prompts 43
Attachment 4: Revised barriers to undertaking interventions 43

1. Introduction

Falls Clinics provide a comprehensive multidisciplinary assessment service for people who are at high risk of recurrent falls. The function of the Falls Clinic is to identify risk factors for falling as well as recommending interventions for reducing these risk factors. Falls Clinics provide a small proportion of interventions themselves and rely on other service providers to implement most interventions. For example, a Community Rehabilitation Centre may provide rehabilitation and exercise programs and the general practitioner may make medication changes. Falls Clinics, therefore, often have limited direct influence over whether interventions are carried out by clients.

This project builds on data obtained through the Minimum Data Set (MDS) trialed by Falls Clinics in Victoria. Analyses of MDS data identified demographic characteristics related to client outcomes and client's undertaking Falls Clinic interventions. The analyses from this previous study found that older clients, females, clients living alone and clients without informal carers were less likely to undertake interventions than other clients. This suggests that additional support may be required for these clients in making interventions meaningful and accessible. It also builds on the project "Achieving Health Promotion Behaviour Change Among Older Victorians" (NARI, 2004, draft report) that used a focus group methodology, including Falls Clinic clients, to explore older people's barriers and enablers for undertaking positive health behaviour change. This project identified the importance of health services working in partnership with clients to set meaningful, relevant and achievable goals.

A recent trial of a MDS for multidisciplinary Victorian Falls Clinics undertaken by the National Ageing Research Institute for the Department of Human Services (Victoria) identified that 17% of interventions recommended by Falls Clinics, such as exercise programs and footwear changes, were not undertaken by clients and another 19% were only partially undertaken. The project also identified that 38% of clients recommended to return for a 6-month review did not attend the follow-up assessment. These data suggest that there is a need to explore current practice and strategies to improve practice to more actively engage Falls Clinic clients in falls prevention activities. In part, this will require investigation of the relevance and meaningfulness of interventions to clients, their perceptions of the value and likely effect of these interventions, and perceived barriers to engaging in the interventions.

To explore this issue the National Ageing Research Institute (NARI) received funding through the Australian Council for Safety and Quality in Health Care's 'Safety Innovations in Practice Mark III'. This report outlines the key findings of a study that explored Falls Clinic clients' and carers' experiences of attending a Falls Clinic, reasons for not undertaking interventions recommended by the Falls Clinic and reasons for not attending a scheduled Falls Clinic review assessment.

1.1 Project Aim

This project aimed to identify strategies to improve engaging Falls Clinic clients in activities identified as likely to minimise future risk of falling for the individual, thereby improving client safety. It is anticipated that achieving this aim will increase the proportion of clients undertaking recommended interventions and returning for follow-up assessments, ultimately aiming to reduce future risk of falls and fall related injuries.

2. Project Methodology

2.1 Participating Falls Clinics

The project involved 3 Victorian Falls Clinics at Royal Melbourne Hospital Royal Park Campus (previously MECRS), Bundoora Extended Care Centre (BECC) and Barwon Health Service. As the project was aiming to identify strategies for improving client engagement and not to compare practices or processes amongst different Clinics, data from clients of all three Clinics was combined.

2.2 Advisory group

A project advisory group was formed. Participants included the project team, representatives of participating Falls Clinic staff, a representative of the Victorian Department of Human Services, and previous Falls Clinic clients. The advisory group met on two occasions and provided feedback on project development, methodology, findings from surveys and interviews and evaluating resources and recommendations for engaging Falls Clinic clients in clinical practice.

2.3 Data collection

Data collection occurred over a four month period (March-June 2005). Four data collection strategies were used:

- Survey of clients waiting for a clinic appointment;
- Survey of clients who attended the clinic;
- Telephone interviews with clients who failed to attend a scheduled visit during the four month data collection period; and
- Surveys completed by staff regarding clients' compliance with interventions.

2.3.1 Survey for clients on waiting lists

A survey was posted to all clients who were on a waiting list to attend one of the participating Falls Clinics. This survey examined client expecations about falls prevention and activities they had undertaken to try to reduce falls. The survey included questions about current exercises undertaken and the types of exercises the client would consider undertaking if recommended by the Clinic. The survey questions are included as Appendix 1. Clients were provided with a reply paid envelope to return the survey (without personal details) to the research team, or to pass it back to Clinic staff who then returned it to the research team.

2.3.2 Survey for clients attending clinic

A survey was given to all clients attending an initial, 6-week or 6-month follow-up assessment at the participating Falls Clinics. The survey investigated Clinic processes, whether the interventions were perceived to be relevant to clients and how they considered the Clinic staff could have involved them more in developing an intervention plan. The survey is included as Appendix 2. Clients were provided with a reply paid envelope to return the survey (without personal

details) to the research team, or to pass it back to Clinic staff who then returned it to the research team.

2.3.3 Telephone Interview prompts

Clients who did not attend the 6-week or 6-month follow-up assessment during the data collection period were telephoned by Falls Clinic staff to investigate reasons for non-attendance and to explore methods for improving the relevance of the Clinic follow-up assessment for clients. The telephone interview questions are included as Appendix 3.

2.3.4 Staff form: Barriers to undertaking interventions

During 6-week and 6-month reviews assessments, Falls Clinic staff sought information about whether recommended interventions were undertaken by clients and if not, what were the barriers to undertaking these interventions. Routine practice in Clinics is for clients to be asked about whether they understand and are completing the Clinic recommendations. A survey was developed to formalise the process for clinicians to document barriers for clients undertaking recommendations and to then evaluate these barriers. See Appendix 4 for a copy of the form.

2.4 Ethics

Data was provided by participating Clinics and clients in a de-identified manner to the research team, and Clinics participated as part of quality improvement for existing processes. As such, it was considered that formal Ethics application would not be necessary. However, differing requirements existed for the three Ethics Committees responsible for each of the participating Clinics, with one Ethics Committee requiring a full application, including use of consent forms for participation. The differing Ethical requirements were not considered to influence project outcomes, other than to perhaps limit the number of participants from the Clinic requiring consent.

3. Findings

3.1 Response levels

The table below indicates the number of surveys that were returned by the number of Clinics. The small number of returns for Clinic number 2 may have been due to the requirement from ethics for respondents to read and sign a participant information and consent form.

Table 1: Response rates per Falls Clinic

Falls Clinic:	1	2	3	TOTAL
Waiting list survey	17	1	11	29
Client survey	24	4	18	46
Compliance survey	46	11	35	92
Telephone interview	3	0	5	8

3.2 Expectations of the Clinic (people on waiting lists)

3.2.1 Profile of respondents

Completed surveys for people on waiting lists were received from 29 respondents (64% female; mean age of 76.8 years (SD=9.0). The survey was usually completed by the person waiting to attend the Clinic, although one carer completed the survey on behalf of the person waiting to attend the Clinic. Respondents had been waiting approximately five weeks to access the service at the time of completing the survey (median=35 days, IQ range=21.0-91.3). One respondent reported they had been waiting a year to access the Falls Clinic (the response did not indicate why Clinic assessment was delayed in this case). Ninety percent of respondents reported English as a preferred language. Three respondents (10%) preferred other languages including, Italian, Greek and Assyrian. Most respondents had been referred to the Falls Clinic by their GP (85.7%) although some referrals were received from medical specialists (7.1%), hospitals (3.6%) and allied health (3.6%). These findings are consistent with referral sources reported for over 500 clients in a recent study implementing a Minimum Data Set (MDS) with 14 Victorian Falls Clinics (Hill & Black, 2004).

3.2.2 Perceptions of the potential for reducing falls and falls risk

Most respondents reported that they considered that falls and risk of falling could be reduced (82.1%). One respondent was not sure and three reported that falls and falls risk could be reduced for some people but not for themselves. One respondent reported that falls and risk of falling could not be reduced. Benefits that respondents anticipated from attending the clinic included:

- Improved balance/strength (4 respondents, 14%);

- Reduction in falls (4, 14%);
- Finding the cause of falling (3, 10%);
- Increased confidence (3, 10%);
- To be able to get up independently after a fall (1, 4%);
- To gain information about capabilities (1, 4%);
- Correcting vertigo (1, 4%); and
- Taught to walk properly (1, 4%).

Three respondents (10%) did not expect any benefits from attending the Clinic and three were unsure. Two respondents (7%) stated that age would not help, and one (4%) indicated that although some improvement may be possible it would not be sustained in the longer term. Another (4%) felt they were unsure anything else could be done in addition to what they had already done.

3.2.3 Knowledge of falls prevention strategies

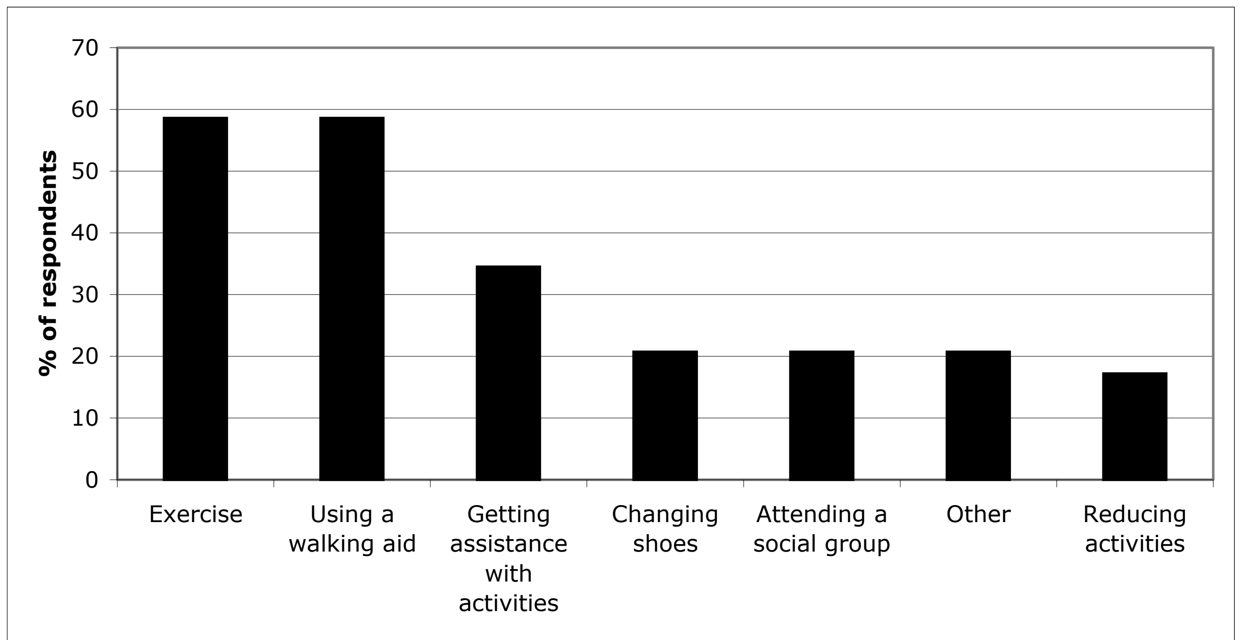
Six respondents were not able to indicate what they thought would help reduce the risk of falling. One respondent reported that previous leg fractures, having many stairs in her house and a wood heater prevented her from reducing the risk of falling. Other respondents suggested the following:

- Walking slowly/properly and getting up more slowly (5 respondents, 17%);
- Balance/steadiness (2, 7%);
- Rugs and furniture (2, 7%);
- Lifting feet higher whilst walking (2, 7%);
- Exercise (2, 7%);
- Eyesight (1, 4%);
- Instruction in turning with walker (1, 4%);
- Pilates with a trained physiotherapist (1, 4%);
- "Not climbing ladders or walking backwards" (1, 4%);
- Installing rails (1, 4%);
- Using a wheelchair (1, 4%); and
- "Keep out of the way of my two dogs" (1, 4%).

3.2.4 Falls prevention strategies undertaken

Respondents were provided with a list of falls prevention strategies and asked to record which ones they had tried previously to reduce the risk of falling. All, except one respondent reported at least one strategy that they had tried, with four participants trying 5-6 different strategies. Results in Figure 1 indicate that over half of respondents had tried exercise and using a walking aid to reduce the risk of falling. "Other" included; replacing wood heating, walking slowly and medical checks and information.

Figure 1: Strategies that respondents had tried to reduce falls risk



Two respondents (7%) indicated that these previously tried activities didn't help, and eleven (38%) indicated they did help. Four respondents (14%) stated that they helped to some degree. One respondent (4%) had tried all 6 listed activities and stated that some of them helped.

3.2.5 Current exercises undertaken

At the time of the survey 21 respondents (72%) reported undertaking some form of exercise, most commonly walking (17 respondents) with three reporting gentle exercise such as Pilates or yoga and two reporting swimming/hydrotherapy and weights/strength training. The following exercises were undertaken by one respondent each:

- exercise with a physiotherapist;
- exercise bike;
- housework;
- gardening; and
- fishing.

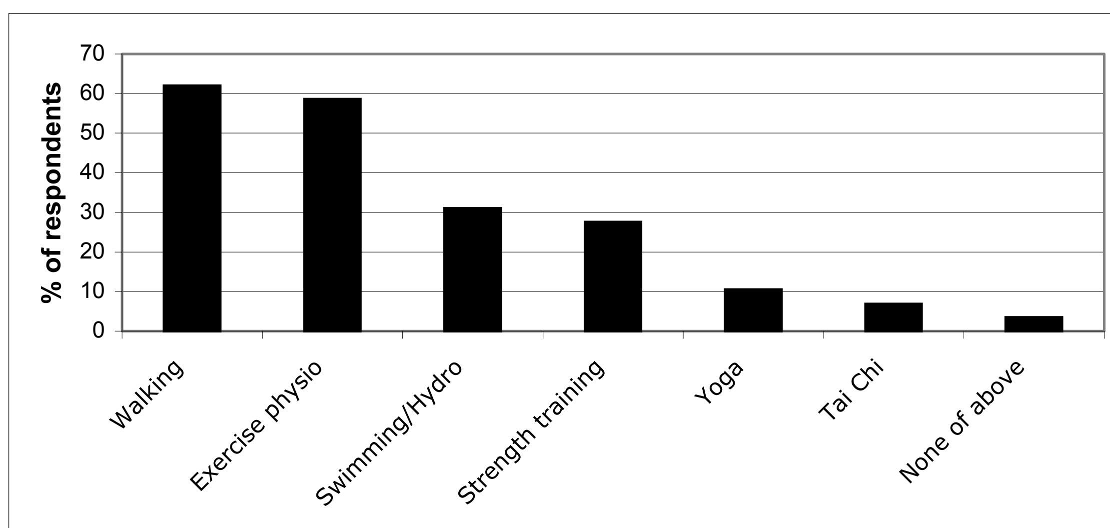
One respondent with Parkinson's disease had stopped exercising due to a number of falls requiring medical attention. Another had reduced the frequency and distance of walks and had ceased Pilates due to it aggravating foot and hand injuries. One carer reported that the person was too lazy to exercise.

3.2.6 Exercises that would be considered

From a list of activities clients would be prepared to try if recommended by clinic staff, five clients indicated they would not try exercises due to being "frightened", "too old", "very limited" or "wary about walking in the streets". When asked if they would undertake an exercise program tailored to suit their fitness level, all except four participants identified one or more exercises they would consider

undertaking. Figure 2 indicates that walking and an exercise program with a physiotherapist were the most preferred exercise options.

Figure 2: Exercise programs respondents would consider undertaking if tailored to their fitness level



3.2.7 Preferences of location and company for exercises

Home was the preferred location for exercise for 19 respondents (66%), with six preferring centre based exercises, one reporting they would do exercises "anywhere" and one indicating they would exercise at home or at a centre (missing data for 2 respondents). Respondents were also asked whether they preferred to exercise on their own, with others they knew or with others they may not know. A number of respondents selected two or three categories. Overall, 48% of respondents preferred to do exercises on their own, 38% with people they knew and 31% with people they may not know.

3.2.8 Other interventions that would not be considered

In addition to exercise, respondents were asked whether they would consider using walking aids or hip protectors if recommended by the Clinic. Seven respondents (24%) would not consider using a walking aid due to wanting to maintain independence and feeling they were "more of a hindrance for my needs (at present)" or because they were "stubborn" or "embarrassed". One respondent (4%) did not like to use their walking aid due to a hand injury.

Two respondents (7%) would not agree to using hip protectors, one indicating that their hips were good and the other that they didn't need them. Two respondents (7%) didn't know what they were.

Although respondents were given an opportunity to report other interventions they would not be prepared to undertake, no other interventions were reported.

3.2.9 Summary

In summary there were mixed expectations about the Clinic and falls prevention by respondents waiting to access a Falls Clinic. There were some perceptions that benefits from the Clinic would be unlikely and that age was a barrier to reducing falls risk. However, most respondents reported that falls and falls risk could be minimised and most were prepared to undertake exercises as one approach to try to reduce falls risk. Despite this, the most common type of exercise clients reporting having tried already, or that they would consider to help reduce falls was walking. Although there is a range of health benefits of walking for older people, there is no research evidence to date that walking programs are effective in reducing falls. Other types of exercise that have been shown to be effective in reducing falls were reported less commonly. There appears a need to promote to Falls Clinic clients the type of exercises that are most likely to be beneficial in reducing falls risk. Although exercises at home were most often preferred, respondents reported a mix of preferences for whether they would prefer exercise alone, with people they knew or people they didn't know. These survey findings demonstrate the importance of exploring clients' perceptions and preferences before recommending exercise or other interventions.

A number of respondents also gave reasons for not wanting to undertake falls prevention recommendations such as not seeing a need, aggravating injuries, feeling embarrassed, or being frightened or wary about walking in the street. Without exploring these issues prior to implementing an intervention plan, clients may be unlikely to undertake the recommended interventions.

3.3 Client feedback after Clinic assessment

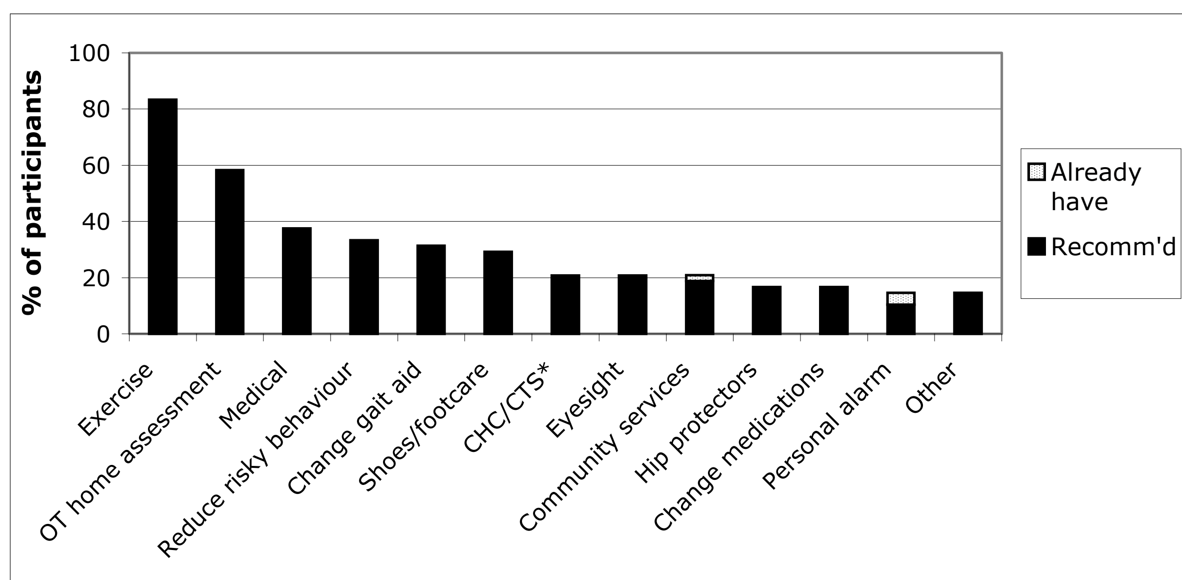
3.3.1 Profile of respondents

Forty-two clients and four carers returned surveys after attending the Falls Clinic for an initial or follow-up assessment. This survey aimed to explore Falls Clinic client perceptions of the Clinic, including whether they felt they understood the recommended interventions and felt involved in the process of identifying interventions (See Appendix 2). Twenty-one (43.8%) of the surveys were completed following an initial Falls Clinic assessment, 9 (18.8%) following a 6-8 week review and 17 (35.4%) following a six month review. The majority of clients were female (62.5%) with a median age of 79 [IQ range=75.0-84.0]. Ninety four percent of clients completing the survey preferred speaking English with three respondents preferring other languages (Italian, Latvian, Hungarian).

3.3.2 Interventions recommended

Respondents reported being recommended a median of four interventions [IQ range=2.0-5.0]. Figure 3 shows that exercise and home assessment by an Occupational Therapist were the most common interventions reported by respondents.

Figure 3: Interventions recommended to respondents (self report)



***CHC = Community Health Centre; CTS = Community Therapy Service**

Eighty-five percent of respondents had undertaken or planned to undertake 'most' or 'all' of their recommended interventions (See Table 2). Undertaking or planning to undertake interventions did not appear to be influenced by whether the respondent had completed an initial, 6 week or 6 month follow-up assessment.

Table 2: Recommendations respondents have done or plan to do at initial assessment or 6 week or 6 month follow-up.

	None	Some	Most	All	Total
Initial		4 (20.0)	3 (15.0)	13 (65.0)	20 (100)
Six week		2 (22.2)	1 (11.1)	6 (66.7)	9 (100)
Six month	1 (5.9)		3 (17.7)	13 (76.5)	17 (100)
Total	1 (2.2)	6 (13.0)	7 (15.2)	32 (69.6)	46 (100)

Only one respondent reported having not done/or planned not to do any of the Falls Clinic recommendations. This respondent had been recommended an exercise program at a gym and swimming pool, a home assessment and a change of gait aid. The respondent reported undertaking an alternative intervention; "I participated in a special whole body vibration involving 14 weeks-3 days a week for ACV student." Other reasons provided by respondents for not undertaking/planning to undertake interventions included lack of service availability or still trying to arrange appointments. There were some instances of high demand for services; "I plan to undertake exercises when an appointment can be made at Community Care. They are very busy just now". There were also two instances where miscommunications appeared to lead to extra waiting time for services. One respondent's experience of trying to access a psychologist highlights the difficulties that clients can face trying to navigate a complex health care system:

> "I inadvertently missed out on an interview with the psychologist through misunderstanding. I did go for my first appointment but after waiting a short while the nurse said the psychologist was very busy that afternoon and there wouldn't be time to see me… I did not realise the Falls Clinic and Rehab section were separate and I got a letter from the Clinic re appointment with the psychologist but later got a letter from rehab making a later appointment and I mistakenly thought the later letter was instead of the other."

This experience also highlights the importance of Falls Clinic staff providing clear instructions on how to access services and who has made referrals to where.

A number of respondents were not planning to undertake recommendations as they felt the intervention was not appropriate for them or not needed at present. Some of the comments suggest that more exploration of the client's current circumstances may have led to alternative interventions being recommended. One respondent had been recommended meals on wheels and home care but felt his wife was managing these tasks adequately at present and another who was recommended an exercise program was already undertaking an exercise program. One respondent reported having Age-related Macular Degeneration which was a "complicating factor in visual activities requiring central vision… Cannot read booklet – therefore all exercises need to be committed to memory – sometimes not perfect". Another respondent was also given a recommendation to lose weight despite already losing 20kgs; "they said I was overweight. I used

to weigh 96 kgs now I weigh 76 kgs. I have stabilised my weight and not likely to be able to lose any more."

One response highlights the range of obstacles that some clients face in trying to carry out interventions:

> "Undertook all programs but not all activities have been done as often as recommended… Client at times too tired, staff not available via council to attend to programs. Carer unwell and can't undertake some exercise activities with client as ordered. Budget restrictions from case worker to provide extra help."

3.3.3 Client involvement in developing their intervention plan

Respondents were asked to report their involvement in developing a list of recommendations. Thirty-nine respondents (85%) reported that Clinic staff involved them in the process for developing the intervention plan. Two respondents (4%) disagreed; one did not provide a reason and one indicated; "the Dr said she will write to my GP. She wants me to have blood tests. I told her I do not have diabetes. I don't know what the other blood test is for, I forgot to ask".

Thirty-one respondents (67%) reported that they did not want more or less involvement or information provided by Clinic staff in developing recommendations;

- "have had good support and involvement";
- "I am happy with suggested interventions"; and
- "The OT covered info fully. Also physio".

The respondent who reported the misunderstanding regarding a psychology appointment reported that more information may have been helpful. Another respondent was advised to consider more support than a walking stick but was not given any suggestions as to an appropriate alternative. More written information would have been beneficial for the family of a Hungarian speaking client who reported they did not fully understand the information provided verbally at the Clinic.

Reasons for undertaking interventions were adequately explained by Falls Clinic staff according to 37 respondents (80%); "Clearly explained. Answered any questions willingly and in layman's language". Three respondents (7%) would have preferred more information including more information about an "X Ray that was in [the] letter I got". One respondent indicated that despite not being able to improve eyesight, the Dr reported this was necessary to prevent falls; "I've had a cataract removed from right eye and left eye not healthy so cataract cannot be removed. Dr explained that eye sight as well as feet and legs were necessary for safe walking." Respondents were generally satisfied with the exercise interventions that were recommended by the Clinic although a couple would have

preferred exercises that could be done at home, one due to not being able to drive.

3.3.4 Expectations of Falls Clinic outcomes

Thirty-seven clients (80%) anticipated or had already achieved improvements through interventions recommended by the Falls Clinic. Respondents anticipated improvements in strength and balance, more stamina as well as confidence in walking and doing other activities outside. One carer reported; "prime consideration arising from psychological and medical procedures is to overcome the fear of falling. Currently my wife is undergoing examination by the clinical psychologist". Some, however were less optimistic, "I hope [to benefit], although attendance at a balance group/Falls Clinic for a total of 15 months over the last 5 years has not seen any improvement to my sense of balance!"

At the 6-8 week or 6-month review, a number of respondents identified achieving benefits from the Falls Clinic interventions:

> "Yes, I have already benefited from the physio and I find my legs are getting stronger and there is less likelihood of my falling" (6 week review).
>
> "After 6 months of suffering Vertigo the exercises and massages had a significant improvement in my health" (6 month review).
>
> "Yes, after 6 month check-up, this has been proven to be correct, as I am able to be independent again, which was my aim at the beginning of the program" (6 month review).
>
> "Doing all the exercises has helped a lot and a change of some medications and I now have a personal alarm" (6 month review).

Some responses to this question also highlighted some barriers to undertaking interventions and achieving improvements. One respondent was faced with low expectations from her son; "I hope [to benefit]. I need pelvic strengthening exercises. My 40 year old son thinks it's too late for me. We'll see." Other barriers included poor memory, poor vision and lack of support available through a case managed package:

> "If there were staff to undertake the walking program and assist with exercises it would help. As it is, the budget from the case manager is utilised for 7 days X ½ hr daily for personal care am and for 7 days 15min pm to put to bed."

3.3.5 How could the Falls Clinic better meet needs?

Responses to the question "Do you have any suggestions on how the Clinic could have better met your needs?" were very positive. Respondents appreciated the competence, caring nature and helpfulness of Falls Clinic staff;

> "No, I am very thankful for being treated by such competent and caring staff. Knowing there are people who care about helping the elderly gives me the confidence to make changes."

> "I fail to see how the help and information received from staff could be improved on. Staff most courteous and helpful at all times. I would like to thank one and all. Thank you."

> "No, it was a very thorough assessment, from physio, Dr & OT. Everyone introduced themselves & told me what they were doing. They could not have been more helpful. I had lost my confidence in walking, they were a great help."

> "All the staff were very helpful as well as the Doctor I saw. I would have no hesitation on going to the Clinic again."

Six respondents provided suggestions for improving Falls Clinic services. Two suggestions were related to interventions that respondents would like to have had recommended but were not, including physiotherapy or massage and a personal alarm. Other suggestions were:

> "Possibly have a transport system to take clients to the centre and exercise to be done there – less onus on carer."

> "Maybe they could have advised as to what type of aid I should use, instead of stick. They did put a new rubber grip on end of stick."

> "I feel physiotherapy patients could be encouraged to work a bit harder and extend their effort. Not being critical just so very grateful for help received."

> "Clinic has been excellent. Would, however, allowing for all of the walking and exercise procedures to be able to uncover the reasons for the panic attacks and fear of falling and for the problem to be resolved to a greater extent than seemingly exists."

3.3.6 Summary

Feedback was obtained from 42 clients and four carers regarding outcomes from the Clinic and their perceptions of their involvement in developing the intervention plan. Clients were on average recommended four interventions, and the majority of clients intended or had already undertaken the recommended interventions. Some clients were still trying to arrange appointments and there was evidence of demand on services posing a barrier to undertaking interventions. System errors such as miscommunication led to two clients having difficulty undertaking interventions. The complexity of the service system meant that one respondent arrived for an appointment that had not been scheduled. More information about the referral process and links between services from Falls

Clinic staff may have helped this client access the psychology service more easily. Some respondents reported that some interventions were not considered appropriate for them and highlighted the importance of Falls Clinic staff discussing interventions with clients and developing a better understanding of the client's current circumstances. Language was a barrier for some clients, however, the provision of written information meant that family members who did not attend the Clinic could gain a better understanding of the outcomes of the Clinic. This, however, suggests that clients who have limited English may not be fully understanding the information provided at the Clinic. The use of interpreters for these clients and provision of written information, preferably in various languages, will be important for ensuring information is adequately communicated to clients.

Clients were generally very satisfied with the dedication and caring nature of staff at the Falls Clinic and also anticipated or had already achieved improvements in a number of areas including strength, balance and confidence. Provision of transport to the Clinic was suggested as an improvement that could be made.

3.4 Feedback from clients who did not return for follow-up

Eight clients who did not return for a 6-8 week or 6 month review took part in a follow-up telephone interview to explore their experiences of the Falls Clinic and reasons for not attending the scheduled follow-up appointment (See Appendix 3 for Interview questions). Seven of the 8 clients had failed to attend a 6 month assessment, with the eighth client missing a 6 week review. Of the eight clients who were interviewed by Falls Clinic staff, two had Greek as their preferred language and one had Italian.

3.4.1 Reasons for not attending the follow-up assessment

Three clients did not attend the follow-up assessment due to feeling unwell at the time that the assessment was scheduled. Another reported that it was too difficult to get there and that transport or taxi provision to the Clinic would be of benefit. One carer reported that her husband was feeling "fit and strong" and therefore, did not feel that a follow-up assessment was necessary. Another client declined an appointment as they didn't think it would make any difference. Another carer reported that her mother-in-law's care had taken a different focus and that they were going to see a specialist regarding strength in legs.

3.4.2 Clinic's impact on client

Not attending for a follow-up assessment also appeared to relate to clients' perceptions of the benefit they received from attending the Clinic. Five of the eight clients did not feel that the Clinic helped in any way, with one stating they were looking for a "quick fix". One carer reported that the clinic helped reduce her worry as the assessment showed her that her husband was strong and not as frail as she thought he was.

The clients interviewed had received a range of recommended interventions including review by Vision Australia, CRC, OT home visit, installation of rails, education of gait aid, investigations, podiatry, footwear change and exercises. Many of the interventions were completed by clients including home visits, investigations, rails in bathroom, education of gait aid, review by Vision Australia and CRC. One client was on a waiting list for podiatry. For some clients, exercises were started but not well maintained. For example, one client was undertaking exercises as recommended prior to a change in their health status. One carer was finding it difficult for the client to maintain walking due to physical and cognitive decline. Another client did not undertake exercise and gait aid interventions due to pain and lack of confidence, in particular, hydrotherapy was discontinued due to the client being uncomfortable and fearful in the water. One client had some modifications made to the house, such as white tape on steps and an indoor clothesline installed in the garage. However, the client didn't want to travel to the CRC for physio as they were "too nervy" to go as "I am 90 you know". This client felt the physio at their village was too expensive and they didn't think it would help anyway. This client was soon to move into a hostel and felt that it would be safer there.

3.4.3 Client involvement in developing their intervention plan

Clients felt that they were adequately involved in discussions to identify interventions and that reasons for undertaking interventions were sufficiently explained by Falls Clinic staff; "You gave me as much information as I needed"; "I had no problem with what they suggested, I have just been too ill to attend". Some of the respondents who spoke a language other than English had difficulty answering these questions. The daughter-in-law of a Greek speaking client, particularly appreciated the provision of written information on the Clinic outcomes. None of the clients or carers reported that they would have preferred different interventions, although one carer was hoping there might be a "needle or tablets or something quick to fix everything".

3.4.4 Summary

Reasons for not attending the follow-up assessment appeared to be a result of a combination of ill-health at the time of the appointment and a perception that the Clinic would not be able to help anyway. One carer indicated that they did not return as their husband was feeling well. The Clinic did seem to serve a function of reassuring the carer that her husband was stronger and less frail than she believed. Clients who didn't return for a review generally undertook the one-off interventions such as modifications and gait aid changes, but exercises were only partially complied with. Declines in health and cognition appeared to be a key factor in exercise programs not being fully undertaken. Lack of information or involvement in the Clinic process did not appear to be a factor deterring clients from returning to the Clinic.

3.5 Falls Clinic Staff reports of clients undertaking Falls Clinic recommendations

3.5.1 Profile of clients

Falls Clinic staff completed compliance surveys for 92 clients of which 49 were attending for a 6 month review and 43 for a 6-8 week review. Preferred language was recorded for 79% of clients with most preferring English (87.7%), six preferring Italian (8.2%) and one each preferring Greek, Turkish and Spanish. The median number of recommendations for which data was recorded was 3 [2.0-4.0].

3.5.2 Compliance levels

This section considers whether recommendations were fully, partially or not complied with by Falls Clinic clients as followed up by Clinic staff at either a 6-8 week or 6-month review. The following interventions are not included in this analysis as no compliance data was recorded:

- Inpatient admission for further investigation;
- Tai Chi;
- Community services (meals on wheels, home care, community nurse, home maintenance, respite, personal care, Planned Activity Group); and
- Driving assessment.

Overall, clients had a high level of compliance with recommendations (See Table 4 and Figure 5 at end of the chapter). Of a total 317 interventions, 236 (75%) were fully undertaken by the client with another 12% partially completed. A number of these interventions were also likely to occur in the near future as clients had appointments booked in etc (see Section 3.5.3 for more details on reasons for partial and non-compliance). These figures show a high level of compliance when compared with recent data from a study involving 13 Clinics submitting 6 month compliance data where a rate of 64% of recommendations were fully complied with (Hill & Black, 2004).

Compliance rates were highest amongst community therapy programs such as Community Therapy Services and Community Rehabilitation Centres (86%), home environment assessments and modifications (85%), and exercise interventions (79%). Around two thirds of clients fully complied with medical, feet and footwear, gait aid changes, clinical psychology and single allied health interventions. As found in other studies (Hill & Black, 2004), compliance with hip protectors was low with only one of the nine clients (11%) who were recommended a hip protector using it as recommended.

Chi Square analyses of the most commonly recorded interventions (medical, exercise and home environment) indicate that there were no significant differences in rates of compliance between clients at a 6-8 week review compared to a six month review (See Figure 6 at the end of this chapter). Although not significant, there were some differences as illustrated in Figure 6. For example,

medical interventions, including medication changes, referral to a medical specialist and further investigations, was fully complied with by 75% of clients at 6 months compared to only 50% at 6-8 weeks. Table 4 shows that most of the variation related to investigations/treatment of health problems suggesting that this intervention often takes longer than a 6-8 week period to be undertaken. For exercise, this trend reverses as clients may start off consistently doing their exercises after recommendations from the Clinic but after a few months they may lose interest or become preoccupied with other activities/responsibilities.

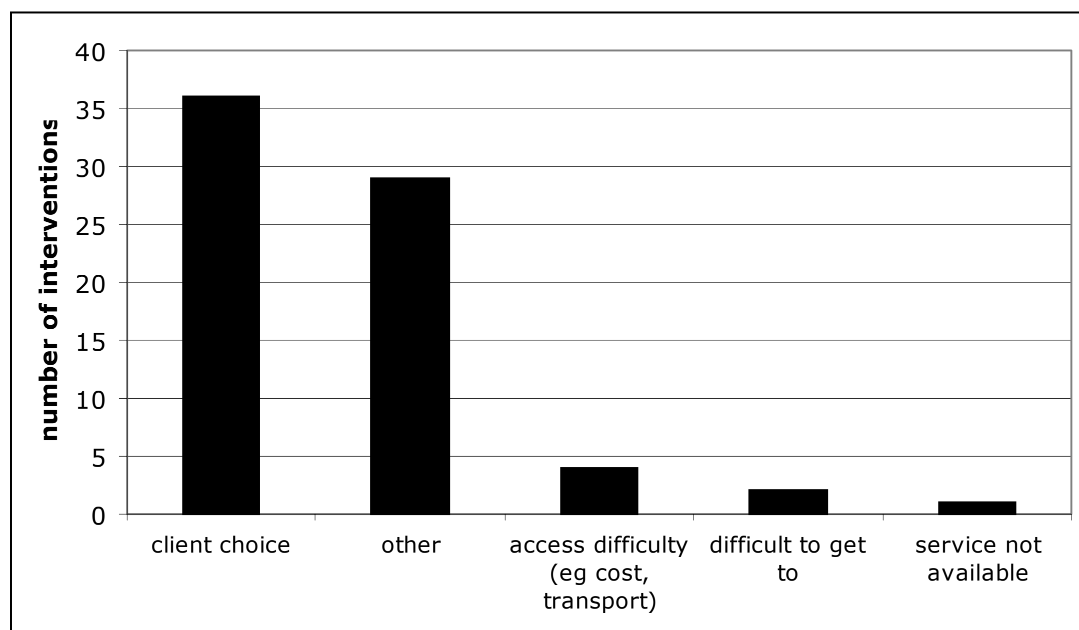
3.5.3 Reasons for partial and non-compliance

As described in the previous section, a quarter of interventions (81) recommended to Falls Clinic clients were not fully undertaken by clients. Falls Clinic staff were asked to record reasons for not fully undertaking each intervention at either 6-8 week or 6 month follow-up assessments. For 72 recommendations (88.9%), staff provided more detail as to why recommendations were either partially or not complied with. The survey form (See Appendix 4) provided a range of possible reasons for not undertaking recommendations including:

- Lack of service availability;
- Access difficulties (cost, language);
- Difficult to get to; and
- Client choice.

Responses indicated that the response options may not have covered some of the key factors that clients and clinicians face that influence compliance, with responses indicating that partial/non compliance was mainly due to client choice or other reasons not listed (See Figure 4).

Figure 4: Reasons for partial/non compliance



To examine the barriers to undertaking interventions further, Falls Clinic staff were asked to describe the reason for partial/non compliance. For a full list of the 64 reasons described by clinicians and the corresponding intervention see Appendix 5. These reasons have been re-categorised in Table 3 below.

Table 3: Reasons for partial/non compliance with Falls Clinic interventions

	Reason	Number of interventions (%)
Service level	System failure	6 (10.3)
	External doctor / GP / nurse did not support recommendation	5 (8.6)
	Appointment to be made/still waiting	7 (12.1)
Client level	Cost	2 (3.5)
	Unwell/aggravates other medical condition/tiring	6 (10.4)
	Dementia	2 (3.5)
	Doesn't see the need/low motivation	10 (17.2)
	Not enough time/too much on at present	4 (6.9)
	Waiting for family assistance	2 (3.5)
	Not wanting therapy	2 (3.5)
	Client doesn't consider intervention appropriate for them	3 (5.2)
	Wrong size	2 (3.5)
	Other	7 (12.1)

Table 3 shows that a number of interventions may still have been undertaken or were no longer required. Closer examination of the responses in Appendix 5 indicates that 16 interventions may still have been implemented or were no longer required. For example, the client was waiting for an appointment, was waiting for family members to provide assistance (home modifications), a miscommunication led to a re-referral, or an alternative intervention had replaced the need for the original intervention. The need for clinical psychology by one client, for example, was no longer needed after a one to one physiotherapy program improved balance and gait and led to a dramatic reduction in fear of falling.

Eighteen interventions were partially or not complied with due to system wide issues rather than issues related to the client. For example, six interventions were described as system failures including miscommunications. One system failure related to failure to organise an interpreter for a home visit. Five interventions were not undertaken due to external health practitioners, usually doctors (GPs, other medical specialists) not supporting the Clinic recommendation. This barrier was evident for further investigations, medication reduction and hip protectors.

Some of the reasons for partial or non-compliance were recorded only for specific interventions. For example, hip protectors were not used due to being too big for two clients and due to incontinence issues for another. Cost of services was a barrier for home modifications. Another client who was recommended to change from bi-focal glasses to two pairs of glasses had just bought new glasses prior to the Clinic assessment and was going to wait until new glasses were needed before changing to two pairs. Although not stated, this is likely to be a cost barrier.

Aggravation of existing conditions was sometimes a barrier for undertaking exercise/CRC (4 clients), but was also reported as a barrier for taking calcium (that caused constipation) and for changing to appropriate shoes (that hurt varicose veins).

Two clients did not want to undertake CRC therapy and three did not consider the recommended interventions appropriate (gait aid change or hip protectors). For three clients there was not enough time or they were "preoccupied with other things" and were not able to fully complete the interventions. Falls Clinic staff attributed dementia to lack of full completion of two interventions (gait aid and home exercise).

3.5.4 Summary

In summary, clients generally completed Falls Clinic interventions with 75% of recommendations fully undertaken by clients. Some interventions showed higher levels of compliance than others, with hip protectors having the lowest level of compliance. There were no significant differences between clients assessed at 6-8 weeks compared to 6 months, however, there were some trends that suggest that different interventions may be more or less complied with over time. For example, medical interventions may take longer than 6-8 weeks to be followed up, whilst clients may start off enthusiastically with exercise interventions but this may drop off over time.

Low motivation/effort, however, was not commonly reported as a reason for not undertaking recommended interventions with 10 of the total 317 interventions (3.2%) not undertaken for this reason. These findings are encouraging and provide useful information for Falls Clinic staff. A number of the interventions may still have occurred after the follow-up assessment. A number of interventions could have had better compliance rates with more discussion with the client and their family. For example, some clients did not feel that there was a need or that the intervention was not appropriate for them. If these barriers are not identified at initial assessment, the client may choose not to attend a follow-up, preventing alternative interventions being recommended. Having hip protectors too large was a problem that arose on two separate occasions, despite appearing to be an easily remedied issue. Some of the miscommunications or system failures could have been reduced with more accurate referrals and follow-up. In a small number of cases communication problems also appeared to be related to not using an interpreter. Occasionally, Clinic recommendations which relied on external staff (eg general practitioners) were not carried out, with some indication that this may be related to differences of opinion about preferred actions. In such instances, ongoing communication and feedback with external staff may help to support Falls Clinic recommendations.

Table 4: Compliance levels

	6-8 week review (%)			6 months (%)			Total (%)		
	Full	**Partial**	**Non**	**Full**	**Partial**	**Non**	**Full**	**Partial**	**Non**
Referred to medical specialist				3			3		
Investigations/treatment of health problem	6	1	6	6		2	12	1	8
Medication reduction	2		1	2	1		4	1	1
Other new medication	1	1	1	1	1		2	2	1
Medication review	1			3		1	4		1
MEDICAL INTERVENTIONS	**10 (50.0)**	**2 (10)**	**8 (40.0)**	**15 (75.0)**	**2 (10.0)**	**3 (15.0)**	**25 (62.5)**	**4 (10.0)**	**11 (27.5)**
Group exercise	3			5	1		8	1	
Home exercise	13	4		19	5	3	32	9	3
Vestibular rehabilitation	3			3			6		
Hydrotherapy	2			1			3		
EXERCISE INTERVENTIONS (NON CTS)	**21 (84.0)**	**4 (16.0)**		**28 (75.7)**	**6 (16.2)**	**3 (8.1)**	**49 (79.0)**	**10 (16.1)**	**3 (4.8)**
Home visit	18	1		24		1	42	1	1
Home aids/modifications	10	5	1	8	1	2	18	6	3
HOME ENVIRONMENT	**28 (80.0)**	**6 (17.1)**	**1 (2.9)**	**32 (88.9)**	**1 (2.8)**	**3 (8.3)**	**60 (84.5)**	**7 (9.9)**	**4 (5.6)**
Footwear change	5		1	6	4	1	11	4	2
Foot care / podiatry	6		2	2	1	1	8	1	3
FEET & FOOTWEAR	**11 (78.6)**		**3 (21.4)**	**8 (53.3)**	**5 (33.3)**	**2 (13.3)**	**19 (65.5)**	**5 (17.2)**	**5 (17.2)**
CRC/Community Health Centre	19	2	5	24			43	2	5
Other Clinic	1						1		
Other rehab	2						2		
CRC / CTS / CHC	**22 (75.9)**	**2 (6.9)**	**5 (17.2)**	**24 (100)**			**46 (86.8)**	**2 (3.8)**	**5 (9.4)**

	6-8 week review (%)			6 months (%)			Total (%)		
	Full	**Partial**	**Non**	**Full**	**Partial**	**Non**	**Full**	**Partial**	**Non**
Changes to gait including supervision status and gait aid change or adjustment	5		1	7	2	3	12	2	4
GAIT AID CHANGES	**5 (83.3)**		**1 (16.7)**	**7 (58.3)**	**2 (16.7)**	**3 (25.0)**	**12 (66.7)**	**2 (11.1)**	**4 (22.2)**
Hip protectors	1	1	2			5	1	1	7
HIP PROTECTORS	**1 (25.0)**	**1 (25.0)**	**2 (50.0)**			**5 (100)**	**1 (11.1)**	**1 (11.1)**	**7 (77.8)**
Clinical psychology intervention	2	1		2		1	4	1	1
CLINICAL PSYCH	**2 (66.7)**	**1 (33.3)**		**2 (66.7)**		**1 (33.3)**	**4 (66.7)**	**1 (16.7)**	**1 (16.7)**
Single allied health (physio, speech, OT, orthotics, dietetics)	2		1	4	1	1	6	1	2
SINGLE ALLIED HEALTH	**2 (66.7)**		**1 (33.3)**	**4 (66.7)**	**1 (16.7)**	**1 (16.7)**	**6 (66.7)**	**1 (11.1)**	**2 (22.2)**
Behaviour modification (reduce risky behaviours)					1			1	
Personal alarm				1		1	1		1
Package (Linkages or CACP)				1			1		
Visual assessment / management	2	2					2	2	
Relaxation	2						2		
Reduce alcohol intake		1						1	
Education				6			6		
Balance Assessment	1						1		
Taxi card						1			1
Continence review	1						1		
OTHER	**6 (66.7)**	**3 (33.3)**		**8 (72.7)**	**1 (9.1)**	**2 (18.2)**	**14 (70.0)**	**4 (20.0)**	**2 (10.0)**
TOTAL	**108 (73.0)**	**19 (12.8)**	**21 (14.2)**	**128 (75.7)**	**18 (10.7)**	**23 (13.6)**	**236 (74.5)**	**37 (11.7)**	**44 (13.9)**

Figure 5: Full, partial or non-compliance with Falls Clinic interventions

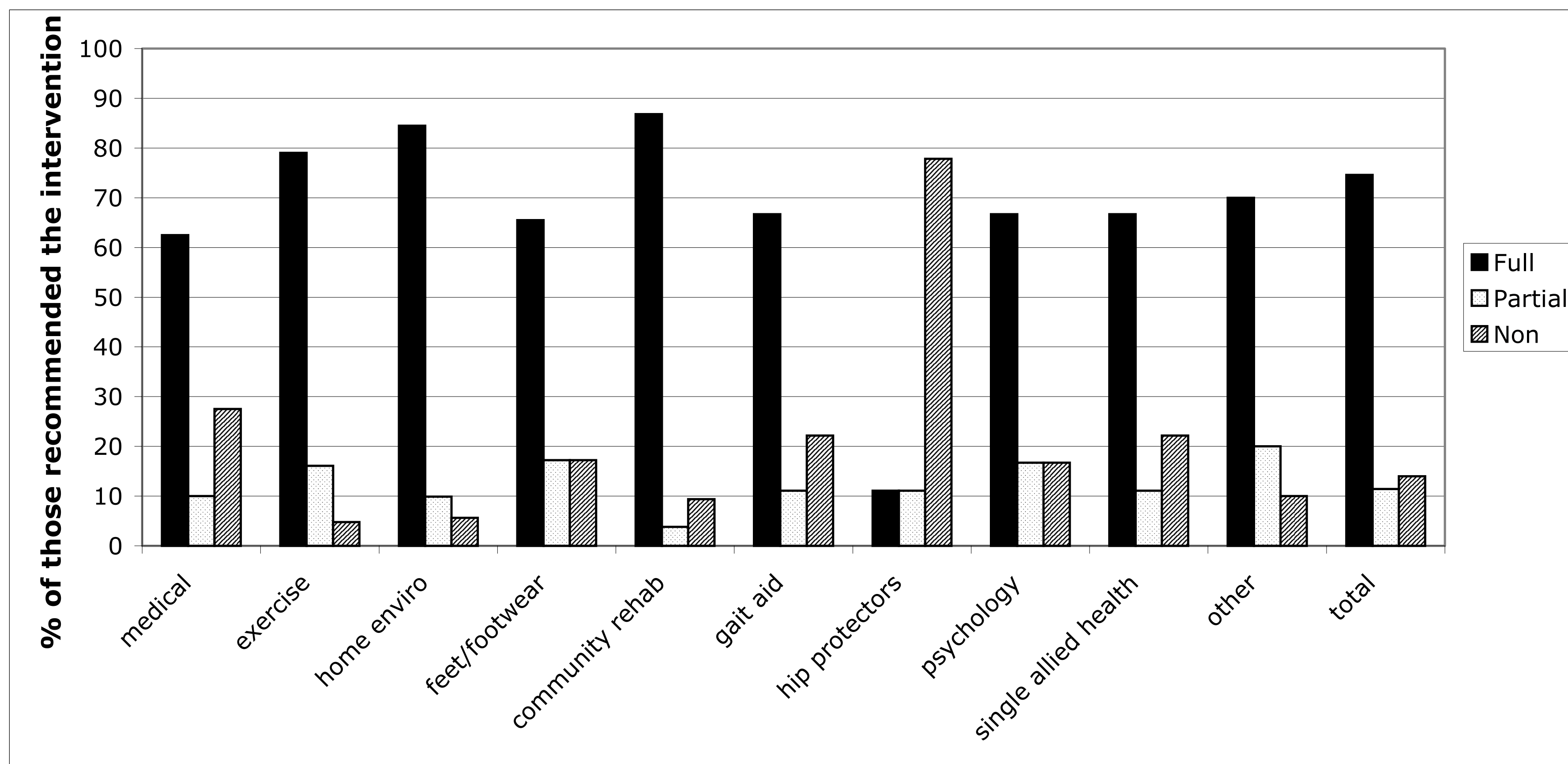
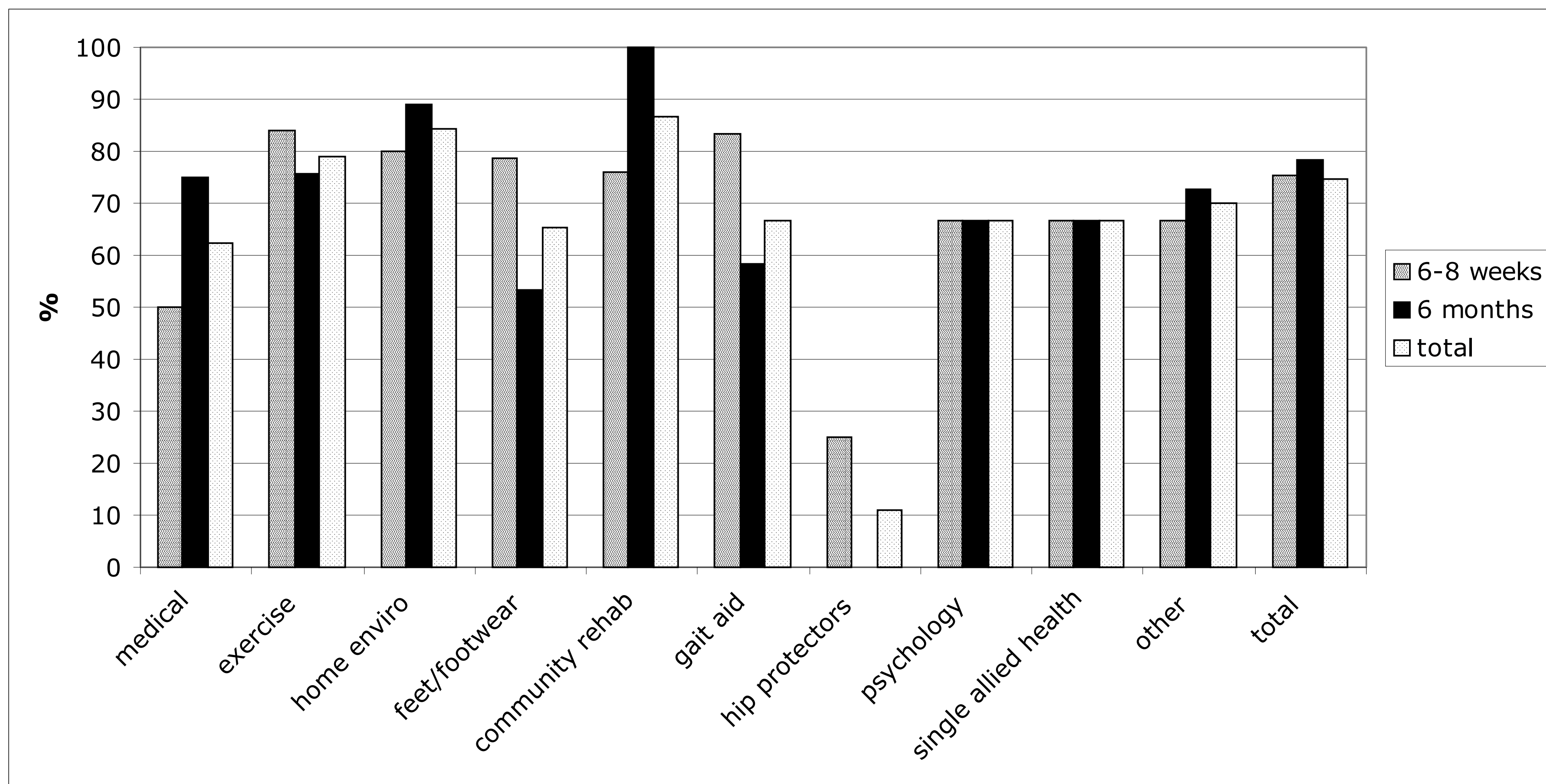


Figure 6: Proportion of interventions fully complied by 6-8 week or 6 month follow-up or total



4. Conclusion and Recommendations

This study collated information from 175 people who had either attended or were waiting to attend one of three Victorian Falls Clinics. The information provides valuable insights into how Falls Clinic can further engage client involvement in Falls Clinic processes.

Overall, clients were very satisfied with the Falls Clinic process with many reporting already experiencing benefits, such as improved strength, balance and confidence at follow-up reviews. Falls Clinic staff were often described as being dedicated, caring and courteous and providing adequate information about the recommended interventions. The satisfaction with the Falls Clinic approach may be reflected by the extent to which clients undertook recommended interventions. Of 317 interventions suggested by the Clinic, 75% were fully undertaken by clients. A number of other interventions may still have been undertaken as clients were on waiting lists to access other services.

The study also identified a number of improvements that could be made as well as a number of barriers for clients undertaking interventions and reducing falls risk. About a fifth of clients waiting to access a Falls Clinic had low expectations of achieving any benefits from attending the Clinic, with some indicating that everything that could be done had been done. A smaller number of clients on waiting lists did not think that their risk of falling could be reduced. One fifth of clients waiting to access the service were not prepared to undertake exercise due to either being frightened, 'too old', or concerned about walking in the street. Most respondents, however, were already doing some form of exercise and would consider doing exercise recommended by the Clinic if it was tailored to their fitness level. Most commonly, exercise already being undertaken was not those shown to have an effect in reducing falls. Walking and exercise with a physiotherapist were the most frequently reported exercises that clients reported they would consider undertaking if recommended. Swimming/hydrotherapy and strength training would also be considered by around a third of clients. Although most clients would prefer exercises at home, there was mixed reports as to whether it was preferable to exercise on their own, with people they knew, or with people they may not know. Transport may be a barrier to accessing centre based activities and was raised by a number of clients as being a barrier to accessing the Clinic and other community based services. A number of respondents also reported reluctance to using gait aids or hip protectors. Gait aids were perceived by some as limiting independence and being "embarrassing" to use.

There were a small number of examples where there appeared to be a lack of communication between clients and Falls Clinic staff. Developing a plan of interventions for clients that takes into account their individual circumstances and preferences is more likely to be achievable for clients. Reasons for undertaking

recommendations also needs to be clearly explained by Falls Clinic staff so that the interventions are relevant and meaningful for clients, thereby increasing their likelihood of undertaking the interventions. The findings also highlight a number of areas where improved communication between Falls Clinics and other agencies may be worthwhile. Other health practitioners, including GPs, did not support a number of interventions suggested by the Clinic. Discussion between Clinic staff and these practitioners may be warranted to discuss disparities and to identify a strategy that is satisfactory to all parties involved. Falls Clinic staff also need to be able to provide clear instructions on how clients can access services and who has made referrals to where.

There were a few instances where a 'system failure' meant that a referral was not made or an intervention was not carried out. Although eliminating human error is difficult to achieve, having processes in place to minimise these errors is required. The follow-up assessment appears to be one mechanism for checking that appropriate referrals have been made and followed through with, although this doesn't occur for clients who do not attend a follow-up assessment.

Clients from Culturally and Linguistically Diverse (CALD) backgrounds also appeared to face a number of challenges in undertaking recommended interventions. There was some suggestion that a greater proportion of clients not attending a follow-up Clinic assessment were from CALD backgrounds. These barriers highlight the importance of using interpreters during Clinic assessments for adequate communication between clients and Falls Clinic staff. Providing written information was also an important factor for communicating information between the Falls Clinic and family members who did not attend the Falls Clinic session, both in English and in other languages.

Follow-up of clients who failed to attend a follow-up assessment showed that clients not being well at the time of the scheduled appointment was a barrier for three of the eight clients interviewed. Having the option for another appointment date may have allowed a follow-up assessment to occur. Another client reported difficulty with transport to the Clinic. Exploring options for provision of transport for some clients who have difficulty accessing transport may be worthwhile.

To assist Falls Clinics to evaluate and improve their services to clients, a range of recommendations based on the findings of this study are outlined below. The strategies aim to assist Falls Clinics to effectively engage clients and support them in undertaking interventions recommended by Clinics. The recommendations have been developed taking into consideration the existing models of care and funding levels of Falls Clinics. Although based on findings from three Falls Clinics in Victoria, the recommendations are considered applicable to a broader audience including not only other Falls Clinic services, but other specialist Clinics such as Continence, Pain and Memory Clinics and other health care organisations providing out-patient care.

4.1 Framework and recommendations to improve uptake of Falls Clinic recommended activities

Following a comprehensive assessment at a Falls Clinic, Clinic staff may recommend a wide range of preventive actions. An important determinant of the success of the preventive actions is that the recommended preventive actions are fully implemented. Individual clients have a key role in undertaking recommended actions. Clinic staff also play a key role in engaging clients in recommended actions. The Framework described below outlines a range of strategies and resources that may assist in improving uptake and sustained engagement of Falls Clinic clients in recommended preventive actions.

Issues	**Strategies**	**Resources**
1. Written information provided to clients and carers was important to clients/carers for reinforcing information discussed at the Clinic.	Provide information to client/carer to supplement verbal information: • General falls info (i.e. falls can be prevented); • Targeted information depending on risk factors identified (e.g. exercise and falls/medication and falls brochures); • Provide multilingual information. • Plain language individualised risk factor letter	Have available information. Use DHS website on falls prevention resources, including those translated into various languages.
2. Clients/carers did not consider some interventions relevant/appropriate to their circumstances.	• Clarify relevance of interventions for individual and explore barriers and alternatives if necessary; • Consider use of pre-clinic survey to ascertain previously tried falls prevention activities and outcomes as well as to explore the client's perceptions of main problems and management options client would not consider; • Consider occasional review of Clinic compliance data/use of client surveys to explore common issues/barriers to undertaking Clinic interventions.	• Pre-clinic survey (see Attachment 1); • Compliance forms (See Attachment 4); • Client surveys (See Attachment 2); • Telephone interviews (See Attachment 3).
3. Individual differences in preferences for intervention types (e.g. exercises at home or community therapy service).	Provide options for client/carer to select interventions where alternatives are available.	Develop a register available to all staff identifying the range of relevant resources/interventions available locally.

Issues	Strategies	Resources
4. Some interventions were not appropriate for client, eg hip protectors not fitting, not appropriate gait aid.	Trial/ensure appropriateness of recommended interventions. Clinic staff should have an active role in prescription.	Have a range of gait aids available for client to trial at Clinic. Have a range of hip protectors available to show clients. Measure client using supplier guidelines to ensure correct fit.
5. Some clients had partial or no compliance with recommended interventions. The Minimum Data Set (MDS) study (Hill & Black, 2004) identified females, people living alone and people without a carer were less likely to undertake recommendations than males, those who lived with others and those who have a carer.	Implement a support mechanism for potential low compliers such as additional follow-up phone calls post initial assessment.	Include an item on assessment form to alert staff to client's requiring additional support (i.e. people living alone, with no carer, particularly women).
6. Some systemic issues causing referrals to be missed, not followed through.	Consider having a case coordinator/contact person to ensure follow through of intervention plan. (May only require for clients identified at No. 5).	
7. Some clients not attending a review due to illness.	Follow-up clients who don't attend review and offer an alternative appointment if appropriate.	
8. Some interventions not supported by services/practitioners external to the Falls Clinic.	Follow-up services/practitioners where recommended actions have not been implemented.	Complete compliance form (See attachment 4) at follow-up assessments to explore contributory factors.
9. Lack of use of interpreters when required for a small number of Culturally and Linguistically Diverse clients	Routine use of interpreters for all clients requiring one. Minimise using family members/carers for translating information.	Interpreters.

4.2 Conclusion

In summary, Falls Clinics are providing a service that clients are generally satisfied with and can identify benefits from attending. Clients report that they are satisfied with their involvement in the development of intervention plans and fully undertake most of the interventions recommended. This study has highlighted, however, the importance of reflecting on practice and has identified a few areas where improvements could be made to further enhance the effectiveness of Falls Clinic and other out-patient health services for clients. A range of system issues, such as demand for services and communication issues between agencies were identified as barriers for clients trying to undertake interventions. More readily modifiable practice changes, however, can also support clients to undertake interventions, such as understanding the client's perspective and current circumstances and thereby providing a person-centred approach to care.

5. Reference

Hill, K., & Black, K. (2004). *Evaluation of a minimum data set for Victorian falls clinics*. Melbourne: National Ageing Research Institute for the Department of Human Services.

Appendices

Appendix 1: Survey questions for clients on waiting lists

1. Are you: Waiting to be assessed at a Falls Clinic/Caring for someone waiting to be assessed at a Falls Clinic

2. How long have you been waiting to attend the Falls Clinic?

3. Are you / or the person waiting for the Falls Clinic assessment: Female/Male

4. How old are you / or the person waiting for the Falls Clinic assessment?

5. What is your preferred language?

6. Who referred you to the Falls Clinic?
    - Doctor
    - Hospital
    - Medical Specialist
    - Self / Family
    - Aged Care Assessment Service
    - Community service (e.g. Royal District Nursing Service, allied health)
    - Other (please specify)

7. Do you anticipate any benefits from attending the Clinic? (Please describe)

8. Do you think that falls and risk of falling can be reduced? Yes/For some people, but not me/No

9. What type of things do you think might help reduce your risk of falling?

10. What types of things have you also tried to help reduce your risk of falling?
    - Exercise
    - Using a walking aid
    - Attending a social group
    - Reducing activities such as going outside
    - Changing the types of shoes you wear
    - Getting assistance with activities such as housework
    - Other, please specify

    Did any of these help?

11. Are there any of these activities that you would not consider undertaking?
    - Exercise ➜ why not?
    - Walking aid ➜ why not?
    - Hip protectors ➜ why not?
    - Other, please specify/why not?

- Other, please specify/why not?

12. Do you currently undertake any exercise? If yes please specify:

13. If you were recommended an exercise program tailored to suit your fitness level, which of the following would you consider undertaking? (tick all that apply)
    - Tai Chi
    - Swimming/Hydrotherapy
    - Yoga
    - Walking
    - Exercise with a physiotherapist (balance and strength)
    - Lifting weights/strength training
    - None of the above, I am not able to undertake any form of exercise
    - None of the above, I do not wish to commence any exercises
    - Other, please specify

14. If you were to undertake an exercise program would you prefer to:
    - Travel to a centre for exercise
    - Exercise at home
    - Other, please specify

15. Would you prefer to exercise:
    - On your own
    - With people you know
    - With others who you may not know

Appendix 2: Client Survey Questions

1. Are you a Falls Clinic client/Carer of a Falls Clinic client

2. Are you (or the Falls Clinic client whom you are completing this for); Female/Male

How old are you (or the Falls Clinic client whom you are completing this for)?

What is your preferred language?

3. Were you given this survey: On your first visit to the Falls Clinic/On a review visit 6 weeks since the initial visit to the Falls Clinic/On a review visit 6 months since the last time you visited the Falls Clinic.

4. Below is a list of interventions that the Clinic may have recommended that you undertake after attending the first assessment. Please tick any of the interventions that the Clinic recommended you undertake (you may have a letter from the Clinic that outlines these interventions. You can refer to this to help complete this question).
   - Referred to a specialist doctor or other medical tests
   - Hospital admission
   - Change in medications
   - Exercise programs
   - Home assessment by an Occupational Therapist
   - Change of or new walking aid
   - Personal alarm
   - Additional services to help at home (eg Meals on Wheels, Home Care, Community nurse)
   - Community Rehabilitation Centre / Community Health Centre
   - New shoes / footcare
   - Eyesight assessment
   - Hip protectors
   - Change activities to reduce risk of falling
   - Other, please specify

5. Have you undertaken (or plan to undertake) these recommended interventions? None/Some/Most/All

6. Which interventions have you not undertaken (and do not plan to undertake)?

7. What were the reasons that contributed to you not doing these recommended interventions?
8. When developing the list of interventions, did Clinic staff involve you in the process?

9. Would you and/or family have liked to have had more or less involvement/information in developing the list of interventions?

10. Were the reasons for undertaking these interventions explained adequately by Falls Clinic staff?

11. Do you think you will benefit from undertaking the interventions? If yes, please describe the benefits you expect:

12. Would you have preferred different interventions (for example home exercises instead of group exercises or vice-versa)?

13. If you have a further appointment, do you plan to attend the next appointment at the Clinic?
    Yes
    No ➜ Why not?

14. Do you have any suggestions on how the Clinic could have better met your needs?

Appendix 3: Telephone interview questions for clients who do not return for review

Please indicate whether the review appointment was 6 week or 6 month:

1. What is your preferred language?

2. You may recall you had an appointment at the Falls Clinic on _______ (date).
   No/Yes ➜ Was there any reason for not attending the appointment?

3. Did you consider your visit(s) to the Falls Clinic helped you in any way?

4. What interventions were recommended to you by the Falls Clinic? Specify recommendations:

5. Which of these have you undertaken?

6. What were the reasons for not undertaking XYZ? (prompts; lack of time, not interested, no perceived benefit, service unavailable)

7. Did you and/or your family have any involvement/ discussion with Falls Clinic staff about which activities would be most suitable for you?

8. Would you have liked to have had more or less involvement in developing the list of interventions/activities?

9. Were the reasons for undertaking these interventions explained adequately by Falls Clinic staff?

10. Would you have preferred extra information (eg written information sheet or brochures) about the activities?

11. Would you have preferred different interventions (for example home exercises instead of group exercises or vice-versa)?

12. Do you have any suggestions on how the Clinic could have better met your needs?

Appendix 4: Staff form: Barriers to undertaking interventions

For each client reviewed, Falls Clinic staff recorded interventions recommended and the extent to which they were completed.

Please indicate whether it is a 6 week or 6 month assessment

Client's preferred language

For each recommended intervention record:

1. Intervention undertaken: fully/partially/not undertaken
2. Reason for not undertaking intervention:
   - Service unavailable
   - Access difficulties (cost, language)
   - Difficult to get to
   - Client choice
   - Other please specify

3. Comment (please provide a detailed description of issues relating to compliance for each intervention)

Appendix 5: Reasons for not undertaking interventions

Intervention	Reasons for partial/non compliance
Investigations/treatment of health problem	- was in hospital in Feb when says cardiac investigations performed - LMO to arrange - GP did not order the tests as recommended by our team - GP did not arrange - LMO not completed - GP notified but not wishing to investigate issues further - LMO reported not receiving letter (sent 4 weeks earlier) - Lacking communication with GP - CT scan referral sent to wrong practice-corrected at this follow-up
Medication reduction	- Continued by LMO
Other new medication	- Vitamin D commenced but Calcium ceased due to constipation
Group exercise	- found it too tiring
Home exercise	- non compliance due to cognitive difficulties - stopped after 1/52 - forgets, amotivated - partial completion due to being unwell and other medical condition - feels she has been preoccupied with other things - does exercises every 2nd day – maybe - lost sheets - difficult to complete – felt home exercise program made arms sore - unsafe
Home visit	- health service had several failed attempts to get an interpreter to attend. - To happen
Home aids/modifications	- not ready yet- he feels fitter - night lights- does not see need - commode- finances getting the better of her - no money, doesn't feel need to have modifications - family elected to do modifications and are in the process - information sent to client. He will call to get the modifications (6-8 weeks) - waiting fitting to be done of hinges - son to be organised to do work
Footwear change	- slip-on- an improvement with better grip but not a lace up straps as suggested. She said she couldn't find exactly what she wanted - given advice again - feels that correct shoes hurt varicose veins
Foot care / podiatry	- not arranged but seen at 6 month review - waiting for podiatry-due to see today - appointment due today - system failure – correspondence not available

Intervention	Reasons for partial/non compliance
CRC/Community Health Centre	- not wanting therapy - patient reported that she had no intention of attending CRC - home therapy instead - awaiting appointment to be made - only attended 1 patient session, give home exercises but stopped because back pain - did not attend appointment due to confusion about which hospital to attend - nursing staff at CRC tried to make appt but family reported too much on at present
Changes to gait including supervision status and gait aid change or adjustment	- feels she doesn't need it - is supposed to use stick more often - finds 4WF cumbersome - not suitable for home or local community-stairs/shops/rough ground - dementia
Hip protectors	- too big needs smaller size - too wide - CRC physio did not think they were appropriate and did not order them for the client - had them sent to her but they are still sitting in the cupboard and she feels she doesn't need them yet and they are just another thing to put on after the shower. Never tried them on. - wants protection for shoulders not hips! - incontinence
Clinical psychology intervention	- physio improved balance and gait with 1:1 program and fear of falling reduced dramatically and psych wasn't required
Single allied health (physio, speech, OT, orthotics, dietetics)	- Physio-20 pain 20 #vertabrae - not keen; OT-declined on a number of occasions. - getting a bit slow to get there - prefers walking. To be referred to hydrotherapy - Client decided she did not want to attend for PT or speech feels she is OK and doesn't need intervention. No falls since review
Behaviour modification (reduce risky behaviours)	- Still works in paddocks even though risky he feels he has no-one else to help him. But trying to take things slower
Personal alarm	- Doesn't think she needs it
Visual assessment / management	- patient plans to make appt soon but has not had time (6wkrv) - change from bi-focals to 2 pairs-just got new glasses prior to recommendation. Will change glasses in the future

Attachments

Attachment 1: Revised survey for clients on waiting lists

Attachment 2: Revised survey for clients attending clinic

Attachment 3: Revised telephone interview prompts

Attachment 4: Revised barriers to undertaking interventions

Improving Falls Clinic client engagement in falls prevention activities

National Ageing Research Institute working in partnership with Falls Clinics at The Royal Melbourne Hospital – Royal Park Campus, BECC and Barwon Health

Survey for Clients on Waiting lists

Dear Falls Clinic client or carer

The National Ageing Research Institute (NARI) in partnership with Falls Clinics at The Royal Melbourne Hospital – Royal Park Campus, Bundoora Extended Care Centre (BECC) and Barwon Health are undertaking a project to help Clinics improve their service. The project aims to identify ways in which Falls Clinics can more effectively assist clients in undertaking recommendations from the Clinic. To help us in this project, we are distributing surveys to clients and their carers who are waiting to attend one of the three Falls Clinics involved. We would appreciate some of your time (about 15 minutes) to complete this brief survey about your expectations of attending the Falls Clinic. There is a reply paid envelope attached for you to return the survey. Whether you decide to complete or not complete the survey won't have a negative impact on your access or delivery of health services. You are not required to put any information on the survey that will identify you. If you have any queries please contact the project officer at NARI, Kirsten Black on 8387 2666.

Note: If the person waiting for the Falls Clinic assessment has memory problems it would be appreciated if the main carer could complete this survey. (If this is the case, please complete the survey for the person completing the Falls Clinic assessment.)

1. Are you:
   - ❑ Waiting to be assessed at a Falls Clinic
   - ❑ Caring for someone waiting to be assessed at a Falls Clinic

2. How long have you been waiting to attend the Falls Clinic? ____________________

3. Are you / or the person waiting for the Falls Clinic assessment:
   - ❑ Female
   - ❑ Male

4. How old are you / or the person waiting for the Falls Clinic assessment?

   ____

5. What is your preferred language? ____

6. Who referred you to the Falls Clinic?
- ❑ Doctor
- ❑ Hospital
- ❑ Medical Specialist
- ❑ Self / Family
- ❑ Aged Care Assessment Service
- ❑ Community service (e.g. Royal District Nursing Service, allied health)
- ❑ Other (please specify)____

7. Do you anticipate any benefits from attending the Clinic? (Please describe)

____
____
____

8. Do you think that falls and risk of falling can be reduced?
   - ❑ Yes
   - ❑ For some people, but not me
   - ❑ No

9. What type of things do you think might help reduce your risk of falling?

____
____
____

10. What types of things have you also tried to help reduce your risk of falling?
    - ❑ Exercise
    - ❑ Using a walking aid
    - ❑ Changes in medications
    - ❑ Making modifications to your home environment
    - ❑ Visual assessment/management
    - ❑ Reducing activities such as going outside
    - ❑ Changing the types of shoes you wear
    - ❑ Getting assistance with activities such as housework
    - ❑ Other, please specify ____

    Did any of these help? ____

    ____

11. Are there any of these activities that you would not consider undertaking?

- ❑ Exercise ➜ why not? ____
- ❑ Walking aid ➜ why not? ______________________________________
- ❑ Hip protectors ➜ why not? ____________________________________
- ❑ Other, please specify _______________ ➜ why not? _______________
- ❑ Other, please specify _______________ ➜ why not? _______________

12. Do you currently undertake any exercise? If yes please specify:

____

____

13. If you were recommended an exercise program tailored to suit your fitness level, which of the following would you consider undertaking? (tick all that apply)

- ❑ Tai Chi
- ❑ Swimming/Hydrotherapy
- ❑ Yoga
- ❑ Walking
- ❑ Exercise with a physiotherapist (balance and strength)
- ❑ Lifting weights/strength training
- ❑ None of the above, I am not able to undertake any form of exercise
- ❑ None of the above, I do not wish to commence any exercises
- ❑ Other, please specify:____

14. If you were to undertake an exercise program would you prefer to:

- ❑ Travel to a centre for exercise
- ❑ Exercise at home
- ❑ Other, please specify____

15. Would you prefer to exercise:

- ❑ On your own
- ❑ With people you know
- ❑ With others who you may not know

Thank you for your time in completing this survey.

Improving Falls Clinic client engagement in falls prevention activities

National Ageing Research Institute working in partnership with Falls Clinics at The Royal Melbourne Hospital – Royal Park Campus, BECC and Barwon Health

Client Survey

Dear Falls Clinic client or carer

The National Ageing Research Institute in partnership with Falls Clinics at The Royal Melbourne Hospital – Royal Park Campus, Bundoora Extended Care Centre (BECC) and Barwon Health are undertaking a project to help Clinics improve their service. The project aims to identify ways in which Falls Clinics can more effectively assist clients in undertaking recommended interventions from the Clinic. To help us in this project, we are distributing surveys to clients and their carers who attend one of the three Falls Clinics involved. We would appreciate some of your time (about 15 minutes) to complete this brief survey about your experiences with the Falls Clinic. There is a reply paid envelope attached for you to return the survey. Whether you decide to complete or not complete the survey won't have a negative impact on your access or delivery of health services. You are not required to put any information on the survey that will identify you. If you have any queries please contact the project officer at NARI, Kirsten Black on 8387 2666.

Note: If the person who attended the Falls Clinic assessment has memory problems it would be appreciated if the main carer could complete this survey. (If this is the case, please complete the survey for the person completing the Falls Clinic assessment.)

15. Are you a:

- ❑ Falls Clinic client
- ❑ Carer of a Falls Clinic client

16. Are you (or the Falls Clinic client whom you are completing this for):

- ❑ Female
- ❑ Male

How old are you (or the Falls Clinic client whom you are completing this for)? ______________________

What is your preferred language? ________________________________

17. Were you given this survey:
    - ❑ On your first visit to the Falls Clinic
    - ❑ On a review visit 6 weeks since the initial visit to the Falls Clinic
    - ❑ On a review visit 6 months since the last time you visited the Falls Clinic

18. Below is a list of interventions that the Clinic may have recommended that you undertake after attending the first assessment. Please tick any of the interventions that the Clinic recommended you undertake (you may have a letter from the Clinic that outlines these interventions. You can refer to this to help complete this question).
    - ❑ Referred to a specialist doctor or other medical tests
    - ❑ Hospital admission
    - ❑ Change in medications
    - ❑ Exercise programs
    - ❑ Home assessment by an Occupational Therapist
    - ❑ Change of or new walking aid
    - ❑ Personal alarm
    - ❑ Additional services to help at home (eg Meals on Wheels, Home Care, Community nurse)
    - ❑ Community Rehabilitation Centre / Community Health Centre
    - ❑ New shoes / footcare
    - ❑ Eyesight assessment
    - ❑ Hip protectors
    - ❑ Change activities to reduce risk of falling
    - ❑ Other, please specify___________________________________

19. Have you undertaken (or plan to undertake) these recommended interventions?
    - ❑ None
    - ❑ Some
    - ❑ Most
    - ❑ All

20. Which interventions have you not undertaken (and do not plan to undertake) and why?

____

____

____

____

21. When developing the list of interventions, how did Clinic staff involve you in the process?

___

___

___

___

22. Would you and/or your family have liked to have had more or less involvement/information in developing the list of interventions?

___

___

___

___

23. Do you think you will benefit from undertaking the interventions? If yes, please describe the benefits you expect:

___

___

___

___

24. Would you have preferred different interventions (for example home exercises instead of group exercises or vice-versa)?

___

___

___

___

25. If you have a further appointment, do you plan to attend the next appointment at the Clinic?
    Yes
    No ➜ Why not? ___

___

___

___

26. Do you have any suggestions on how the Clinic could have better met your needs?

___

___

___

___

Thank you for your time in completing this survey.

Improving Falls Clinic client engagement in falls prevention activities

National Ageing Research Institute working in partnership with Falls Clinics at The Royal Melbourne Hospital – Royal Park Campus, BECC and Barwon Health

Survey for staff completion

For each client attending a 6 week or 6 month review please list interventions recommended from the Clinic at the initial assessment in the table below. For each recommendation tick whether it has been fully, partially or not completed at the time of the current review. Full compliance is complete involvement in all activities related to the intervention. Partial compliance is where some but not all of the of the activities have been undertaken (eg some exercise sessions attended, a booking made to see a specialist but appointment not yet occurred). Non compliance is where none of the activities were undertaken. If the intervention is partially or not completed please explain reasons for not fully undertaking the intervention. For each recommendation tick whether the intervention was: unavailable (eg community service not available due to waiting lists); access was a barrier (such as cost or language); the location was difficult to get to; the client chose not to undertake the intervention or other (please specify). Where possible please add any other information that will help explain why an intervention was not fully undertaken. A list of possible interventions is attached.

Please indicate whether it is a 6/8 week or 6 month assessment ❑ 6/8 week assessment ❑ 6 month assessment

Client's preferred language: ____

Please list all interventions recommended (refer to attached list)	**Intervention undertaken**	**Reason for not undertaking intervention**	**Comment (please provide a detailed description of issues relating to compliance for each intervention)**
1.	❑ Full ❑ Partial ❑ Non	❑ System failure ❑ Waiting for service/appointment ❑ Cost ❑ Aggravates existing condition ❑ Client doesn't see the need/considers intervention inappropriate ❑ Other please specify: ________________	

Please list all interventions recommended (refer to attached list)	Intervention undertaken	Reason for not undertaking intervention	Comment (please provide a detailed description of issues relating to compliance for each intervention)
2.	❑ Full ❑ Partial ❑ Non	❑ System failure ❑ Waiting for service/appointment ❑ Cost ❑ Aggravates existing condition ❑ Client doesn't see the need/considers intervention inappropriate ❑ Other please specify: ________________	
3.	❑ Full ❑ Partial ❑ Non	❑ System failure ❑ Waiting for service/appointment ❑ Cost ❑ Aggravates existing condition ❑ Client doesn't see the need/considers intervention inappropriate ❑ Other please specify: ________________	
4.	❑ Full ❑ Partial ❑ Non	❑ System failure ❑ Waiting for service/appointment ❑ Cost ❑ Aggravates existing condition ❑ Client doesn't see the need/considers intervention inappropriate ❑ Other please specify: ________________	
5.	❑ Full ❑ Partial ❑ Non	❑ System failure ❑ Waiting for service/appointment ❑ Cost ❑ Aggravates existing condition ❑ Client doesn't see the need/considers intervention inappropriate ❑ Other please specify: ________________	

List of interventions:

- Referred to medical specialist
- Investigations/treatment of health problem
- Inpatient admission for further investigation
- Medication reduction
- Osteoporosis medication and/or Vitamin D/calcium supplements
- Other new medication
- Group exercise
- Home exercise - Balance
- Home exercise - Strength
- Home exercise - combination
- Vestibular rehabilitation – Repositioning
- Vestibular rehabilitation – Desensitising exercises
- Vestibular rehabilitation – Gaze stability exercises
- Tai Chi
- Hydrotherapy
- Home Visit
- Home aids / modifications
- Footwear change
- Gait aid change or adjustment
- Personal alarm
- Food services
- Home care
- Community nurse
- Home maintenance/gardening service
- Respite care
- Personal care
- Package (Linkages or CACP)
- Planned Activity Group/Day Centre
- CRC/Community Health Centre
- Other rehabilitation
- Other specialist Clinics
- Behaviour modification (reduce risky behaviours)
- Hip protectors
- Foot care / podiatry
- Visual assessment / management
- Relaxation
- Clinical psychology intervention
- Dietitian
- Driving assessment
- Other, please specify

Improving Falls Clinic client engagement in falls prevention activities

National Ageing Research Institute working in partnership with Falls Clinics at The Royal Melbourne Hospital – Royal Park Campus, BECC and Barwon Health

Telephone interview for clients who do not return for review (6 week or 6 month)

To be completed by Falls Clinic staff

(*Staff to gain consent prior to undertaking interview*) I'm ringing from the Falls Clinic at (*insert health service name*) and we are undertaking a project with the National Ageing Research Institute to help Clinics improve their service. The project aims to identify ways in which Falls Clinics can more effectively assist clients in undertaking recommendations from the Clinic. I am ringing to see if you would be able to spare about 10 minutes answering a few questions about your visit to the Clinic. Anything you say will be kept confidential and your personal details will not be identified on any project reports. Your feedback or participation will not impact on the provision of services from (*insert health service name*), other than to improve the quality of services.

❑ verbal consent obtained

(If current time doesn't suit, ask whether another time would suit and book for a follow-up phone call.)

Please indicate whether the review appointment was 6 week or 6 month:

- ❑ 6 week
- ❑ 6 month

13. What is your preferred language?

____

14. You may recall you had an appointment at the Falls Clinic on _______ (date).

❑ No

❑ Yes ➜ Was there any reason for not attending the appointment?

____

____

____

____

15. Please describe whether the your visit(s) to the Falls Clinic helped you in any way.

____

16. What interventions were recommended to you by the Falls Clinic? Specify recommendations:

17. Which of these have you undertaken?

18. What were the reasons for not undertaking XYZ? (prompts; lack of time, not interested, no perceived benefit, service unavailable)

19. Did you and/or your family have any involvement/ discussion with Falls Clinic staff about which activities would be most suitable for you? Please describe

20. Would you have liked to have had more or less involvement in developing the list of interventions/activities?

21. Were the reasons for undertaking these interventions explained adequately by Falls Clinic staff?

____
____
____
____

22. Would you have preferred extra information (eg written information sheet or brochures) about the activities?

____
____
____
____

23. Do you have any suggestions on how the Clinic could have better met your needs?

____
____
____
____

Thank you