Fall Injury Prevention in Older People

Policy Position Statement

Key messages: The Australian population is ageing, with projections estimating that in the year 2057 approximately 22% of the population will be over 65. Falls and fall risk increases with age and fall-related injuries are both predictable and preventable. Effective action requires a nationally coordinated response, with activity in a wide range of health care settings, and community-based and population-focused initiatives.

Key policy positions:
1. A national strategy involving a whole of system approach to falls prevention that addresses the complex risk factors to falls is needed
2. Increased funding for researching, developing, implementing, and evaluating falls prevention strategies is required
3. Ensure that researchers, health professionals, educators, policy makers, and community workers work collaboratively to translate evidence into practical strategies and interventions to prevent falls in the elderly
4. The Australian Commission on Safety and Quality in Health Care (ACSQHC) Falls Best Practice Guidelines should be updated as new evidence emerges.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Injury Prevention Special Interest Group

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PHAA affirms the following principles:

1. “Population ageing is one of humanity’s greatest triumphs.” Older persons are an important component of the societal patchwork, and although population ageing comes with some complex health challenges, older people ultimately have the right to independence and freedom from preventable injury, including access to multidisciplinary health care and necessary social services.

2. Age related factors including poor muscle strength, balance abnormalities, reduced vision, inappropriate footwear, household environments, and polypharmacy can increase the risk of falls.

3. Falls are complex and largely preventable - appropriately designed intervention programmes can prevent falls in older people. These include exercise to improve balance and strength, vision assessment and treatment, environmental assessment and modification, multifactorial assessment and treatment, and calcium and vitamin D supplementation.

4. Effective fall prevention programs contribute economic and social benefits to individuals, communities, and governments through increased autonomy and productivity of older persons, and reduced health care costs and demand on aged care and acute care services.

5. Social determinants including culture; gender; medicine use; physical activity; healthy eating; alcohol consumption; risky taking behaviours; attitudes towards ageing; fear of falling; social isolation and loneliness; physical environments; and socioeconomic status need to be addressed in strategies.

6. Culturally appropriate interventions are required for specific groups, such as Aboriginal and Torres Strait Islanders, acknowledging differing health priorities and cultural beliefs.

PHAA notes the following evidence:

7. The World Health Organization definition of a fall, as used in this policy is – “a fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.”

8. Australia’s population is ageing. In 2017 there were 3.8 million Australians aged 65 and over, comprising of 15% of the total population. By 2057 it is projected there will be 8.8 million older people in Australia (making up 22% of the population), and by 2097, 12.8 million people (25%).

9. The number of fall injury cases increases markedly with age with approximately one third of the elderly population experiencing a fall at least once per year.

10. Contemporary costs of fall related acute care in Australian hospitals for older people is not available. Conservative measures in 2006-07 estimated at upwards of $600 million per annum.

11. Falls are the leading cause of injury-related death in older people. In 2016-17, falls made up 35% of reported external causes of injury or poisoning in hospitals.
12. The most common severe fall-related injury for older people is hip fracture (75% of fall-related hospitalisations), followed by injury to the head (20%). Those who have suffered hip fracture are three times more likely to be functionally dependent and have a three-fold greater risk of death within three months following the fracture than their peers.

13. Half of all hospitalised fall injury cases in people over 65 occur in the home and 21% in residential care. Those in residential homes are up to 5 times more likely to fall, due to higher levels of frailty.

14. Older Australians are over-represented in hospital and health care settings. In 2016-17, people aged 65 and over accounted for 42% of health care separations and 48% of patient days. In 2014-15 11% of all patient days for people aged 65+ were due to injurious falls, rising to 19% for people aged 85+. The estimated total mean length of stay for fall injury cases in 2014-15 was 13 days.

15. Falls in-hospital are highly prevalent with 3.6% of all patient admissions resulting in at least one fall, of which a third will result in a fall injury. Furthermore, patients who experience a fall in-hospital have nearly twice the length of stay and costs of non-fallers, which is an expensive burden to hospitals.

16. Falls are the second most commonly reported external cause of injury and poisoning for Aboriginal and Torres Strait Islander people with females aged 65+, and males aged 60-64 particularly at risk.

17. Factors strongly linked to falls in Indigenous populations include impaired mobility, a history of stroke, epilepsy, poor hearing, urinary incontinence, and excessive alcohol consumption.

18. Falls-related psychological concerns, such as fear of falling have deleterious effects on the health and wellbeing of an older adult, including a loss of autonomy, isolation and a decrease in physical condition, which can in turn increase the risk of falls.

19. Risk factors for falls in the elderly can be broken into four broad categories:
   - Behavioural (polypharmacy, excessive alcohol, lack of exercise, poor footwear, emotions)
   - Biological (demographic, chronic illness, gait, visual and cognitive deficits)
   - Socioeconomic (social interaction, access to resources, socioeconomic status)
   - Environmental (physical hazards, lighting, building design)

20. Examples of evidence-based falls prevention interventions that address these risk factors include:
   - Exercise that challenges balance and strengthens muscles; including group and home based exercise programs
   - Reactive and volitional step training
   - Occupational therapy interventions for high risk populations
   - Withdrawal or minimising use of psychoactive and other falls risk increasing medications
   - Vision and vision risk factor assessment and interventions
   - Home modifications focusing of common home hazards

21. Falls prevention strategies need to consider behaviour change principles such as whether changing behaviour to reduce the risk of falls for individuals is within their ability to do so and if the benefit of changing behaviour outweighs the cost or effort in overcoming barriers.

22. The Australian Commission on Safety and Quality in Health Care (ACSQHC) Falls Best Practice Guidelines (2009) provides the evidence base for fall injury prevention in the settings of hospitals, community care and residential aged care. Although an implementation plan is yet to be developed, preventing falls and harm from falls is an agreed national safety and quality health service standard.
23. Universal fall precautions apply to all patients in care regardless of fall risk and include having sturdy handrails in bathrooms, rooms and hallways; supplemental lighting, especially at night; keeping floors clean, free of clutter, and dry; and nonslip, comfortable, well-fitting footwear for the patient.  

24. The Reducing Harm from Falls programme in New Zealand has demonstrated that a multi-pronged and multidisciplinary approach is effective in reducing falls and fall related injuries. 

25. A lack of continuity of care that is prevalent in post-discharge is a major source of readmissions. 

26. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goals 3 – Good Health and Wellbeing.

PHAA seeks the following actions:

27. A national injury prevention strategy with resourced implementation plans, with older people as a priority group, incorporating the ACSQHC Falls Best Practice Guidelines and contemporary evidence based practice. 

28. An integrated whole of system falls prevention approach that involves primary, secondary, and tertiary prevention strategies is required across acute/in-hospital, aged residential care, and community and home care settings. 


30. Services held accountable by their obligation to prevent falls within national safety and quality health service standards, and required to accurately and thoroughly report incidences of falls.

31. Criteria for unplanned or unexpected readmissions should be amended to include falls within a specified timeframe to increase the accountability and measurement of readmissions due to falls. 

32. Evidence-based community falls prevention strategies developed and funded to reduce falls and fall related injuries in the elderly, and fill unmet need. Prevention strategies for certain groups such as culturally and linguistically diverse people and Aboriginal and Torres Strait Islanders should be appropriate to suit their health beliefs, behaviours, and needs. 

33. Local governments should create age-friendly communities that recognise the wide diversity among older people; promote their inclusion and contribution in all areas of community life; respect their decisions and lifestyle choices; and anticipate and respond to age related needs and preferences. 

34. Services such as the Home Medicine Review should be adequately funded and promoted in communities to ensure older people are taking appropriate medication in a safe manner.

35. Independent study into falls of Indigenous people.

PHAA resolves to:

36. Advocate for the above actions based on the evidence and principles outlined in this statement.
37. Support the development of a United Nations convention into the rights of older persons to provide an explicit universal statement that reaffirms the essential human rights of older people. This will provide an international obligation to protect, respect, promote and fulfil human rights of older people.

38. Support recommendations flowing from the upcoming (2019-20) Royal Commission into Aged Care Quality and Safety, and give consideration to providing effective and dignifying care and prevention interventions to older people.

ADOPTED September 2019

References


