2018 HB HEALTH AWARDS

Entry category: Outstanding contribution to Hawke's Bay health through living our values

This award celebrates individuals or teams who live and breathe the values of the Hawke's Bay health sector:

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Nomination for this award recognises the impact those individuals or teams have on the lives of patients, their families and whānau, staff or our Hawke's Bay community.

Entrants must complete all sections	
Name of individual or team	The HBDHB In-Home Strength and Balance Team
Is this entry submitted on behalf of one or a number of people? It is very important that you describe who is involved in this entry. This information is used in promotional materials, acknowledgements and inscribed onto awards, plaques and certificates.	In-Home Strength and Balance Team: 3 Therapy Asssitants: Judith Hapuku Kellie Wedge Suzanne Kalmancsi Clinincal Coordinator: Joanne Mintoft
Contact person Name of person/s who can be contacted in regards to this entry.	Joanne Mintoft
Email of contact person/s.	Joanne.Mintoft@hawkesbaydhb.govt.nz
Phone of contact person/s.	06 878 8109 ext 2710
SIGN OFF	
Your organisation's CEO, GM, Service Director or Manager who has reviewed and endorsed this entry into the 2018 HB Health Awards	Name: Allison Stevenson Signature: A Stevenson Date: 31 August 2018

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The nominee – individual or team **Judges weighting: 25%**	• Who are they and what are the services they provide? • If a team – how many people, what are their roles/functions? ***Aim to describe the nominee in 200 words or less.*** HBDHB was creative and patient–centric when it established the In-Home Strength and Balance (In-home S&B) team in collaboration with ACC, and to meet the requirements of MOH and HSQC's Reducing Harm from Falls Program. It aims to reduce falls and injury in older people living in the community by improving their strength and/or balance. The team comprises of 3 Therapy Assistants and a Clinical Coordinator, they are part of the Physio department with links to EngAGE/Community team. Referrals are accepted from DHB physiotherapists/occupational therapists, EngAGE/and community providers e.g. Enliven, St John's and NASC. The 3 therapy assistants: • Visit participants at home usually 2x weekly over 8 weeks. • Set personal goals together. E.g. standing up by myself. • Provide an Otago Exercise Program (OEP) exercise booklet in a format they can read. • Ensure safety, guide and progress the exercises. • Present a certificate at program end. • Explore options around continuing exercise such as a home program or a community group. • Provide an educational booklet on remaining independent covering topics such as home safety and keeping healthy. • Communicate with whanau, referrers and clinical coordinator regularly.

OURHEALTH HAWKE'S BAY Whakawāteatia

2018 HB Health Awards,
Communications Service
Hawke's Bay District Health Board
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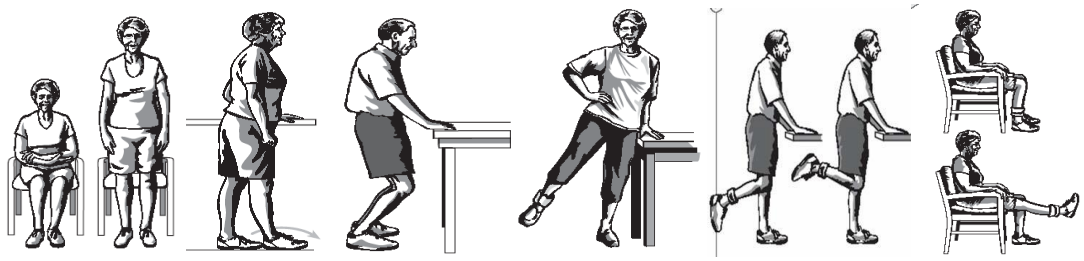
	The clinical coordinator ensures program quality including communication with DHB staff and community groups.
Their impact **Judges weighting: 50%**	• Describe the impact this nominee has on patients, their family or whānau, staff or others • How do they exemplify the values of the Hawke's Bay health sector in their day-to-day work? • Consider including examples, feedback from others ***Aim for 700 words or less in this section.*** The In-home S&B team sees older people who have identified musculo skeletal strength and/or balance deficits and it is clinically inappropriate to attend a community programme. Assistants implement the validated Otago Exercises Program with the aim of decreasing falls and injuries from falls. Participants are supported to progress starting with Level A: Level A OEP exercises:  "The program motivated and encouraged Mum to keep moving. This program is extremely beneficial for the elderly often isolated in the community and to reinforce the benefits of regular movement" <u>Tauwhiro</u> The participant group is almost; 1/3 neurological conditions, 1/3 cognition/dementia diagnosis and 1/3 over 85 years. Some are unable to; leave home independently, remember to exercise, follow standard written instructions or have the confidence to exercise alone, "I am so frightened of falling I don't like to get out of my chair" one participant said. Therefore they are often excluded from or don't improve on self-directed programs, yet these are an important population to provide an effective "falls" intervention to, as their fall rate in known to be higher than the general over 80s population and they are less likely to be successful in a rehab setting. The "supportive" approach with a therapy assistant home visiting and doing the

exercises with them is an important driver for functional improvement in this group, it helps reduce inequities and ensures they are completing the exercises safely and correctly.

A referrer stated "Clients with low confidence/ memory problems/ motivation/ isolation problems are well supported to participate where a self-directed programme would often fail"

Raranga te tira

We have established an integrated system between DHB and Community S&B (Enliven). A referral pathway guide was developed and we exchange referrals to ensure people have the correct service. Referrals come from ward rehab teams and EngAGE/community teams and we keep our referrers informed. Other services such as NASC, St Johns, and Dementia HB contact the clinical coordinator with people they are concerned about.

Other services have stated "There are no issues with doubling up that I have come across. The programme dove tails so well with the engage/community service – this really offers or elderly population the best chance at recovery"

He kauanuanu

Participants are visited in their homes, this is a privilege and removes many inequities, people can show you things that are important to their lives, you are able to more accurately see determinants of their health and work towards meaningful goals. E.g. "get outside to feed the birds" "stand long enough at the bench to make my breakfast".

Resources are often personalized, sometimes simplifying handouts for those with cognition issues, or enlarging handouts to allow those with macular degeneration to view them. We have access to some resources in Te Reo and Samoan.

Those for whom English is not the first language are able to join the program because they and their whanau are supported to complete the exercises together in their own home. This will become more important as our older populations become more ethnically diverse.

We celebrate our participant's success with the presentation of a certificate which also provides a reminder to people to continue exercising and participants have enjoyed getting these.

"It helped my father immensely with his physical rehabilitation and helped rebuild his to rebuild his confidence"

Ākina

International best practice and guidelines from the NZ project leads' technical

advisor group have been used to set the exercises, duration and intensity of the program.

Outcomes are measured by assessing participants prior to and at the end of the program and results are positive. Those with neurological and cognition issue who are generally known as tricky to get improvement on self-directed programs have been improving on this supported program. Of the first 70 participants monitored all but 2 have improved in strength and/or balance.

For us as a team the real measure is the stories our participants tell us:

"Thank you for my exercise program it has given me the confidence to get back out to my garden"

"I have not lost my balance or falling during the last few months I am enjoying being more positive in my daily living."

Summary

Judges weighting: 25%

- How do they inspire others?
- How do they contribute to improving health in Hawke's Bay?

Aim for 500 words or less in this section.

The values of the DHB are integrated into all we do. They have inspired the participants and others to describe them as:

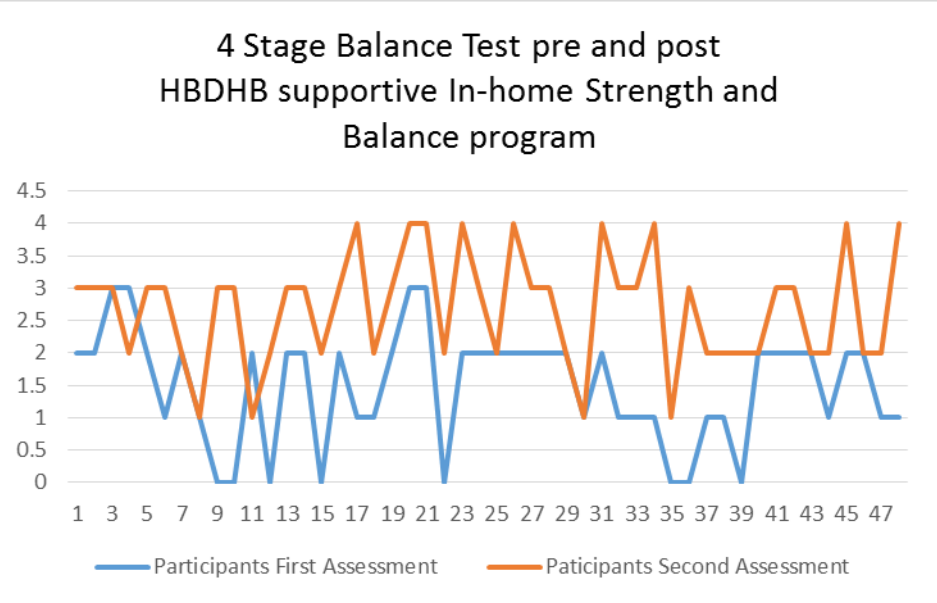
Kellie - "showed a caring and inspiring approach" "a pleasure to have in our home" "knowledgeable" "a ray of sunshine" "motivated and encouraged" 'Awesome your service was invaluable" "rebuilt his self-confidence"

Judith - "I was lucky to have her care and support" "knew when to give me that little push" "caring and lovely" "encouragement and support" "fantastic" "before I met Judith I couldn't stand on my own, now I can" "essential"

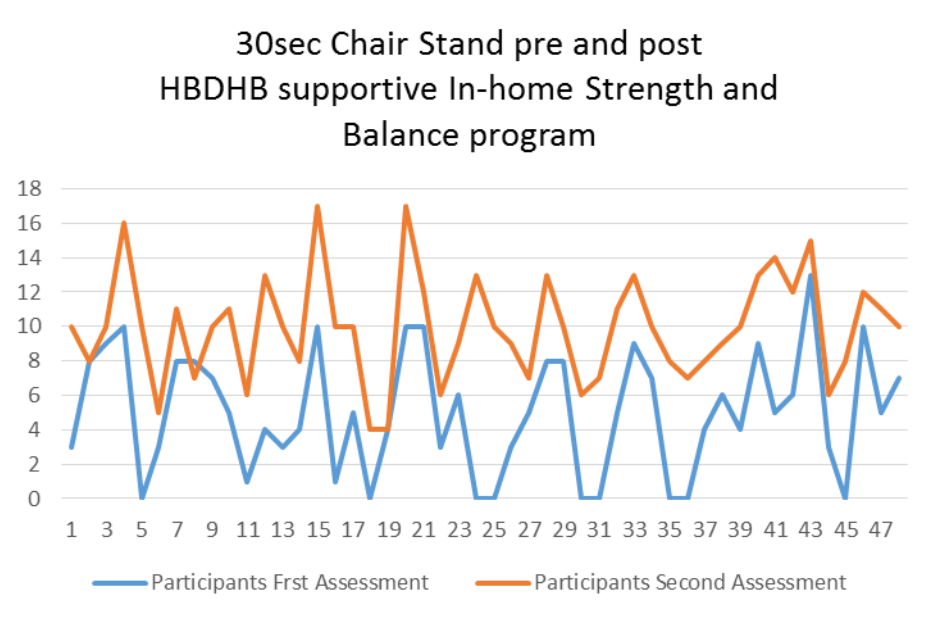
Suzi – "excellent instructor" "informative and enjoyable" "helped me so much" "a breath of fresh air" "little tips she gave me have been invaluable" "correct technics and invaluable advice" "helpful, encouraging and precise"

"As a clinician working in mental health, I find that being able to refer a patient/whaiora to the In-home strength and balance program not only meets physical needs, but benefits their confidence, motivation and mood. I believe that the regularity and accessibility of the support, as well as the relationship they build with their therapy assistant, has the potential to be extremely empowering for frail, often socially isolated, older adults."

The In home S&B "supported" exercise program has enabled improvement as shown below:



Key: 1 Parallel / 2 Semi Tandem / 3 Tandem / 4 One legged.



(Number of sit to stands from a dinning type chair without using arms in 30 seconds)

Participants at the end of this program who can complete an 'average for age' number of sit to stands and can hold a tandem stand or better have a reduced clinical risk of falling. Those who completed by the end of 2017 have been monitored over the 8 months, they all had a high clinical risk of falling and had previously fallen, some repeatedly; only 2 have presented to ED since then. We have re-visited a small number and reassessed, these have maintained their strength and balance over the 6 to 8 months. Some have joined community groups, others have increased their daily activities, one walks to the shops and another is walking the dog.

There will be an increase in populations of those who are frail, cognitively impaired or have neurological conditions. Interventions specifically designed to encourage frail older people to resume activity and regain independence have been shown to be cost-effective by reducing disability and future demand for services. We have an opportunity to expand health options that reflect our core values and are effective. The In-home S&B program, using a supportive modal has potential to; reduced falls, injuries, inequities, improve functional and provide oversight to often social isolated at risk older people.

Last word to a participant:
"Wow 8 weeks and twice a week. I didn't think I would make it. I enjoyed it so much and will keep doing it as much as I can. I feel so well, the pain has stopped, I feel about 70" (participant age 90)