

# NATIONAL FALLS PREVENTION FOR OLDER PEOPLE PLAN: 2004 ONWARDS

July 2005



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PEOPLE PLAN:  
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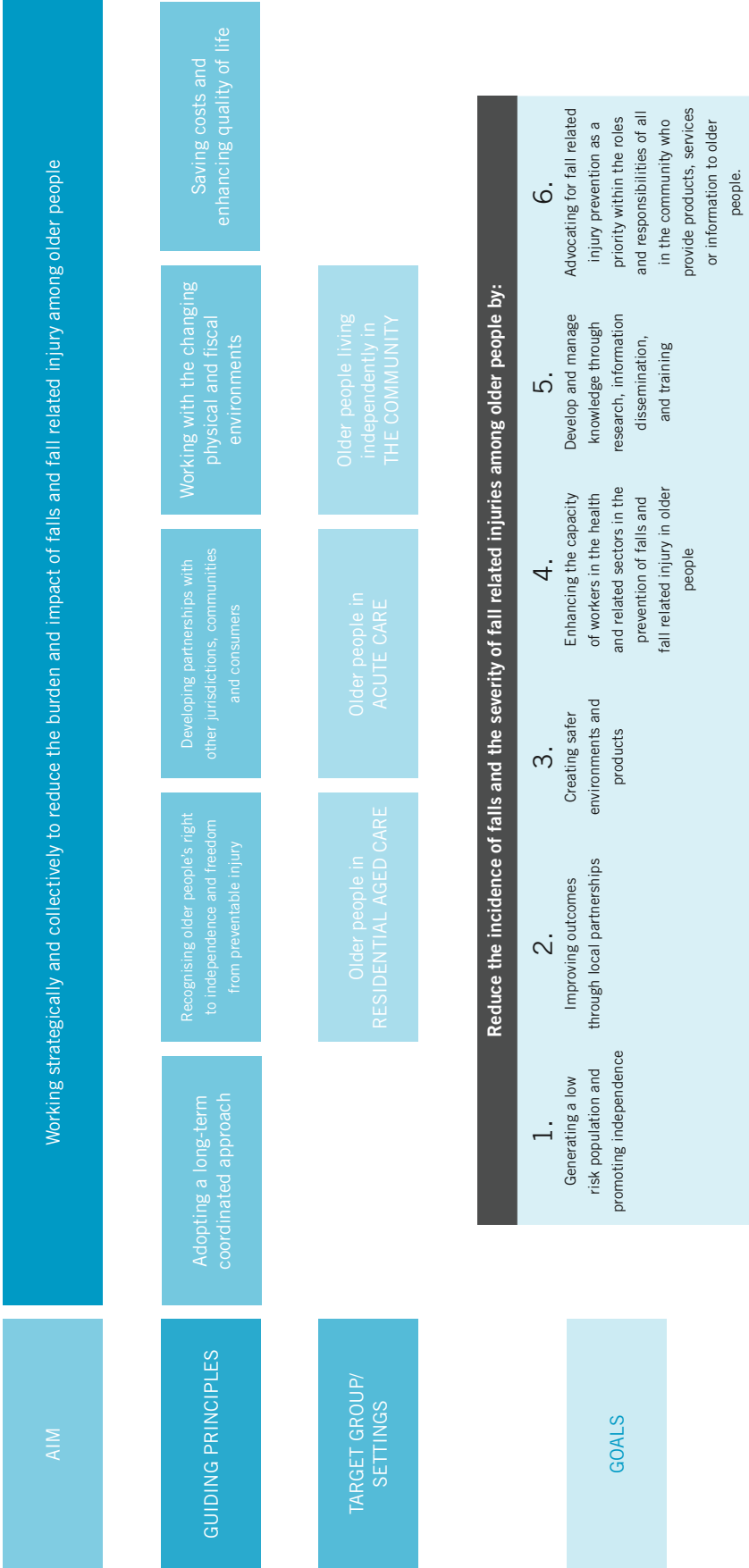
The National Falls Prevention for Older People Plan: 2004 Onwards was endorsed by the Australian Health Ministers on 28 July 2005 as part of a package of National Injury Prevention Plans. This package consists of:

The *National Injury Prevention and Safety Promotion Plan: 2004 – 2014*;

The *National Aboriginal and Torres Strait Islander Safety Promotion Strategy*; and

The *National Falls Prevention for Older People Plan: 2004 Onwards*.

Figure 1: Elements of the National Falls Prevention for Older People Plan



NATIONAL FALLS PREVENTION FOR OLDER PEOPLE PLAN: 2004 ONWARD

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# INTRODUCTION

Australians of all ages value their independence and the opportunity to live at home or in the environment of their choice. As people age, their risk of falling increases and the outcomes of a fall takes on greater significance. A serious fall related injury is currently the foremost predictor of loss of independence and premature admission to permanent residential aged care (American Geriatrics Society, 2001 and Tinetti et al, 1998), however falls and resulting injury can be minimised at a relatively low cost and with appropriate treatment can result in a return to independent living.

Research has identified that falls and fall related injury are a major cause of morbidity and mortality in older people. Older people 65 years and over, for which fall related injury is the major focus has been identified as a key priority in the *National Injury Prevention and Safety Promotion Plan 2004 Onwards* (Pointer, Harrison & Bradley 2003).

In response to the increasing incidence of falls and fall related injury the Australian, State and Territory Health Ministers at the Australian Health Minister's Conference meeting November 2003 agreed that a collaborative and coordinated approach should be adopted. While the Australian Government funded the development of this Plan, significant contributions were made from National Falls Managers Working Group.

This *National Falls Prevention Plan for Older People* (the Plan) complements the *National Injury Prevention and Safety Promotion Plan 2004 Onwards* and links with the *National Aboriginal and Torres Strait Islander Safety Promotion Strategy*. The Plan was developed co-operatively across all jurisdictions, with a view to developing a cohesive and comprehensive response.

Falls occur throughout life and it is only in situations where the fall results in an injury or life altering fear of injury that it is a matter of concern. As individuals age, the chance of being injured increases, but the risk is not equal for all individuals of the same age due to a range of intrinsic factors such as eyesight, balance, muscle strength, bone density and medications being taken by an individual. Social and socio-economic factors also contribute to individual falls risk.

Encouraging older people to participate in a range of physical activities and enjoy good nutrition are two key activities that can enable older people to remain independent and productive members of their community. Involvement in physical activity across the lifespan is likely to reduce the risk of falling and subsequent fall related injury in later years.

The Plan recognises and builds upon work already undertaken in the community; acute care and residential aged care sectors, including issues on safety and quality of care, continuity of care and discharge planning, management of dementia, quality of care, the Australian Council on Quality and Safety in Health Care National Guidelines for the Prevention and Management of Falls and the overall planning for the ageing of the Australian Population.

## Purpose

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The purpose of this Plan is to provide a strategic framework for collaborative action across jurisdictions, local government and organisations, to prevent falls and minimise fall related injuries in older people throughout Australia.

This Plan acknowledges that planning to influence the health and safety of older people can involve many sectors working together including those outside the health system, such as local governments, community organisations, transport operators and the building, leisure and fitness industries. No single agency or organisation can achieve this goal independently of others.

The Plan provides a framework to assist in making investment decisions by governments to ensure a systematic response to an important issue. It articulates the responsibilities of the Australian, State and Territory governments to take the lead in reducing falls and fall related injuries and in promoting safer and healthier communities. It will guide cross-jurisdictional effort and develop partnerships across stakeholder groups at all levels.

## Rationale

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### *Ageing population*

People aged over 65 years are at greatest risk of sustaining an injury from a fall. Australian and overseas studies of community dwelling older people have identified that approximately one in three people aged 65 years and over fall each year, with 10% having multiple falls and over 30% experiencing injuries requiring medical attention. The rate of falls and associated injuries is even higher for older people in residential aged care and acute care settings (NARI, 2004).

During the next 50 years, Australia will experience a significant increase in the proportion of the population that is aged 65 years and over. By 2042, the projected life expectancy at birth will be 83.9 years for men and 88.5 years for women (Intergenerational Report: 2002:75).

From 2001 to 2051 the proportion of the population that is aged over 65 will double in all jurisdictions except the Australian Capital Territory, where a two and a half fold increase is predicted; and in the Northern Territory, where a three fold increase is predicted (Moller 2003).

Older people who have more opportunities to remain in the workforce are more likely to have higher health status and reduced risk of falls and fall related injury as a result of being more physically active and less likely to be socially isolated.

### *Costs of falls*

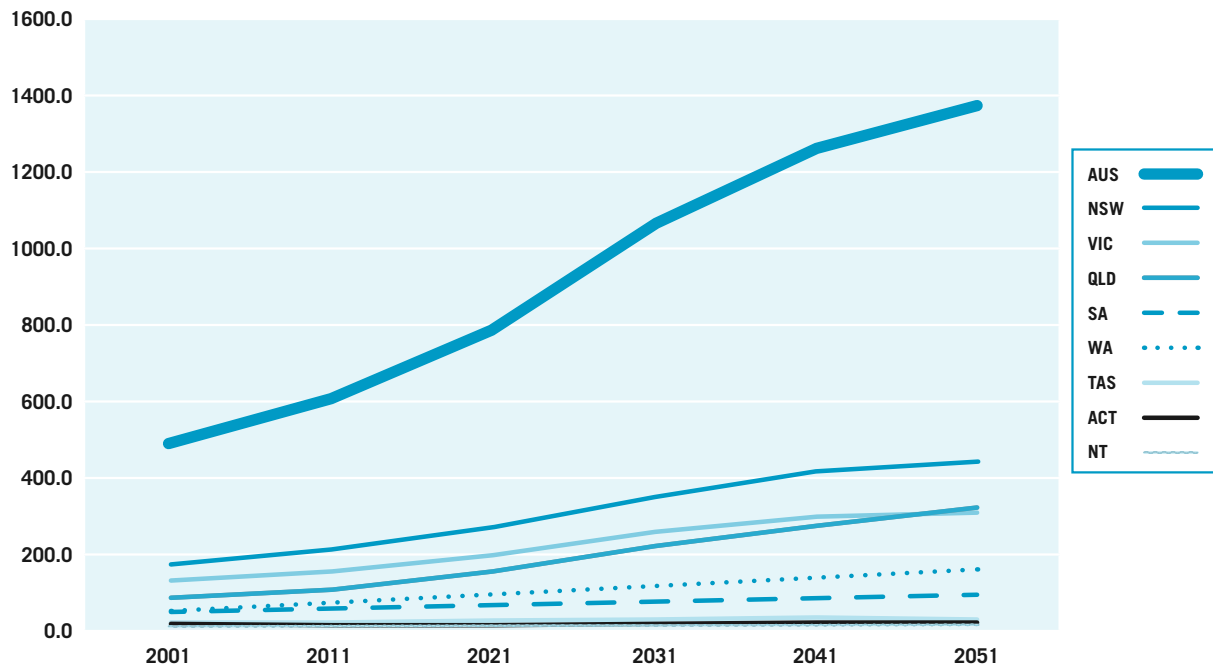
The Intergenerational Report (2002) suggests the effect of an ageing Australian population will lead to an increased demand for health services, some of which will be related to injury from falls. In general, health spending on older people is growing faster than for the total population. Australian Government spending on aged care is projected to more than double by 2042 (Intergenerational Report, 2002:38). Data suggest that care and services associated with fall related injury will contribute to a significant proportion of this expenditure unless effective preventive strategies are put in place.

It is projected, that if appropriate action is not taken the major impacts of the ageing population on the cost of fall related injury in Australia by 2051 will be:

- Based on ABS population projections and AIHW National average unit cost and utilisation the projected costs attributable to fall related injury will increase almost three fold to \$1,375 million per year (See Figure 2 below);
- There will be 1,174,500 additional hospital bed days per year – the equivalent of 3,300 additional beds permanently allocated to fall related injury treatment; and
- 4,630 additional nursing home places will be required<sup>1</sup> (Moller, 2003:7).

These cost estimates relate solely to direct and allied health costs. They do not estimate costs associated with insurance liability, the loss to the workforce of having carers support disabled people or the cost of caring for people with ongoing disability. These estimates are based on current care requirements and do not take into consideration future advances in health care technology.

**Figure 2:** Total fall related health cost (millions) trends by jurisdiction (Moller, 2003:8)



### ***Urgency of the situation***

The approaching impact of fall related injury has been characterised as a potential future 'epidemic', creating resource demands that will be difficult to meet (Moller, 2002). Most Australian states are considered far enough away from the demographic shift to begin to make a difference in the rate of increase of fall related injury through implementing fall and fall related injury prevention strategies.

The rate of ageing of the Australian population will affect each jurisdiction at a different time. From 2004 – 2051, 15% will be aged over 65 years in the various States and Territories as follows:

- South Australia by 2004
- Tasmania by 2007
- Victoria by 2011
- New South Wales by 2012
- Queensland by 2017
- Western Australia by 2018
- ACT by 2020
- Northern Territory after 2051.

By comparison, 15% of the Australian population will be aged over 65 years by 2014 (Moller, 2003).

The ageing population, and the health implications that accompany this, will affect each jurisdiction differently. Consequently, this Plan enables a level of flexibility so that local policies can be developed to cater for the needs of the local population.

## Context

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Falls and fall related injury contributes to a significant proportion of the burden and impact of injury in Australia. In 2001, falls and fall related injury contributed to an estimated \$498.2 million of the overall health costs (Moller, 2003). The prevention of fall related injury is therefore a key priority in the *National Injury Prevention and Safety Promotion Plan 2004 Onwards*. This associate Plan, the National Falls Prevention Plan for Older People, develops this theme in more detail. A significant proportion of the burden and impact of fall related injury occurs in acute and residential aged care facilities (Hill et al 2004). Therefore health aged care service provider organisations can play a critical role in affecting fall related injury by focussing not only on primary prevention but on ensuring fall related injury patterns do not become an outcome of inappropriate care provided to older people with chronic and complex care issues.

There are significant fall and fall related injury prevention investments being made by health and related sectors throughout Australia. In recent years, investments have been spread through health and community care services, health promotion, and aged care environments.

Between the years 1999 to 2008, the Australian Government has allocated \$18.5 million to the National Falls Prevention for Older People Initiative (the Initiative). The Initiative aims to reduce falls and fall related injury in people aged 65 and over (55 and over for Aboriginal and Torres Strait Islander people) living in the community and in residential aged care, as well as those being treated in acute care.

The Australian Council on Safety and Quality in Health Care is developing the *national Minimising falls harm from falls in older people: Best Practice Guidelines for Australian Hospitals and Residential Aged Care Facilities*. Based on best practice recommendations, the Guidelines will support improved safety and quality of care for older Australians by providing facilities with a nationally consistent approach to effectively preventing falls.

This Plan and National Falls Prevention for Older People *Implementation Strategy* will provide a framework under which these and future investments might be made, thereby ensuring the sharing of knowledge and products, and by developing agreements at the national level to expedite best available practices.

## WHAT WORKS

There is evidence available suggesting that population level investments in falls prevention can give acceptable returns to enable progress in falls and fall related injury prevention to be undertaken with confidence. For example, programs aimed at strengthening muscle, increasing flexibility and improving balance, can be expected to reduce fall rates by as much as 40% (Campbell et al. 1997).

Research identified in the recent literature review by NARI 2004 indicates that there are a number of interventions that are effective at an individual and population level. Overall the strategies that have given the highest rates of return are those which combine a range of interventions that address the major falls risk factors (see Literature review 2004). Managing the risk factors that lead to falls and fall related injury at an individual level is expected to reduce the likelihood of serious trauma outcomes.

## Evidence needs

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While there is a growing body of evidence that falls and fall related injury interventions are effective, transferring this evidence and that from other areas, into practice remains a challenge. It is imperative that Australia continues to research, develop and disseminate local evidence based findings.

Further research is required in areas including:

- How specific risk factors have in contributing to falls and fall related injuries, such as multiple medication use;
- Development of effective strategies for older people with cognitive impairment;
- Identification of exercise options that provide the best outcomes for preventing falls and fall related injuries;
- Older peoples' perception of falls prevention messages and how to best present messages;
- Development of cost utility and effectiveness measures on current and emerging strategies; and
- Identification of the necessary threshold of investment versus return on investment.

It will also be important to further develop and evaluate population specific interventions, including strategies for Aboriginal and Torres Strait Islander people, culturally and linguistically diverse people and people living in rural and remote communities. It is also important to monitor the effectiveness of systems management and planning, population acceptance of recommended strategies and the effectiveness of knowledge dissemination practises.

## What are the benefits of investing in falls prevention?

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The benefits achieved from effective programs in falls prevention for older people include:

- For the individual:
  - A productive life
  - Health and wellbeing
  - Freedom from fear of falling
  - Freedom from injury and associated recovery
  - Possible delay of disability and disease
  - Prolonged independence
  - Maintained confidence in mobility
  - Maintained feeling of wellbeing
  - Continued community participation

- For the community and government across the jurisdictions:
  - Savings for health care services
  - Increased integration of safety and quality issues in delivery of health care
  - Opportunities to redirect resources to other areas
  - Savings to the community in terms of reduced demands on aged care and acute care services
  - Savings to the community in terms of loss of productivity of older people and / or those who have to care for older people affected by injury
  - Furthering partnerships with organisations involved in falls prevention and the delivery of services for older people and other related issues
  - Developing consistency in data collection and data dissemination
  - Transferring research into practice

## What will the Plan achieve?

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Effective implementation of the National Falls Prevention for Older People Plan will contribute to:

- A reduction in the rate of fall related injury hospital admissions in the population aged over 65 years by:
  - Implementing targeted strategies that encourage older people and their families to take action to prevent falls and fall related injuries
  - Recommending modifications to the physical environment for example for older people with a vision impairment
  - Promoting workforce development
  - Encouraging collaborative planning and sharing of resources
  - Supporting research
  - Advocating for greater integration of falls prevention into other areas of planning and policy development
- Implementation of the *National Falls Prevention Plan for Older People* requires:
  - Partnerships across jurisdictions, thereby maximising investments and the return on investment to improve outcomes
  - Sharing knowledge of evidence based practice, and
  - Innovative strategies.

# THE PLAN

## The aim

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The aim of the National Falls Prevention Plan is to work strategically and collectively to reduce the burden and impact of falls and fall related injury among older people

## Guiding Principles

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This Plan is based on the following principles for effective practice in preventing falls and fall related injuries in older people.

- **Adopting a long-term coordinated approach**

The proportion of the population that is over 65 years will continue to increase over the next 50 years. Solutions to the rapidly growing problem of falls and fall related injuries among older people have to be systemic, long-term and integrate the efforts of all stakeholders.

- **Recognising older people's right to independence and freedom from preventable injury**

Injury from falling must not be seen as an inevitable part of ageing. Falls and fall related injury can be prevented and older people have the right to be provided with information, treatment, environments and systems that minimise the risk of falls and fall related injury.

- **Developing partnerships with other jurisdictions, communities and consumers**

To reduce the rate of falls and minimise the risk of injury from falls, partnerships need to be built or maintained between individuals and groups that are working in this area. Sharing knowledge, resources and jointly identifying opportunities are essential to reducing falls and fall related injury in older people. The development of partnerships will assist in avoiding duplication of effort, increase the range of research being undertaken and assist in finding innovative ways to sustain falls and fall related injury prevention efforts within available resources.

- **Working with the changing physical and fiscal environments**

Over the next 50 years the environments in which older people live and move will experience change. The current limited response by planners, designers and other disciplinary groups is slowly changing to accommodate the liability concerns of local government, shopping centres, hospitals and other public environment managers. There are incentives for industry to adjust planning to accommodate a future group in the market, with significantly enhanced buying power.

- **Saving costs and enhancing quality of life**

Current research suggests that the ageing of the population will increase the cost of health care services. Moller (2003) suggests that significant costs will emerge from the incidence of chronic illness to which fall related injury is a major contributor. Loss of independence and accompanying depression are major contributors to the cost of health care for older people. What is less known are the impacts technology and the moves towards promoting healthier ageing initiatives will have on the future health status of older people. Maintaining health status and remaining independent assists the individual to maintain their lifestyle of choice and remain as a productive member of the community.

## Goals

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The six key goals of the National Falls Prevention Plan for Older People have been developed to enable the over-riding aim of reducing the incidence and severity of falls and fall related injuries among older people. These goals are:

- **Generating a low risk population and promoting independence**

Increase the resilience and well being of older people by generating a low risk population. A contribution can be made by encouraging lifelong exercise and nutrition habits that increase bone density and muscle strength resulting in improved mobility, gait and balance.

- **Improving outcomes through local partnerships**

Outcomes in falls prevention can be improved by collaborative planning at national, state, territory and local levels to identify the most appropriate mix of resources to be allocated to prevention, treatment, rehabilitation and supported care services. Local partnerships should assist in clarifying the roles of all relevant organisations, agencies and groups and thus avoid duplication of effort or gaps in services and planning.

- **Creating safer environments and products**

Older people are exposed to environmental fall related injury risks, whether living independently in the community, in a residential aged care setting or temporarily in an acute care or sub-acute care setting. Older people, their families, workers who provide services to older people or organisations that design and construct the many environments in which older people live, should be trained to assess the level of risk within their field of responsibility and be empowered to put in place strategies to prevent injury.

- **Enhancing the capacity of workers in the health and related sectors in the prevention of falls and fall related injury in older people**

As frontline contacts with older people, the health sector presents an important avenue to encourage and assist older people to reduce their risk of falling and injuring themselves. Aged Care Assessment Teams, general practitioners, community health workers, hospital staff and staff in residential aged care facilities all have important roles to play in falls and fall related injury prevention. An essential component of reducing the incidence of falls and fall related injury among older people is supporting and building on the commitment and capacity of the health, aged care and community sectors to assess, inform and advocate for action on reducing the falls risks that older people face in their daily living.

- **Develop and manage knowledge through research, information dissemination, and training**

Mechanisms are needed to identify and improve the evidence on which fall related injury reduction strategies are based, with a particular emphasis to build on the existing knowledge base to avoid duplication. Also required is a monitoring, evaluation and research program that identifies new strategies and areas where they would be most appropriate and makes them available for practical action. Data needs to be transformed into user-friendly information that can inform practice, training and drive organisational and individual change to improve outcomes.

- **Advocate for fall related injury prevention as a priority within the roles and responsibilities of all in the community who provide products, services or information to older people**

While much of the responsibility for providing older people with safer environments, products and opportunities to build personal resilience against falls, lies outside the health sector, the health sector is well placed to inform and encourage such action. The health sector can collect, analyse and disseminate data to assist in the development of policies, programs and services that will reduce the risk of falls. The health sector can inform other stakeholders about key risk factors and effective countermeasures to minimise the risk of falls in older people and raise awareness about the preventability of falls in all settings.

## KEY SETTINGS

While each setting is unique and demands specific consideration, there is a need to raise awareness and engage older persons, their families and carers in falls and fall related injury prevention across all settings.

It is acknowledged that relevant work is occurring at local, state and national levels across the continuum of care including service delivery and policy development. This includes work being undertaken by the Australian Council for Safety and Quality in Health Care within the residential aged care and acute care settings to promote a nationally consistent approach to minimise falls and fall related injury in these settings.

To achieve the goals and thus a reduction in falls and fall related injury among older people, action is needed in each of the three settings described below:

- Residential aged care
- Acute care, and
- The community.

In addition to activities and strategies in each key setting there needs to be particular attention to the continuum of care between settings. This includes discharge planning, and communication between services in each setting.

### Residential aged care

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Older people in residential care are at high risk of falling in large part because of their age and frailty. The Australian Government predominantly funds, plans and regulates residential aged care facilities through an accreditation based quality assurance system that is overseen by the Aged Care Standards and Accreditation Agency Ltd. The quality assurance system prescribes four agreed accreditation standards that include Health and Personal Care and Physical Environment and Safe Systems. These provide a framework in which care providers work to address the prevention of falls and fall related injuries among older people in residential aged care services.

The accreditation and quality assurance mechanisms can be used to bring attention to monitoring and reviewing medication use, nutrition, vitamin D supplementation, provision of opportunities for regular individual or group exercise, protective garments for high risk residents, staff training, relocation policies (from or to other settings) and management of risk factors within the environment are cornerstones to falls and fall related injury prevention strategies within residential aged care settings.

### Acute care

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Acute care (which includes sub acute and rehabilitation services) has a responsibility to ensure the safety of older patients while receiving treatment and care. These settings also provide opportunities to identify ongoing risk for individual patients and arrange appropriate specialist assessment and referral. Such responsibilities are part of National, State and Territory initiatives to improve quality and safety of care.

A coordinated approach to identifying and managing risk is needed to reduce the frequency of falls and severity of fall related injuries in the acute care setting. A comprehensive management approach should include:

- Education and training opportunities for all staff in the area of quality improvement and risk management

- Appropriate assessment of fall related risk on intake of older patients or re-assessment of patients if there is evidence of change in the patient's health/functional status through the use of recognised risk assessment tools
- Development of communication procedures between departments (such as the Emergency Department and the relevant ward/s) or referring agencies
- Management of high risk patients and instances where all older patients are at increased risk (such as after surgery, taking of certain medications, while in the bathroom, or after prolonged periods of immobility)
- Attention to equipment and environmental factors that can reduce the risk of falls and fall related injuries
- Management of risk after discharge

Implementation will need to be achieved in the context of these broader policies and processes and utilise the infrastructures created by them, such as Quality and or Clinical Risk Management Committees and work undertaken to reduce falls by national bodies such as the Australian Council on Safety and Quality in Health Care.

## Community

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While the personal risk of falling of older people living independently within the community is deemed lower due to generally higher levels of health and fitness, and often being younger than older people in residential aged care, their environment is less regulated. Older people living independently in the community, particularly those who live alone typically have less opportunity for being found after a fall, from which they are unable to get up.

Planning to reduce falls and all fall related injuries among older people living independently in their own home requires a broader, community-based approach. This includes working collaboratively with a number of partners including the involvement of:

- general practitioners and other health care professionals
- community care services
- local government
- clubs and services able to provide exercise opportunities
- builders and home handyperson
- retailers
- family and carers, and
- the media
- community groups, advocacy and interest groups

All of whom can play a role in increasing the management of fall related risks in the homes of, and public places used by, older people.

The group of older people living independently in the community represents the greatest challenge for reducing their risk factors for falls, because of their high degree of autonomy, and being an extremely diverse group. Particular attention needs to be given to rural and remote issues, cultural diversity, and issues relating to equity of access.

Since older people living independently in the community represent over 90% of older people in Australia, we cannot afford to neglect this somewhat difficult to reach and influence group. We need to target funding to prevent falls among those living in the community so that they can enjoy optimal quality of life and continue to live independently, free from injury.

### **Generating a low risk population and promoting independence**

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#### ***Action***

- Provide opportunities for older people to participate in regular and life-long exercise programs that include strength and balance.
- Advocate improving nutrition and physical activity throughout all life stages. Consider advocating for vitamin D supplementation for older people in residential aged care settings.
- At population and community levels, develop strategies to address stereotypes of ageing and myths and beliefs about falls in older people.
- Encourage older people to develop a positive risk management strategy to prevent injury when making purchasing decisions, managing medications and addressing intrinsic risk factors such as vision, peripheral sensation, footwear and cognition.
- Encourage the participation of older people in activities, programs and initiatives that aim to prevent falls and fall related injury.

### **Improving outcomes through local partnerships**

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#### ***Action***

- Work collaboratively with a range of stakeholders and sectors within the community to assist in clarifying the roles, and willingness of all relevant organisations, agencies and groups to avoid duplication of effort, gaps in services and planning.
- Together with community partners develop systematic approaches to identifying and modifying environmental risks in residences and public spaces and facilities.
- Promote partnerships between representatives of rural and remote communities, Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse groups to plan services and falls prevention initiatives for older people.
- Support curriculum development for health and allied health professionals, fitness industry and related fields such as architecture, ergonomics and industrial design, related to reducing fall related injury among older people.
- Working collaboratively to achieve an integrated response across the continuum of care. Establish formalised and standardised systems for appropriate information interchange and discharge planning concerning the transfer or referral of individual older people between care settings.

## CREATING SAFER ENVIRONMENTS AND PRODUCTS

### **Action**

- Work with retailers, builders and designers to minimise and reduce slipping and tripping hazards through the improved design, modification and maintenance of environments, systems and products used by older people.
- Facilitate integrated planning at the local level by involving local government and urban planners with the health sector to minimise design and environmental risk factors for falls.
- Develop and disseminate fall related injury prevention design guidelines for public places used by older people.
- Develop and disseminate design ideas for accessible homes for use by people of all ages and different abilities, including new and renovated private dwellings, public housing and retirement villages.
- Ensure that residential and acute care facilities conform to legislated safety requirements.
- Promote the use of regular audits to identify and modify physical hazards in the internal and external environments of residential aged care and acute care facilities.
- Assess and manage risks associated with buildings, facilities and equipment within residential aged care and acute care settings at the point of design and purchasing.
- Promote facility compliance with the recommendation made within the Australian Council on Safety and Quality in Health Care Best Practice Guidelines for Australian Hospitals and Residential Aged Care Facilities.
- Continue to work with the Australian Building Codes Board to improve the safety of public and private environments for older people.
- Promote safer environments by raising awareness and engage older people, their families and carers in falls and fall injury prevention.
- Maintain up to date information on produce innovation, research and best practice in resource materials.

## **Enhancing the capacity of workers in the health and related sectors in the prevention of falls and fall related injury in older people**

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### **Action**

- Increase awareness of staff in residential aged care, acute care and community settings to understand that falls and fall related injury among older people can be prevented through introducing strategies based on best available evidence.
- Support the development of policies to prevent falls and fall related injuries among older people in acute care facilities, in residential care facilities and those living independently within the community.
- Integrate falls and fall related injury prevention education and training procedures into induction training and ongoing workforce development for all workers in home care, residential aged-care and acute care settings.
- Monitor the impact of adequate staffing levels, provision of necessary equipment and training in appropriate use of equipment and ongoing risk assessment procedures on the falls prevention practices and safety of workers and carers.

- Continue to encourage general practice to address falls and fall related injury prevention through the health assessments available under Medical Benefits Schedule for people aged 75 and over (55 and over for people of Aboriginal or Torres Strait Islander descent).
- Provide health and allied health practitioners, including pharmacists working with older people with information about the possible risks associated with inappropriate medication use and pharmacological interactions.
- Work with the medical profession and health related organisations to promote the benefits associated with early identification, primary prevention and treatment of osteoporosis.
- Encourage health professionals in all health care settings to systematically identify changing personal risk factors and their interaction with treatment processes and environmental factors.

## Develop and manage knowledge through research, information dissemination and training

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### *Action*

- Collect, analyse and disseminate data that can be used at national, state, territory, regional and local levels to assist in the development of policies and programs to prevent injuries due to falls among older people in residential aged care, acute care and those living independently.
- Monitor trends in fall related injury and report findings to National, State and Territory stakeholders and use this information to improve and assess the quality of falls prevention activities.
- Invest in sound evaluation of falls and fall related injury prevention programs in order to identify best available evidence and most cost-effective practice in this area.
- Establish and maintain a time-series of selected national key indicators of the incidence of fall related injury to assist in monitoring trends and evaluating prevention activities.
- Translating research into practice, education and training to drive organisational and individual change to produce improvements in the rate of falls and fall related injury outcomes.
- Identify research and knowledge gaps in falls prevention and prioritise for action.
- Encourage acute care and residential aged care settings to improve surveillance and reporting of falls as a part of injury risk management procedures.
- Promote workforce training and development in reducing falls and fall related injury prevention.
- Encourage organisations providing services to older people to identify the current competence and learning needs of the relevant workforce.
- Develop and share training resources and information about programs that assist in increasing the knowledge of the incidence, risk factors and best practice falls and fall related injury prevention strategies.
- Support research to provide cost benefit and cost effectiveness analysis in order to build greater commitment to investing in the prevention of falls and fall related injuries among older people.

## **Advocate for fall related injury prevention as a priority within the roles and responsibilities of all in the community who provide products, services or information to older people**

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### ***Action***

- Analyse and disseminate data detailing the size and nature of the falls injury burden and impact among older people in different settings and geographic areas.
- Raise the awareness among all stakeholders in the community of their role in preventing falls and fall related injuries among older people.
- Advocate for the inclusion of best practice and injury risk management guidelines in relevant industry training and policies.
- Promote best available evidence in falls prevention to all stakeholders.
- Advocate for greater awareness of, and training in, falls and fall related injury prevention among training courses for those intending to work in the fields of health, building, urban planning, sport and recreation.

## IMPLEMENTING THE PLAN

The health and well being of older people is influenced by the work of many sectors outside the health system and as such implementation of the Plan will be broader than those working within the health sector. Falls and fall related injury prevention is everybody's business and this Plan will only be effective if it is used to develop collaborative partnerships across jurisdictions, business and non-government agencies, across all levels of government.

### Partnership development

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It is anticipated that a wide variety of people who work with older people will be partners in the implementation of this Plan. The key partners or stakeholders include:

- Older people, their families, carers and organisations who represent them
- Organisations and individuals who provide health services to older people:
  - Australian, State, Territory and local health services
  - Medical officers including general practitioners, geriatricians and other specialists
  - Nurses including specialist, generalist and practice nurses
  - Allied health including pharmacists, psychologists, physiotherapists, podiatrists, optometrists, nutritionists, dieticians, occupational therapists, ambulance officers and diversional therapists.
  - Managers of residential aged care, supported accommodation and retirement services
  - Community health workers, aged care workers
  - Acute and sub acute hospitals
- Planners and service deliverers in relevant non-health settings:
  - Local recreational, fitness and leisure facilities
  - Transport services
  - Local government
  - Architects, builders, urban planners
  - Businesses and community groups that provide services or products for older people
  - Australian standards
  - Training and education providers including universities, TAFE colleges and private training organisations
  - Product safety

Partnership agreements should be sought with the appropriate medical colleges, aged care industry associations and agencies, health professional's associations, local government representative agencies, relevant industry groups, education institutions and with the Australian Council for Safety and Quality in Health Care.

## Monitoring progress

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The National Falls Prevention Working Group with representatives from the Australian, State and Territory Governments will work together to implement the Plan. A reporting process will ensure that the Plan is being implemented as intended and will identify areas of duplication or gaps. The National Falls Prevention Working Group will collect information, where appropriate, from other organisations and groups to assist in monitoring progress towards the achievement of the Plan's objectives and actions.

Mechanisms to monitor and review progress on this Plan will be described in the **Implementation Strategy**. These should include:

- Establishing and maintaining a process to review progress and assess action taken on each of the goals, and identify barriers and opportunities encountered.
- Developing a set of key indicators for each of the goals.
- Maintaining a time-series of key indicators of the incidence of fall related injury.
- Reviewing resource allocation to ensure that resources match changing population sizes, characteristics and needs of older people.
- Conduct regular reviews of implementation of the Plan.
- Mechanisms are needed to identify and improve the evidence on which fall related injury reduction strategies are based and develop a monitoring, evaluation and research program that quickly identifies new strategies and makes them available for practical action.

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## APPENDICES

### Appendix A – National Falls Prevention Working Group

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Jennie Yaxley	ACT Department of Health, Community Health
Margaret Thomas	Department of Human Services Victoria
Ray Smith	South Australian Department of Health
Pam Albany / Rebecca Mitchell	NSW Health
Paul Vardon / Michael Tilse	QLD Health
Stan Bordeaux	Tasmanian Department of Human Services
Kylie Gwynne	NT Department of Health and Community Services
Nicole Bennett / Sherie Sampson	WA Health
Annamaree Reisch	Australian Government, Department of Health and Ageing
Bec Paddick	Australian Government, Department of Health and Ageing

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## Appendix B – Definitions of commonly used terms: Report on Government Services 2002

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### ***Acute care***

Clinical services provided to patients, including managing labour, curing illness or treating injury, performing surgery, relieving symptoms and/or reducing the severity of illness or injury, and performing diagnostic and therapeutic procedures. Most episodes involve a relatively short hospital stay.

### ***Sub- and non-acute care***

Clinical services provided to patients suffering from chronic illness or recovering from such illnesses. They include rehabilitation, planned geriatric care, palliative care, geriatric care evaluation and management, and services for nursing home home-type patients. Clinical services delivered by designated psychogeriatric units, designated rehabilitation units and mothercraft services are considered to be non-acute.

### ***Residential aged care***

Residential aged care is personal care and/or nursing care provided to a person in a residential service in which the person is also provided with accommodation that includes appropriate staffing to meet the nursing and personal care needs of the person, meals and cleaning services, and furnishings, furniture and equipment for the provision of that care and accommodation (*Aged Care Act 1997* [Cwlth], s.41-3).

### **Source:**

Report on Government Services 2002

Steering committee for the Review of Commonwealth/State Service Provision

Volume 1: Education, Health, Justice

Volume 2: Emergency Management, Community Services, Housing

## Appendix C – Relevant Strategies, Plans and Documents

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The current Plan will need to be worked alongside several other National Strategies or Plans. Links to and an overview of these Plans are provided below.

### ***National Strategy for an Ageing Australia***

<http://www.health.gov.au/budget2000/fact/acfact1.htm>

### ***National Alcohol Strategy***

[http://www.nationaldrugstrategy.gov.au/pdf/alcohol\\_strategy.pdf](http://www.nationaldrugstrategy.gov.au/pdf/alcohol_strategy.pdf)

### ***National Mental Health Strategy***

<http://www.mentalhealth.gov.au/mhinfo/nmhs/index.htm>

### ***Regional Health Strategy***

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-budget2000-fact-ruralfact3.htm>

### ***Rural Health Strategy***

<http://www.ruralhealth.gov.au/>

### ***National Strategic Framework for Aboriginal and Torres Strait Islander Health***

<http://www.health.gov.au/oatsih/pubs/healthstrategy.htm>

### ***National Physical Activity Guidelines for Australians***

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/phd-physical-activity-adults-pdf-cnt.htm>

### ***Dietary Guidelines for Older Australians***

<http://www.nhmrc.gov.au/publications/synopses/n23syn.html>

### ***National Medicines Policy***

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/National%20Medicines%20Policy-2>

### ***Aged and Community Care Standards***

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-certification-factdex.htm>

### ***Eat Well Australia***

<http://www.dhs.vic.gov.au/nphp/publications/signal/eatwell1.pdf>

## **Relevant Reports**

Stephenson, J., Bauman, A., Armstrong, T., Smith, B. and Bellow, B. (2000). *The costs of illness attributable to physical inactivity in Australia: A preliminary study*. Report prepared for the Commonwealth Department of Health and Aged Care and the Australian Sports Commission.

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[http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-publicat-document-falls\\_costs-cnt.htm](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-publicat-document-falls_costs-cnt.htm)

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<http://www.health.gov.au/pubhlth/strateg/injury/falls/documents.htm>



