











Developed as part of a National Health and Medical Research Council (NHMRC) Partnership Grant: Reducing falls among older people in Victoria: Better evidence, better targeting, better outcomes. The Partnership Grant was led by Dr Lesley Day, Monash University. Other Chief Investigators included Professor Caroline Finch (Monash University), Professor Keith Hill (La Trobe University and Northern Health), Associate Professor Terry Haines (Monash University and Southern Health), and Associate Professor Lindy Clemson (University of Sydney). Partner Investigators were Ms Catherine Thompson and Ms Margaret Thomas, Victorian Government Department of Health.

Funded by NHMRC and the Victorian Government Department of Health

Project team

Project Manager: Professor Keith Hill (La Trobe University and Northern Health)

Project Officer: Ms Freda Vrantsidis (National Ageing Research Institute)

Project Advisor: Associate Professor Lindy Clemson (The University of Sydney)

Project Advisor: Ms Meryl Lovarini (The University of Sydney)
Project Advisor: Dr Melissa Russell (The University of Melbourne)

Acknowledgments

The project team would like to acknowledge the contributions made by the Victorian Government Department of Health, Aged Care Branch, and the NHMRC Partnership Chief Investigators who provided feedback.

Citation for this work

Hill K, Vrantsidis F, Clemson L, Lovarini M, Russell M 2011, *Community falls prevention program sustainability guidelines and workbook*.

Contents

Aim	1
When to use the guidelines	1
How to use the guidelines	2
Factors promoting program sustainability	3
Establishing a need for the program	3
Core business and fit with organisation	4
Benefits (including promotion and marketing)	5
Organisational capacity	6
Planning from the outset: implementation, evaluation and sustainability	7
Program adaptability	8
Integrating program activities into existing routines	9
Partnerships	10
Stakeholder engagement: staff, management, partner organisations and older people	11
Capacity building: staff and partners	12
Funding and resources	13
Program champions	14
Sustainability actions summary	15
Checklists, action and sustainability plans	17
Sustainability checklist	18
Action and options plan	22
Program components to be sustained (sustainability plan)	26
Sample sustainability plan	27
Indicators of sustainability	28
Sustainability status checklist	29
Conclusion	30
References	31
Appendix 1: Gantt chart	32
Appendix 2: Additional resources	34

Aim

The aim of these guidelines is to help agencies implement community-based falls prevention programs and achieve long-term program sustainability by addressing sustainability from the outset.

Sustainability

In these guidelines sustainability refers to the long term continuation of effective programs or the effective components of the program. Or more specifically, where the set of activities aimed at achieving the program's objectives are incorporated into the organisation's routines.

When to use the guidelines

The guidelines should be used at each stage of program development: planning, implementation and sustainability.

- 1. Planning: use the guidelines to develop your sustainability plan from the outset. Your sustainability plan is your guide that defines what will be sustained (the components and activities considered essential to the program outcomes), how this will be achieved (this includes staffing, funding and other resources) and how sustainability will be measured. Planning for sustainability includes anticipating issues or problems that may need to be addressed during implementation. This is a working document, to be reviewed and adapted as you progress through your implementation and sustainability phases.
- Implementation: use the guidelines to review and modify your sustainability plan. Address issues or problems arising during implementation and evaluation that may impact on long-term sustainability.
- 3. Sustainability: use the guidelines to review your program sustainability at the end of the implementation phase, and at regular points thereafter. Sustainability is a dynamic process, as changes occur in the organisation and the community. The ability to anticipate, monitor, adapt or respond to these changes will help your program continue successfully over a longer period of time.

This guidelines booklet is accompanied by a supporting document. The supporting document provides the background information and rationale for the guidelines and more detailed examples, strategies, additional reading, links and reference details.

The falls prevention sustainability guidelines and supporting document are based on information from falls prevention, health promotion and injury prevention program literature and health practitioners' experience and practice.

Additional supporting resources include a literature review and a training program.

How to use the guidelines

As you work your way through these guidelines you can refer to the supporting document for further information and suggestions. Add as much detail as possible to the worksheets, which will guide you through the process to develop your sustainability plan. Review and update your plan as required throughout your implementation.

The first section of the guidelines and workbook document (Factors promoting program sustainability) details 12 factors considered essential in sustaining falls prevention programs. Read the details (background, actions and examples) for each of the 12 factors, and make notes in the space provided after each factor detailing features of your program that do or do not address the recommended actions. All the actions listed in each sub-category are listed in the Sustainability Actions Summary table.

The second section of the document (Checklists, action and sustainability plans) includes a number of resources that will help you develop a sustainability plan for your program. These include:

- a. The sustainability checklist, which contains questions related to the actions listed in each sub-category. The questions help you identify the factors that need to be strengthened to improve the likelihood of achieving sustainability and to refine and review your sustainability plan. Consider these questions for each specific falls prevention program initiative. Respond to each question using either 'yes' to indicate the item has been addressed or 'no' to indicate further action is required. Prioritise all items requiring action ('no') as low, intermediate or high priority. Transfer high priority checklist item details to the Action and Options Plan. If the priority items listed are too extensive you may need to further prioritise items to a manageable set, noting when other priority items need to be reviewed or actioned.
- b. The action and options plan is where you document the actions to be undertaken to address the priority items, by whom and by when (timelines). Add actions for follow-up to your diary.

The options listed are not exhaustive; there may be a number of items specific to your program you could include. The priority rankings and the number of items to be addressed at any time need to be considered by the program team or advisory group, and you should bear in mind the resources required to address each of these.

c. The program components to be sustained sheet is where you document the core program components to be sustained, how they will be sustained and how sustainability will be measured. This is your program sustainability plan summary to be reviewed and amended as required.

The sustainability status checklist is a separate tool that will help you determine the overall level of sustainability achieved at a given time and can be used to compare your sustainability at different time points. It also helps identify the areas needing to be addressed to improve your program's sustainability.

In addition, examples of an implementation and sustainability Gantt chart have been included in Appendix 1 to help you chart timelines for each component activity.

The Community falls prevention sustainability guidelines and workbook, including the checklists and action and options plan, will help you work towards sustainability and document the process. Remember that all actions should be reviewed, updated and signed off as completed on a regular basis.

To assist organisations further a training program has been developed to support the implementation of the guidelines. The training program is available at www.monash.edu/muarc

Resources to support organisations implementing programs to prevent falls are available at www.health.vic.gov.au/agedcare/maintaining/falls/index.htm.

Plan, engage, implement, evaluate, adapt, evaluate and monitor.

Sustainability is achievable

Factors promoting program sustainability

This section of the guidelines presents the 12 key planning, adoption and implementation factors that have been highlighted in the literature to affect long term sustainability. See the supporting document for more detailed rationales

for each of the factors, including strategies, examples, additional reading and information from the research literature.

Establishing a need for the program

Background

A program that addresses a local need or demand is more likely to be supported, valued and sustained. Provide the data that support the need or demand. For example, survey data collected from people hospitalised after a fall last year indicated a lack of suitable balance training programs following rehabilitation (provide as much detail as necessary).

If the reason for introducing the program is prompted by the availability of external funding, or you have been approached by another organisation to become a partner in the program, outline the benefits to your organisation or clientele (see Benefits).

Actions

Document the reasons why you want to implement the falls prevention program. Describe the problem or issue to be addressed and why it is important for your organisation and partner organisations to address.

Example:

One falls prevention project developed an exercise program to address the lack of exercise options in the Townsville area. The need was confirmed through focus groups with key informants (Bagnall, Monk, Gimson, Saul & Farmiloe 1998).

 	•••••	 	 	 							

Core business and fit with organisation

Background

A program is more likely to be sustained if it fits in with the goals, values and core business of the organisation, and can more easily be incorporated into existing roles and processes. No matter how simple the intervention or program, its introduction and sustainability will require some degree of change, and conflicts in fundamental beliefs, norms and values can undermine the program. If the organisation's direction or focus changes, the organisation needs to once again determine whether the program fits the organisation's new focus and direction.

Actions

Outline how the program fits in with and enhances the goals, values and core business of your organisation. Identify how the program helps expand your core business by adding value to your organisation or clientele (also do this for partner organisations). Determine where the program is best located (in your organisation, a partner organisation or both).

Example 1:

A community health centre (CHC) may consider introducing a new strength and balance program shown to be effective in improving strength and balance and reducing falls. This program may complement other existing exercise programs or replace less effective exercise programs. CHCs are well positioned to implement other falls prevention initiatives due to their access to other health services.

In the Bagnall et al. (1998) study, sustainability was deemed more likely if the proposed exercise program was incorporated into their partner organisation's core business (YMCA and local council).

Example 2:

An evaluation of the Stay On Your Feet (SOYF) program (Barnett et al. 2004) found that unlike general practitioners, pharmacists and community health staff, none of the shire council staff or Access Committee staff reported the program influenced their practice and only 48 per cent remembered the program (some after prompting). The authors concluded that recommendations and guidelines, as used in this program, may not be practical for shire councils and associated committees as each had many roles and departments, competing priorities and budgetary constraints. It may have been better to concentrate on key policy changes rather than implementing falls prevention recommendations from a guidelines manual.

| |
 | |
|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|---------------------------------------|
| • |
 | |
| ••••• |
 | |
| ••••• |
 | · · · · · · · · · · · · · · · · |
| |
 | |
| ••••• |
 | · · · · · · · · · · · · · · · · · · · |
| |
 | |
| |
 | |
| |
 | |
| |
 | |
| |
 | |
| |
 | |

^{*} see the supporting document for full version

Benefits (including promotion and marketing)

Background

Managers, staff, partners and clients will require evidence of the effectiveness of the new program to embrace and to sustain it in the long term. Even with external funding the organisation is investing significant time and resources to develop, implement, promote and market the program.

During planning and implementation outline and disseminate the empirical evidence that supports the effectiveness of the program and the likely benefits to your organisation, clientele and potential stakeholders. This may include detailing how it will improve client outcomes or provide financial benefits to the organisation. For example, it will increase services or clientele, or it will provide efficiency savings.

Monitoring and evaluating your program during and after implementation helps substantiate the effectiveness of the program. Disseminating information about program benefits (anticipated and unanticipated benefits) can promote the program. The benefits may be a reduction in the number of falls, reduced numbers of recurring falls and injuries, or improvements in objective measures of balance or high participation and satisfaction rates.

These benefits are your program's selling points to all stakeholders, including funders.

In some instances your falls prevention program may have unintended or negative impacts as well as positive benefits. For example, resources required for sustaining the program may mean there are insufficient resources (financial or workforce) to allocate to other activities. Approaches to address unintended or negative impacts should be considered at the outset and weighed against identified benefits.

Actions

Determine what information (about benefits and program effectiveness) is to be disseminated and to whom.

Determine how this information will be disseminated.

In addition, think more broadly than the immediate stakeholders. Identify how you will market and promote the program to the community, for example senior citizens' groups, health professional organisations, local councils, and general practitioners.

Organisational capacity

Background

Organisations that have the capacity and the commitment to run the program are more likely to sustain the program long term. Organisational capacity includes a range of core and program-specific skills, capabilities and resources. They include leadership, management, fundraising, and the ability to identify and address problems and implement change effectively. Realistically assess your organisational capacity in the short term (implementation) and long term (sustainability).

Your detailed program and implementation plan enables you to identify:

- the various components of your program
- the resources needed to develop and implement each component of the program
- the potential partnerships that could provide skills, knowledge and resources, especially if capacity is limited within your own organisation.

Actions

Based on your detailed implementation plan (that includes the resources, knowledge, skills and supports required) determine how realistic it is for your organisation to conduct the program. Determine which components of the program your organisation can or should provide or support and those best provided or supported by a partner organisation.

Planning from the outset: implementation, evaluation and sustainability

Background

A well-planned and implemented program is more likely to be sustained. Key elements that help make implementation more effective also keep your program on track and operating in the long term. A number of falls prevention guidelines are available that can help you with the design and implementation of your falls prevention program (see Appendix 2).

Planning evaluation and sustainability from the outset improves the likelihood of sustaining your program long term. Considering evaluation at the outset makes it more likely the appropriate data will be collected. Appropriate data help determine how effective your program is, what areas of the program need to be modified to better achieve program goals and objectives, and to monitor program fidelity. Your program evaluation needs to include measurable and realistic objectives and outcome measures.

Planning for sustainability means formulating goals and objectives, and developing and implementing strategies and contingency plans to foster sustainability. What will be sustained, how it will be sustained, and how sustainability will be measured need to be documented from the outset. Use the Program Components to be Sustained sheet to record this information. Your sustainability plan is a working document that needs to be monitored, reviewed and adapted as you implement your program.

Actions

Develop:

- a detailed implementation plan include program aims, objectives, target audience, evidence supporting the selected intervention; detail the specific components of the intervention, the resources, income and supports required, the partnerships to be established and their roles and responsibilities; and strategies to engage stakeholders
- an evaluation plan include all appropriate process, impact and outcome measures relevant to your organisation's and partner organisation's needs
- a sustainability plan: specify what components of the program need to be sustained and how; and what measures will be used to determine whether sustainability has been achieved.

See the supporting document for a list implementation tips and considerations and evaluation options.

	 	 	 	 	 	 	 ······································
***************************************	 	 	 	 	 	 	 ······································
•	 	 	 	 	 	 	 ······································
<u></u>	 						
	 						
	 	 	 	 	 	 	 ······································
	 	 	 	 	 	 	 ······································
•••••	 	 	 	 	 	 	 ······································
•••••	 	 	 	 	 	 	 ······································

Program adaptability

Background

A program's ability to be adapted to local operating conditions and local needs, and to changes in these over time, makes the program more feasible, acceptable and sustainable. As part of your implementation plan consider what changes are needed to be made to organisational structures and processes to implement the program and what adaptations could be made to the program to make local delivery easier and more relevant. While adaptability is important, the essential components that make the program effective need to be maintained.

Monitoring program fidelity (so the program does not drift from the original intended form) and program effectiveness, as well as changes in your organisation, community and research knowledge, are essential to evolving and strengthening your program over time.

Actions

Outline the essential components of the program that need to be maintained to achieve program effectiveness and the methods you plan to use to monitor program fidelity and program outcomes. Outline how the program is being adapted (if applicable) and the systems in place to monitor the effect of these modifications.

Example:

The successful introduction of a falls risk screening and intervention process in an acute hospital setting was attributed to a number of factors. The falls risk screen (the STRATIFY) was modified to include local risk factors identified by a falls audit. This improved the sensitivity of the tool and provided a more targeted direction of resources that did not overwhelm the nurses' workload. The risk assessment could be completed in minutes and did not require multidisciplinary input (Barker, Kamar, Morton & Berlowitz 2009). Given the short stay of patients in this setting the authors suggested multidisciplinary input would result in delays in the identification of high-risk patients, especially after hours or on weekends, and this may be the cause of failure of similar attempts in the acute setting. The inclusion of risk screening and interventions in the patient care plan created a formal falls prevention management process within each nursing shift. The interventions included six possible actions that were achievable within the current staffing structures. A formal evaluation of the program found a significant decrease in the rate of falls injuries, and falls documentation compliance remained consistently high (from 70 per cent in 2002 to 95 per cent in 2007).

Integrating program activities into existing routines

Background

A commonly cited method of sustaining a program is to integrate the falls program or program components into existing roles, processes or programs within the organisation.

Where there is good organisational fit there are likely to be existing roles, processes or programs that can incorporate the new falls program. Existing policies, position descriptions and operating manuals need to be amended to incorporate the falls program activities and duties. Do not rely on informal systems; they put sustainability at risk.

If the program cannot be integrated into existing routines, new program policies, reporting and funding processes, procedure manuals and position descriptions need to be developed and incorporated into the organisation's standard operating systems.

Actions

Review all current programs, processes and roles within your organisation to identify those able to incorporate the program or program components. Detail how the program will be incorporated into these existing routines and systems. Amend or develop documentation, policies, manuals and position descriptions to support the falls prevention program activities.

Example:

In an in-hospital, short-term-funded falls prevention program, the role of falls prevention officer was successfully incorporated into the existing clinical risk manager's role (National Ageing Research Institute 2003). An audit of inpatient falls identified highrisk wards, and the activities and patient profiles commonly associated with falls in the hospital. The multidisciplinary falls prevention committee modified the STRATIFY tool, and integrated falls risk screening and the implementation of simple interventions into existing daily care plan documentation. Systems were also implemented to monitor compliance. The falls risk screening and management strategies are being sustained by being integrated into existing routines and practices. Three years after implementation there had been a substantial and sustained reduction in fall related injuries (Barker et al. 2009).

* see the supporting document for full version

Partnerships

Background

Forming and maintaining key networks and working relationships (partnerships) can assist implementation and long-term sustainability. Partnerships providing additional resources (monetary or in-kind), skills and knowledge to the program help build capacity within each organisation. Partnerships provide multiple entry points into a coordinated falls management system through establishing referral networks or joint program activities. Regardless of the method chosen, achieving this coordinated approach involves discussions and the establishment of processes that define how organisations will work together to provide coordinated care.

Partnerships with older people, senior citizens' groups and research organisations should also be considered. One provides access to your target audience and their views, the other to the research knowledge and evaluation methods.

Broader partnership networks such as those promoted by local government, Primary Care Partnerships and DH Regions are also valuable. These networks help build individual and organisational capacity through the sharing of knowledge, lessons learned and resources. Teleconferences conducted with agencies involved in falls prevention activities, as part of the trialling of these guidelines, were valued by all participants because they provided opportunity to discuss issues and experiences, and to consider possible solutions.

Actions

Brainstorm a list of potential partners, what their role might be within the program and what they could contribute to the program. Once partnerships are confirmed and negotiated, develop a memorandum of agreed goals and actions.

Example:

Stepping Out, an exercise program developed in Townsville in 1996 (Bagnall et al. 1998) received initial seed funding. A partnership was developed with the YMCA and the local council; they helped develop the program and incorporated the program into their core business. At 12-month follow-up the program demonstrated ongoing participation and satisfaction by clients, and financial viability. A second exercise class, established in another location, was sustained for 18 months with no on-going financial contributions from the Stepping Out program. The local council also received a Healthy Heart Local Government Award for 'Outstanding Project by a Community Organisation'.

* see the supporting document for broader networks example

Stakeholder engagement: staff, management, partner organisations and older people

Background

Lack of engagement of key stakeholders – staff, managers, partner organisations and older people and their carers and family – is a barrier often cited by falls prevention program staff (Cassell & Day 2002; National Ageing Research Institute 2001, 2008). A program cannot be successfully implemented or sustained if the key people responsible for running, supporting or using the program do not see its value.

Management and key clinical staff have the position and authority to determine organisational priorities, programs, funding allocations, and modify practices and procedures. Staff and partner organisations are required to implement the program or integrate the activities into their existing routines, or to refer to the service/program. And without older people, your clients, you have no program. Raising awareness of the impact of falls and the benefits provided by the program, including all stakeholders (staff, partner organisations and older people) in the development of the program (for example in advisory committees or in action research), and addressing problems early are strategies for success.

Actions

Develop a stakeholder engagement plan that includes education and methods of providing avenues for involvement in program design and implementation. Include potential and actual challenges and strategies to address these issues.

Example:

For one community health centre participating in the Stepping On program, having management support was vital for their falls prevention program to continue. Support from management allowed staff the necessary time to plan and implement the program, and when the possibility of offering the program to older people from a Chinese cultural background was raised, additional funding was approved by management to provide culturally appropriate program materials (Lovarini 2010a).

* see the supporting document for further examples, as well as strategies to promote stakeholder engagement.

	 	 ······							
<u></u>	 								
	 	 ······							

Capacity building: staff and partner organisations

Background

Building capacity within an organisation and partner organisation enhances program sustainability. The capacity building referred to in this section is workforce development – knowledge transfer, problem-solving capacities and leadership skills. Capacity building includes acquiring the knowledge and skills required to conduct and sustain the program and to engage stakeholders. It can be achieved through workforce learning, external courses, professional development opportunities, undergraduate or postgraduate courses (includes conference, workshops, seminars and in-service programs), professional support and supervision (through networks, consultancies and through mentoring), and performance measurement systems (NSW Department of Health 2001).

Actions

Identify initial and ongoing training needs and develop an appropriate training program for your organisation, key program drivers or champions, and partner members.

Funding and resources

Background

Insufficient funds and resources (including availability of qualified staff) to adequately implement and maintain falls prevention (and other health) programs, are common reasons cited for a lack of program sustainability.

Realistically determine what level (and type) of staffing and resources are needed to set up, implement and sustain the program, and list all sources of funding and support (financial and in-kind). Adequate time needs to be allocated for staff to plan, implement and embed change. Resources need to include contingency or risk plans, such as having enough staff trained in the event of staff changes or when staff are on leave or sick. Regularly review your original costing. The funding, resources and supports the program requires can vary over time and may be different for each partner organisation. Monitoring and securing program funding, resources and supports needs to be planned and is an ongoing process that all programs must undertake. Do not wait until current funding ends.

Actions

Develop a financial and resources plan that includes all program components and their associated costs. Identify all potential sources of funding and in-kind support, noting which funding or resources are short term and those that are available long term. Regularly review your costs and funding.

Example:

One community health centre has implemented many Stepping On programs since 2007. Management support for staff time and training has been vital, as has other sources of funding and resources. Partnerships with local community organisations such as councils, registered clubs and neighbourhood centres have resulted in additional funding and resources enabling the program to continue over time at low cost. Partners have provided access to venues at no cost, access to community transport services, funds for program equipment and morning tea, free use of laptops and data projectors, and assistance with program promotion (Lovarini 2010a).

See the supporting document for some key funding and resource questions and tips.

 	 	 ······································
 	 	 ······································

^{*} see the supporting document for some key funding and resource questions and tips.

Program champions

Background

Many falls prevention programs reported failing to adequately implement and sustain programs because of a loss of key staff, particularly program champions. A number of program champions should be identified within the organisation (across disciplines and departments) and in partner organisations, who can support each other and work together to propel the program forward; taking it from planning, to implementation and through to routine practice. Identifying advocates and supporters, other than those directly involved in program implementation, can help promote and market the program to others, and help support the program champion.

Actions

Identify key staff in your organisation and partner organisations who can act as program champions, and any external program supporters. Determine the role of each program champion and what support they will need to effectively undertake their role.

Sustainability actions summary

Establishing a need for the program

Document the reasons why you want to implement the falls prevention program. Describe the problem or issues to be addressed and why it is important for your organisation and partner organisations to address.

Core business and fit with the organisation

Outline how the program fits with and enhances the goals, values and core business of your organisation. Identify how the program helps expand your core business adding value to your organisation or clientele (also do this for partner organisations). Determine where the program is best located (in your organisation, a partner organisation or both).

Benefits

Determine what information (about benefits and program effectiveness) is to be disseminated and to whom. Determine how this information will be disseminated. In addition, think more broadly than the immediate stakeholders. Identify how you will market and promote the program to the community, for example senior citizens' groups, health professional organisations, local councils, and general practitioners.

Organisational capacity

Based on your detailed implementation plan (including the resources, knowledge, skills and supports required) determine how realistic it is for your organisation to conduct the program. Determine which components of the program your organisation can or should provide or support and those best provided or supported by a partner organisation.

Planning from the outset: implementation, evaluation, sustainability

Develop:

 a detailed implementation plan: include program aims, objectives, target audience, evidence supporting the selected intervention; detail the specific components of the intervention, the resources, income and supports required, the partnerships to be established and their roles and responsibilities; and strategies to engage stakeholders.

- an evaluation plan: include all appropriate process, impact or outcome measures relevant to your organisation's and partner organisation's needs.
- a sustainability plan: specify what components of the program need to be sustained and how; and what measures will be used to determine whether sustainability has been achieved.

Program adaptability

Outline the essential components of the program that need to be maintained to achieve program effectiveness and the methods you plan to use to monitor program fidelity and program outcomes.

Outline how the program is being adapted (if applicable) and the systems in place to monitor the effect of these modifications.

Integrating into existing routines

Review all current programs, processes and roles within your organisation to identify those able to incorporate the program or program components. Detail how the program will be incorporated into these existing routines and systems. Amend or develop documentation, policies, manuals and position descriptions to support the falls prevention program activities.

Partnerships

Brainstorm a list of potential partners, what their role might be within the program and what they could contribute to the program. Once partnerships are confirmed and negotiated, develop a memorandum of agreed goals and actions.

Stakeholder engagement

Develop a stakeholder engagement plan that includes education and methods of providing avenues for involvement in program design and implementation. Include potential and actual challenges and strategies to address these issues.

Capacity building

Identify initial and ongoing training needs and develop an appropriate training program for your organisation, key program drivers or champions, and partner members and organisations..

Funding and resources

Develop a financial and resources plan that includes all program components and their associated costs. Identify all potential sources of funding and in-kind support, noting which funding or resources are short term and those that are available long term. Regularly review your costs and funding.

Program champions

Identify key staff in your organisation and partner organisations who can act as program champions, and any external program supporters. Determine the role of each program champion and what support they will need to effectively undertake their role.

Checklists, action and sustainability plans

Sustainability checklist

This checklist will help you identify the aspects of your program or program implementation that could be enhanced to improve sustainability. Steps involved:

- 1. **Identify items that require further action** (column one):
 - Yes = item is addressed and requires no further action (how this has been addressed should be outlined in your workbook)
 - No = item requires further action (go to step 2).
- 2. **Priortise items requiring action ('no')** Prioritise items requiring action ('no') (column two): (1 = high; 2 = intermediate; 3 = low): High priority items are those that need to be addressed first in order to progress to the next level, issues that set the foundations of the program or address immediate concerns, and can include items that are easily addressed. If there are a number of high or intermediate items, they can be further broken down into 1A or 1B, 2A or 2B, with A items taking priority over B items.

3. Tick which items will be addressed and go to the Action and options plan (column three): Tick the items you wish to address in the short term and go to the Action and Options Plan to outline the actions to be undertaken, who will do these and by what date. If there are quite a few areas requiring further action, it is not possible to address all of these in the short term, determine when to review the checklist to initiate further action.

Date to be reviewed:	

To further assist with program scheduling an example of an implementation and sustainability Gantt chart are included in Appendix 1. Gantt charts allow you to clearly portray timelines associated with program activities.

Sustainability checklist

Sustainability question	Has this item been adequately addressed (circle as appropriate)	If 'no', rate level of priority: (1 = high; 2 = intermediate; 3 = low)	Tick which items will be addressed and go to action plan
Establishing a need for the program			
 Has the program been developed to meet a local need or demand? 	Yes No		
Have you described the benefits to your organisation and clientele?	Yes No		
3. Have you described the benefits to your partner organisations?	Yes No		
4. Have you identified and disseminated the research evidence that supports the chosen activities?	Yes No		
Core business and fit with organisation			
5. Does the program or program components fit in with the goals and values, and core business of your organisation?	Yes No		
6. Are falls or falls prevention a priority issue or area of interest for your organisation?	Yes No		
7. Have you determined which organisation (yours, a partner, or both) is best suited to host the program because it fits in with their goals, values and core business?	Yes No		
Benefits			
8. Have you outlined the potential benefits (and addressed any potential negative impacts) of the program to the organisation, to stakeholders, and to the target audience?	Yes No		
9. Have you established an evaluation plan from the outset?	Yes No		
10. Does your evaluation plan measure all program goals and outcome objectives?	Yes No		
11. Are the outcomes (actual benefits) of the program evaluation regularly disseminated to all key stakeholders?	Yes No		
12. Do you have a broader marketing plan?	Yes No		
Organisational capacity			
13. Does your organisation have the capacity to run the program alone?	Yes No		
14. Even if your organisation does have capacity, have you determined whether potential partners should be sought and why? Have potential partners been identified and recruited?	Yes No		
15. If your organisation's capacity is limited, have you identified and recruited partner organisations that have the required capacity or with whom you can jointly build capacity?	Yes No		

Sustainability question	Has this item been adequately addressed (circle as appropriate)	If 'no', rate level of priority: (1 = high; 2 = intermediate; 3 = low)	Tick which items will be addressed and go to action plan
16. Does your organisation have the required commitment to embrace change?	Yes No		
17. Is this capacity available in the long term (after short term external funding has ended)?	Yes No		
Note: questions 13-15 includes capacity both at a service delivery an	d organisational le	vel.	
Planning from the outset: implementation, evaluation, and susta	ainability		
18. Do you have a well-written (clear and detailed) implementation plan?	Yes No		
19. Do you have an evaluation plan that includes process, impact and outcome measures corresponding to the goals and objectives of your program?	Yes No		
20. Do you have a sustainability plan that details what will be sustained and how, and how sustainability will be measured?	Yes No		
21. Do you have a process to progressively review your sustainability plan and implement modifications if required?	Yes No		
Program adaptability			
22. Have you identified any program changes needed to make integration and local delivery easier, in the short term and long term? (Note if no changes are required to program.)	Yes No		
23. Do these changes maintain the essential components of the program? Are strategies and evaluations in place to implement evidence-based programs in ways that reach the people they are intended for and that achieve program outcomes as intended? This includes systems to monitor the effects of any adaptations.	Yes No		
24. Are program results and broader environmental changes adequately and regularly monitored to determine the need for further modifications to the program or method of operation?	Yes No		
Integrating program activities into existing routines			
25. Are there existing programs, processes and/or roles within your organisation that can integrate the falls prevention program/program components? If yes, have you determined how this will be done?	Yes No		
26. If the program has been successfully integrated into existing operating systems, have existing policies, reporting and funding processes, position descriptions, procedure manuals, been modified to incorporate the falls program activities and duties?	Yes No		

Sustainability question	Has this item been adequately addressed (circle as appropriate)	If 'no', rate level of priority: (1 = high; 2 = intermediate; 3 = low)	Tick which items will be addressed and go to action plan
27. If the falls prevention program cannot be integrated, have new policies, reporting and funding processes, procedure manuals and position descriptions been developed and incorporated into the organisation's standard operating systems?	Yes No		
Partnerships			
28. Have you identified potential partners who can contribute to your program, in the short and long term?	Yes No		
29. Have you detailed their role and contribution in the program, and outlined the benefits the program offers them?	Yes No		
30. Have you developed a memorandum of agreed goals and actions?	Yes No		
31. Are there broader collaborations or networks your program staff could engage with?	Yes No		
Stakeholder engagement			
32. Are all stakeholders sufficiently engaged in the program? Have you outlined how those identified as insufficiently engaged will be followed up to increase engagement?	Yes No		
33. Have you provided opportunities for stakeholder involvement and feedback?	Yes No		
34. If you have identified any resistance or concerns, have these been addressed?	Yes No		
35. Have you provided evidence of a need for the program and for the effectiveness of the falls prevention program?	Yes No		
36. Have you provided evidence of the actual benefits and effectiveness of the current program?	Yes No		
Capacity building – staff/partners			
37. Have you formulated a training program to meet the initial and ongoing training needs of new staff, and to maintain or update existing staff knowledge and skills?	Yes No		
38. Have you formulated a training program that meets the initial and ongoing training and support needs of program champions?	Yes No		
39. Have you formulated a training program to meet the initial and ongoing training needs of partner members?	Yes No		
Funding and resources			
40. Have you detailed each component of your program and the resources you require to implement this program (staff, knowledge, facilities, infrastructure and other resources?	Yes No		

Sustainability question	Has this item been adequately addressed (circle as appropriate)	If 'no', rate level of priority: (1 = high; 2 = intermediate; 3 = low)	Tick which items will be addressed and go to action plan
41. Have you costed the program realistically (each component) including the ongoing maintenance costs of the program?	Yes No		
42. Have you identified all sources of funding, short term and after any initial external funding ends?	Yes No		
43. Is some funding provided from internal budgets? This is a fundamental source of funding particularly in the long term. (This includes where components are integrated into existing positions funded by the organisation.)	Yes No		
44. Have potential external funding avenues been identified, and processes established to apply for these if required?	Yes No		
45. Are the program's funding, resources and support needs, and their availability monitored over time similar to other programs in your organisation?	Yes No		
Program champions			
46. Have you identified program champions and defined their roles?	Yes No		
47. Do the champions understand the culture of the organisation?	Yes No		
48. Are the champions well positioned in the organisation (are listened to by management and have the authority to influence work practices and staff)?	Yes No		
49. Are the champions respected, credible, motivated and committed to the program?	Yes No		
50. Are the champions appropriately skilled (have program knowledge and skills to manage change and influence people)?	Yes No		
51. Are there adequate supports, for example training and other staff, to enable the champions to effectively undertake their role?	Yes No		

Action and options plan

The options in this section are not an exhaustive list. The supporting document provides more specific options, but you can add your own. Add actions to your diary for follow-up.

Options	Actions	Who will initiate action and completion date
Establishing a need for the program		
Document and detail the need or demand and data source. ('Our data show')		
Document the potential benefits and the evidence sources. ('The research evidence has shown \ldots ')		
Present the evidence in: management meetings, partner meetings, committee meetings, staff meetings, training sessions; in proposals, management reports, staff newsletters and emails.		
Core business and fit with organisation		
List the core business of each organisation and how the program fits in with their core business. This will help determine which organisations within your partnership are best suited to conduct the program or program components.		
Determine what role your organisation and partner organisations should take in the program given its goals, values and core business.		
Present the information that documents the need or demand and makes the issue important to your organisation.		
Benefits		
Document and present the potential benefits and the evidence sources to initiate and maintain stakeholder engagement.		
Identify any negative impacts of program implementation or sustainability, outline how they will be addressed and how the benefits outweigh the need for any additional action.		
Present the evidence in: management meetings, partner meetings, committee meetings, staff meetings, training sessions; in proposals, management reports, staff newsletters, and emails.		
Develop an evaluation plan from the outset that includes measures substantiating benefits and program objectives (see the supporting document for specific options).		
Disseminate program outcomes regularly, such as program participation rates and anecdotal evidence. Once follow-up data have been obtained and reviewed preliminary findings can be circulated, for example pre- and post-balance assessment comparisons for the first 15 participants.		

Options	Actions	Who will initiate action and completion date
List all stakeholders and the information they should be provided with.		
Develop a marketing plan defining how you will promote the program to your target audience or referral sources.		
Organisational capacity		
Document the resources, knowledge, skills and supports your organisation can contribute to the program short and long term.		
Identify potential partners, including older people who could be approached to participate and establish what they potentially have to offer.		
Approach all partner organisations to gauge interest and present the evidence related to need or demand and potential benefits.		
Gauge staff and management attitudes to change and their perceptions of the need for change. Talk to people (individually or in groups, in meetings or focus groups) or conduct a survey.		
Planning from the outset: implementation, evaluation, an	d sustainability	
Review and amend your implementation plan where necessary. Existing falls prevention guidelines can assist you. Detail: - what will be implemented, how and by whom - the program objectives and how they will be measured - what must be sustained and how, and how sustainability will be measured, using the sustainability guidelines.		
Document the key milestones that signal the need to review your sustainability plan to see if it requires modification (for example every two months or after the first exercise class).		
Program adaptability		
Document the essential components of the program that must be maintained.		
Document the program adaptations that make integration or delivery easier and how their effects will be monitored.		
Document how program fidelity will be monitored and evaluated (for example audits).		
Regularly review outcomes (identify key milestones or specify times, for example every two months).		

Options	Actions	Who will initiate action and completion date
Integrating program activities into existing routines		
Review all current programs, processes and roles within your organisation to identify those able to incorporate the program or program components. Short list and rank the options.		
Talk to managers and staff in these programs and roles to gauge interest and discuss viability of the integration.		
Include relevant staff in committees and program development, for example focus groups, working parties or action research.		
Develop new or modify existing program procedure manuals to reflect the falls program components.		
Partnerships		
Brainstorm potential partners and list their contributions (knowledge, infrastructure, staff, funding). Build on the information you developed to determine organisation or program fit.		
Present and discuss evidence of benefits to the partner organisation.		
Develop a memorandum of agreed goals and actions that outlines each partners' role and contribution to the program.		
List and consider broader networks or collaborations you could engage with.		
Stakeholder engagement		
Present and discuss evidence of benefits (potential and actual) to each stakeholder.		
Regularly disseminate outcome findings supporting benefits (for example monthly updates).		
Provide avenues for feedback and involvement in program development (meetings, surveys, open door policy, inclusion in steering or working committees or groups).		
Gauge and address attitudes, concerns and resistance through discussions (one to one or group meetings) or surveys. Do not blame or judge, use the information to develop strategies.		
Capacity building – staff and partners		
Conduct a skills analysis to help inform your training program.		

Options	Actions	Who will initiate action and completion date
Consider external courses, including falls conferences and broader skills courses (leadership and marketing), particularly for program champions.		
Document and implement your initial program-specific training for staff and partners (how many sessions, at what times or days, and the structure of the training program).		
Consider conducting more sessions if required – identify how many sessions are required, whether the training program needs to be modified, and when they are to be conducted.		
Document the ongoing program-specific training and include in your organisation's training program. Once again, look at how many sessions, at what time points, and the structure of the training program (for example annual inservice training and staff induction programs).		
Funding and resources		
Document each component of your program including the resources required, and the estimated costs and funding available. Seek assistance from your finance department if needed.		
Adequate resources include contingency plans (for example when staff are sick or on leave) and adequate time to plan, implement and sustain the program.		
Brainstorm with key partners and document all potential funding.		
Monitor and review the estimated costs and resources after each key milestone during implementation to see if they need to be revised.		
Review funding and resources at each key milestone, and annually along with other organisational budgets.		
Program champions		
 Each partner organisation should: list all potential staff who could act as program champions keeping in mind the characteristics of champions listed in the supporting document. define and document the role of each program champion outline the training and supports needed to undertake their role. 		

Program components to be sustained (sustainability plan)

Organisation:		Date:			
Program Title:					
In this document outline what components will be statiened and how, and bow, elist pinability.	Program components to be sustained	How they will be sustained	In place or Needs action	Measures	In place or Needs actic
will be measured for each component. List all sub-components of your program. This is your sustainability plan summary. The guidelines, action plan and sustainability checklist are your worksheets that guide (and document) your progress to sustainability and help you refine your sustainability plan.					

Sample sustainability plan

Organisation: ABC Community Health Centre

Program Title: Making a Move: multi-strategy falls prevention program (exercise, nutrition (including hydration) and

Date: 12/11/1010

continence, footwear and foot care, and vision

In this document outline what components will be sustained and how, and how sustainability will be measured for each component. List all sub-components of your program. This is your sustainability plan summary. The guidelines, action plan and sustainability checklist are your worksheets that guide (and document) your progress to sustainability and hold and document) your progress to sustainability and hold worksheets that guide (and document) your progress to sustainability and hold by your refine your

Program components to be sustained	How they will be sustained	In place or Needs action	Measures	In place or Needs action
Run four 12-week group exercise programs based on the NoFalls Exercise Program per year.	To be incorporated into the CHC exercise program schedule, to be conducted at the CHC by trained CHC physiotherapy staff; existing policies, procedure manuals and schedules, and position descriptions to be modified to include program details. Program to part be of the CHC funded activities, but program will charge a nominal participant fee of \$5.00 per session.	Needs action	Number of sessions conducted, number of participants, survey of staff/ referral sources/older clients re program avareness/enjoyment or acceptability	Needs action
Nutrition education sessions to be incorporated into the four 12-week exercise programs listed above — there will be two 15-minute sessions to be conducted in weeks 2 and 3, prior to exercise class.	To be conducted at the CHC by the CHC dietitian position descriptions to be modified to include program details. To be incorporated into the CHC education program schedule; costs to be part of the CHC client education budget.	Needs action	To be included in the above measures – the number of participants attending the nutrition sessions to be recorded separately from the exercise participation	Needs action
Provision of a falls prevention booklet to all program participants (and a brief discussion about continence, footwear and foot care and vision).	To be provided to all participants at the first exercise class – ongoing funding still being sourced for printing booklet. if no additional funds obtained – to be converted into a simple A4 word document where costs can be covered by existing education budget. Discussion to be conducted by the physiotherapist conducting the session in the second week.	Needs action	To be included in the above measures — number of booklets provided, comments re value of the booklet to be included in the participant survey	Needs action

Indicators of sustainability

In determining whether program sustainability has been achieved you need to define exactly what you want to be sustained. What components of the program are critical to the program outcomes (benefits)? Once this has been articulated in writing, assessing whether sustainability has been achieved is possible.

The questions in the sustainability status checklist below can help you determine the level of sustainability your program has achieved. These questions are indicators of sustainability: the presence of established structures; written processes and procedures; and permanent resources allocated to the program and routine awareness of the program by relevant stakeholders. Based on your answers to the questions, how would you rate your current level of sustainability?

As programs evolve, and organisations and environments change, your level of program sustainability may vary. Reviewing the level of sustainability regularly throughout your 'sustainability phase' is recommended. Any important changes to the program (structure/processes/roles) need to be reflected in the organisation's formal operating systems (policies/manuals/positions descriptions).

Sustainability status checklist

Level of program susta	inability	No or rarely	Some but informal or ad hoc	Some formal systems in place	Yes, formal routines and systems in place
	permanent and regular (long-term) cluding funding contributions from internal				
	permanent staff, supervision, resources and a regular and permanent time of ?				
changed and have these program have written jol	ced practice? What practices have been practices been formalised? Does your descriptions (or included in existing job and procedure manuals (structures in es)?				
objective and targets inc	written objectives and targets? Are these cluded in scheduled evaluation reports? submitted regularly similar to other thin your organisation?				
	management, aware of the program? Do n or advocate for the program?				
	ers aware of the program? Do they refer to dvocate for the program (are networks still laged)?				
(Based on the project literature review, Goodman et al., 1993, Pluye et al., 2004b and the QLD Stay on Your Feet® toolkit).					
Based on your answers	above, how would you rate your current l	evel of prograr	m sustainability	/?	
Tick which applies	(Based on Pluye et al., 2004b)				
Absent	No program activity continuing				
Some activity	Residual activity, may be unofficia	l or ad hoc			
Partially achieved	Partially achieved but not routinis	ed, some progr	ram activity cor	ntinuing	
Routinised activit	y Routinised activities are maintaini				

Conclusion

Program sustainability involves six key elements:

- good people, staff and champions who are skilled, motivated and engaged;
- sufficient resources (including time);
- supportive and engaged networks and partnerships;
- planning from the outset, including implementation, evaluation and sustainability;
- good program fit and program adaptability;
- clear benefits and active promotion.

Sustainability is a dynamic and ongoing process that needs to be well planned, managed, monitored and regularly evaluated so the program continues to improve and meet the needs of the population it aims to help.

References

Bagnall R, Monk L, Gimson K, Saul L and Farmiloe B 1998, 'Stepping Out: gentle exercise project', *Health Promotion Journal of Australia*, vol. 8 no. 3, pp. 205–207.

Barker A, Kamar J, Morton A and Berlowitz D 2009, 'Bridging the gap between research and practice: review of a targeted hospital inpatient fall prevention programme', Quality and Safety in Health Care, vol. 18 no. 6, pp. 467–472.

Barnett L, Beurden EV, Eakin E, Beard J, Dietrich U and Newman B 2004, 'Program sustainability of a community-based intervention to prevent falls among older Australians' [Program evaluation study], *Health Promotion International*, vol. 19 no. 3, pp. 281–288.

Cassell E, and Day L 2002, Phase 1 Foothold on Safety (FOS) community-based falls prevention program: final evaluation report. Monash University Accident Research Centre, Melbourne.

Lovarini M 2010a, *Sustainability of a community-based falls prevention program: a grounded theory.* Unpublished manuscript in preparation, discipline of Occupational Therapy, The University of Sydney, Lidcombe, Australia.

National Ageing Research Institute 2001, Evidencebased health promotion: resources for planning: No.3 Falls Prevention, Department of Human Services (now Department of Health), State Government of Victoria, Melbourne.

National Ageing Research Institute 2003, Evaluation of falls prevention projects for older people in the acute hospital setting, report to the Department of Human Services (now Department of Health), State Government of Victoria, Melbourne.

National Ageing Research Institute 2008, *Review of projects to prevent falls among older people in Victoria 2000–2007: final report*, report to the Department of Human Services (now Department of Health), State Government of Victoria, Melbourne.

NSW Department of Health 2001, *A framework for building capacity to improve health*, State Government of New South Wales, Sydney.

.

Appendix 1: Gantt chart

A Gantt chart is a bar chart that allows you display your program components, and activities within each component, and the proposed timelines for the start and completion of each component or activity. The chart allows you to easily see what needs to be done and by when, and if you are on schedule to meet the planned timelines.

Gantt charts could be based on a weekly or monthly basis, depending on your specific requirements at the time. You may have developed one as part of your implementation plan. An example is provided below based on the example in the sustainability plan.

Month	1	2	3	4	5	6	7	8	9	10	11	12
Establish program steering committee with key stakeholders and establish a memorandum of agreement.												
Disseminate evidence of need for program and effectiveness of the chosen interventions to all staff, managers and partners.												
Establish and confirm program staff and champions in the CHC.												
Provide training in the NoFalls program to program staff.												
Develop the nutrition education program.												
Develop the general falls prevention education program.												
Establish the NoFalls Exercise program (the venue, the equipment, and the handouts).												
Develop a recruitment plan and recruit participants (ads in local papers, flyers to GP clinics and seniors' groups).												
Develop an evaluation (including surveys, and evaluation assessment form) and sustainability plan.												
Conduct the first NoFalls program.												
Evaluate the first NoFalls program and make any changes required to the program, modify evaluation and sustainability plans if required.												
Disseminate the findings from the evaluation to staff, management, and other key stakeholders (including newspaper article re achievements).												
Conduct the 2nd NoFalls program.												
Evaluate the 2nd NoFalls program and make any changes required to the program.												
Disseminate the findings from the evaluation to staff, management, and other key stakeholders (including newspaper article re achievements).												
Develop or change policies, position descriptions and embed into organisational operating systems.												

In terms of sustainability, each of the actions you list in your action plan can be added to a Gantt chart to help you work towards sustainability. Place high priority items first, followed by second priority items etc. You can also plot your sustainability plan and actions as shown in the example below.

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Conduct 2 x 2 training programs per year (one on Tue and one on Wed).												
Conduct general falls session (in the 2nd week) and nutrition session (in 3rd and 4th week).												
Review and disseminate outcomes from program regularly to staff and stakeholders (as per the marketing and promotional plan).												
Promotional activities re recruitment (as per marketing and promotional plan).												
Provide annual falls training session to program and other key stakeholders as per your training schedule.		staff							others			
Annual review of program outcomes (annual evaluation).												
Annual review of program funding sources and budgets.												

Appendix 2: Additional resources

Falls prevention guidelines

Australian Commission on Safety and Quality in Health Care 2009, *Preventing falls and harm from falls in older people: best practice guidelines for Australian community care:* www.health.gov.au/internet/safety/publishing.nsf/content/FallsGuidelines-AustCommunityCare

American Geriatrics Society (AGS) and British Geriatrics Society (BGS) 2010, *Clinical practice guidelines:* prevention of falls in older persons (targets health care professionals): www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2010/

Queensland Health, *Stay On Your Feet® toolkit*: www. health.qld.gov.au/stayonyourfeet/toolkit/default.asp

National Institute for Clinical Excellence and the National Collaborating Centre for Nursing and Supportive Care, Royal College of Nursing (United Kingdom) 2004, *The assessment and prevention of falls in older people guidelines* (targets community, hospital and residential care setting): www.nice.org.uk/page.aspx?o=233391

Peninsula Health Falls Prevention Service 2006, *FRAT pack facilitators guide* (community pack): available by contacting them on 03 9788 1260, costs apply.

Links and references

Victorian Falls Clinic Coalition (includes lists of useful references and falls guidelines) www.mednwh.unimelb.edu. au/vic_falls/vic_falls_home.htm

Victorian Government Department of Health, Aged Care Branch (provides a range of falls prevention resources) www.health.vic.gov.au/agedcare/maintaining/falls/index. htm

