**TRIPLE AIM**

**INDIVIDUAL**
- Improved quality, safety, and experience of care

**SYSTEM**
- Best value for public health system resources

**POPULATION**
- Improved health and equity for all populations

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**PROGRAMME APPROACH**

**INDIVIDUAL**
- To reduce harm from falls by supporting interventions which prevent falls and reduce falls-related injuries - in older people at risk, defined as those aged 75+ (Maori/Paciﬁca aged 55+) in care settings (i.e. hospital inpatients, people in aged residential care, and those at home receiving care), and those with polypharmacy or previous fragility fracture.

Evidence suggests effectiveness of interventions is contingent on many variables, therefore selection of a small set of multifactorial approaches tailored to specific situations is recommended\(^1,2\).

**SYSTEM**
- To support initiatives addressing identiﬁed gaps in care related to osteoporotic fragility and fractures:
  - in primary care, a gap in managing osteoporosis to prevent fracture, and maintain treatment for secondary fracture prevention
  - in secondary care, a gap in preventive care after a ﬁrst fragility fracture to prevent the second fracture.

Evidence that half of patients presenting with hip fractures have had a prior fragility fracture; initiatives closing identiﬁed gaps in care have demonstrated signiﬁcant reduction in ﬁrst and second fragility fractures\(^3\).

**POPULATION**
- To promote awareness of and investment in proven interventions at population level.

An economic analysis of the cost burden of falls associated with harm identiﬁes signiﬁcant problem magnitude in the community\(^4\), and suggests a case for investment in effective community based interventions (e.g. Vitamin D3, strength and balance exercise programmes, and home assessment to identify and reduce risks of falling)\(^5\).

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\(^3\) OSTEOPOOROSIS NEW ZEALAND (2012) Bone Care 2020 Osteoporosis New Zealand.
