

GP INFORMATION

The In-Home Strength and Balance Programme is a Bay of Plenty District Health Board (BOPDHB) funded initiative. It is one of a range of falls prevention initiatives that seeks to reduce the incidence and severity of injuries for older people. In-home visits include provision of an exercise programme to increase strength and balance and a home hazard check.

The BOPDHB has awarded Body In Motion Physio & Rehab (BIM) funding to develop and provide this service which is based on a modified version of the Otago Exercise Programme.

Falls Champions (physiotherapists and physiotherapy supervised nurses) will conduct in-home visits and phone calls with patients and support people/whanau over a period of 12 months. The initial visit will involve specific testing of strength and balance, a home hazard check, and prescription of an exercise programme. A letter to the patient's GP will be provided which will detail the findings of the assessment and the care plan. The patient will be monitored and supported over the following 12 months by the Falls Champion and data collected on falls incidence.

You can refer your eligible patients to this service by electronic referral to BOPDHB District Nursing, via the BOP Community Care Coordination demonstration site (BOP CCC), they will screen the referral and send it to Body In Motion. Simply use the **bestpractice (BPAC) BOPDHB District Nursing referral form** and clearly state the reason for referral is In-Home Falls prevention. It is helpful to include as much information on the falls history of the patient as possible, particularly details of any medication that may be causing balance problems i.e. dizziness etc.

If you assess a patient as being able to attend a community-based falls prevention programme (Keep on your Feet), they should be referred instead to Sport Bay of Plenty to find a programme that suits their needs. You can refer to Sport BOP for Keep on your Feet classes via your MedTech32 system.

General Entry Criteria for In Home Strength and Balance Programme

- Over **75 years of age** (over 65 years for Māori)
- Live within the **BOPDHB area**
- **Living in the community** but not in residential rest home level care
- Unable to attend a community falls prevention programme (Sport BOP)

Electronic Referral via *bestpractice (BPAC)* – BOPDHB Public, Allied Health, District Nursing
Clearly state on the referral form - Reason for Referral – In-Home Falls Prevention

Please fax to Community Care Co-ordination on 07 577 4606 or email admin@bopccc.org.nz
Alternatively, you can use the paper-based referral form attached

REFERRAL FORM

Body In Motion Physio & Rehab is the provider of the In Home Strength and Balance Programme funded by the Bay of Plenty DHB. This is a falls prevention programme for clients over the age of 75 (Maori and Pacifica 65+). It includes a home hazard check and in-home exercises to improve strength and balance and monitors the client for 12 months. Once referred to the programme, a Body In Motion physiotherapist will contact the client to arrange an assessment and findings will be provided to the clients GP.

The services provided in this programme are only available to those clients who:

- Over **75 years of age** (over 65 years for Māori)
- Live within the **BOP DHB area**
- **Living in the community** but not in residential rest home level care
- Unable to attend a community falls prevention programme (Sport BOP)

CLIENT DETAILS		
Client Name:		
Referral date:	NHI:	
Age:	DOB:	
Gender:	Ethnicity:	
Address:		
Postal address (if different to above):		
Home Phone:	Mobile:	Email:
Comments or relevant medical details (including recent fall history and medication):		
REFERRER'S DETAILS		
Referred by (name and organisation):	Usual GP and Practice:	
Referrer's Contact Phone Number:		

Client Consent: I would like to be referred to a community strength and balance class and consent to my details and any relevant medical information being sent to BOP DHB and Body In Motion Physio & Rehab.

Client signature: _____ Date: _____

Note: Client signature not required. Please tick box if verbal consent was given:

Once you complete this form please send to BOP Community Care Co-ordination
admin@bopccc.org.nz or **Fax 07 577 4606**