



# Preventing falls and harm from falls in older people.

Best practice guidelines for  
Australian hospitals and  
residential aged care facilities.

2005

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The Australian Council for Safety and Quality in Health Care was established in January 2000 by the Australian Government Health Minister with the support of all Australian Health Ministers to lead national efforts to improve the safety and quality of health care, with a particular focus on minimising the likelihood and effects of error. The Council reports annually to Health Ministers.

Copies of this document and further information on the work of the Council can be found at [www.safetyandquality.org](http://www.safetyandquality.org) or from the Office of the Safety and Quality Council on telephone: +61 2 6289 4244 or email to: [safetyandquality@health.gov.au](mailto:safetyandquality@health.gov.au).

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**Other resources available from [www.safetyandquality.org](http://www.safetyandquality.org):**

- *Quick reference guide to Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities.*
- Short Film: *Taking steps to prevent falls in older people. A resource for Australian hospitals and residential aged care facilities.*
- Hospital brochure: *Fall prevention: information for patients and carers*
- Residential aged care facility brochure: *I want to stay independent. Slips, trips and broken hips are not for me.*
- Fact sheets:
  - *Fall facts for doctors*
  - *Fall facts for nurses*
  - *Fall facts for allied health professionals*
  - *Falls facts for support staff (cleaners, food services and transport staff)*
  - *Fall facts for health managers*
- Falls poster: *Falls in Older People*
- Indigenous storybook: *Falls are not for me*

## Statement from the Chair

Falls are among the most common and serious injury problems facing older Australians today. One-in-three Australians over the age of 65 will experience a fall each year. This rate is even higher in hospital and residential care settings due to illness and frailty, and from changed environments and routines.



The incidence of falls is compounded by the greater susceptibility to serious injury of the aged and infirm. Even relatively minor falls in older people can lead to significant death and injury, as well as to increased levels of anxiety and social withdrawal in those who experience falls.

While falls are often complex incidents caused by multiple and diverse risk factors, research evidence indicates that there are interventions which minimise both the risk of falling and the severity of injuries.

To provide safe and quality health care for people aged over 65, we must reduce the number of falls and fall-related harm in all Australian hospitals and aged care facilities.

The Safety and Quality Council established the Australian Falls Prevention Project for Hospitals and Residential Aged Care Facilities to address this important issue by developing nationally consistent, evidence-based approaches to minimising falls and harm from falls. A key element of this is the development of *Best practice guidelines for Australian hospitals and residential aged care facilities* to assist the provision of the highest quality of care and improved safety for patients and residents.

All staff in hospital and residential care settings need to be involved in the implementation of fall-prevention activities. I encourage all staff to consider the Guidelines and work to prevent falls and harm from falls.

A handwritten signature in black ink that reads "Bruce Barraclough".

Professor Bruce Barraclough  
Chair  
Australian Council for Safety and Quality in Health Care  
Canberra, ACT  
April 2005

The Australian Council for Safety and Quality in Health Care has the following purposes:

- **Lead the way**, by developing a national strategy for improving safety and quality, defining national standards and influencing others to act to improve safety and quality in health care.
- **Define a framework for action**, by identifying national priorities and recommending specific actions that address the priorities.
- **Form partnerships**, by working with health care professionals, the Australian government, states and territories, professional associations, private, non-government and consumer organisations.
- **Coordinate existing activity** to better achieve action in priority areas.
- **Put consumers first**, by making sure that safety and quality measures are practical and will make a real difference.
- **Encourage public understanding** and increase the community's confidence in the steps being taken to improve the safety of health care.
- **Promote monitoring and research** to address the many things we still do not know about challenges with safety and quality and how to fix them.

These Guidelines can be used in conjunction with the *10 tips for safer health care booklet*<sup>1</sup>, which has been produced by the Council to assist people to become more actively involved in their health care. It explains how and why things can go wrong, and how individuals can work in partnership with health care professionals to achieve the best possible care. The booklet also:

- provides 10 tips for improving health care and includes questions people might like to ask health care professionals
- outlines what people can expect from health care professionals
- lists some resources so people can find out more about their medical conditions and how to manage medications
- explains what people can do if they have concerns about their health care.



Further information on the work of the Australian Council for Safety and Quality in Health Care can be found at: [www.safetyandquality.org](http://www.safetyandquality.org) or from the Office of the Safety and Quality Council on telephone: +61 2 6289 8470 or by e-mailing: [safetyandquality@health.gov.au](mailto:safetyandquality@health.gov.au).

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## Preface

*Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities* (the Guidelines) were developed with the help of older Australians for older Australians. The Guidelines are specifically written for use in public and private hospitals and residential aged care facilities. They are to be used to inform clinical practice and assist facilities to develop and implement practices to prevent falls and injuries from falls.

The Guidelines and support materials (quick reference guide, short film, fact sheets, poster, Indigenous resources and brochures) are suitable for facilities that:

- do not have a fall-prevention program in place
- have recently initiated a fall-prevention program
- have a successful fall-prevention program in place.

It is expected that health care professionals will use their judgement and clinical knowledge in applying the general principles and specific recommendations of the Guidelines to the individual care of older people in health care facilities. Some flexibility may be required to adapt these Guidelines to specific settings, local circumstances and to older people's needs, circumstances and wishes.

The Guidelines are written in the context of promoting independence and rehabilitation. They do not promote an entirely risk-averse approach to the health care of older people. Some falls are preventable, some are unpreventable. However an excessively custodial and risk-averse approach designed to avoid complaints or litigation from older people and their carers will certainly infringe on a person's autonomy and limit rehabilitation. Clinical judgement employed by informed professionals is best practice in the absence of good-quality published evidence.

It is important that when preventing falls and injuries from falls, learning from routinely collected critical incident data and tailoring interventions to the highest risk areas is necessary. Interventions will differ within and between settings and can be influenced by the case mix and age mix of older people in the facility. Consideration is required to ensure that fall-prevention interventions are tailored to different populations.

### **Key messages of the Guidelines**

1. Many falls can be prevented.
2. Fall and injury prevention needs to be addressed at both point of care and strategic levels.
3. Consumer engagement is an integral element to successfully preventing falls and minimising harm from falls.
4. Best practice in fall and injury prevention includes implementation of standard strategies, identification of fall risk and implementation of targeted individualised strategies that are adequately resourced, regularly reviewed and monitored.
5. The most effective approach to fall prevention is likely to be one that includes all staff in health care facilities engaged in a multifactorial fall-prevention program.
6. At a strategic level, there will be a time lag between investment in a fall-prevention program and improvements in outcome measures.

## Acknowledgements

The Australian Council for Safety and Quality in Health Care (the Council) would like thank the National Expert Panel and the National Taskforce for Harm Reduction from Falls for their time and expertise in the development of *Preventing falls and harm from falls in older people. Best practice guidelines for Australian hospitals and residential aged care facilities* and support resources.

The Council is grateful for the contribution from older Australians and their carers, consumer agencies, the National Falls Prevention for Older People Initiative, health industry bodies, authors and the many health care workers who contributed in the consultation process which led to the development of these Guidelines.

In particular the Council acknowledges the work of the Australian Falls Prevention Project for Hospitals and Residential Aged Care Facilities project team, Queensland Health and the QEII Hospital Health Service District.

The contribution of the national and international external quality reviewers and the Office of the Safety and Quality Council are also acknowledged.

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## Legend for the Guidelines

For ease of reference a number of coded text boxes have been included. Each refers the reader to information as outlined below:



### Recommendation

Evidence-based recommendations are presented in this format. They were selected based on the best-available evidence and accepted by the project's Expert Panel and external quality reviewers. The level of supporting evidence for the recommendation as well as a rating of strength for the recommendation is also supplied:

–Level of evidence **I** **II** **III** **IV** is highlighted in **bold** text.

–Strength of recommendation **A** **B** **C** **D** is highlighted in **bold** text.

It is advised that recommendations nearer the **I–A** ends of the scale certainly be implemented; whereas recommendations nearer the **IV–D** ends of the scale should be considered for implementation in the local context.

See page xvii for levels of evidence grading



### Good practice point

These boxes indicate good practice points. They recommend good practice based on clinical experience or expert consensus.



### Point of interest

These boxes indicate points of interest. Most points of interest were revealed by the Australia-wide consultation process or from grey literature (conference proceedings etc.).



### Case study

*These boxes indicate case studies. These case studies provide information on likely scenarios, which are used as illustrative examples.*

### Cross reference

Cross references in the margins direct readers to other sections of the Guidelines with similar or supplementary material.

This text is a cross reference

## How to use the Guidelines

See Figure 1  
Step-by-step  
overview

The step-by-step overview to preventing falls in older people in Australian hospitals and residential aged care facilities (Figure 1) is a diagrammatic representation of how to use the Guidelines in the context of consumer involvement and is split into two linked sections:

1. The bold arrows in the outer circle represent the strategic level. This is a 15-step approach in three sections:
  - plan a fall-prevention program
  - implement a fall-prevention program
  - evaluate a fall-prevention program.
2. The inner circle represents interventions that can be applied at the point of care. Section 1 of the Guidelines addresses involvement of the patient, resident and their carers. Section 2 of the guidelines addresses twelve standard fall-prevention strategies that can be employed universally. Additionally, a best-practice approach of individualised assessment followed by targeted individualised interventions is presented in sections 3–5 of the Guidelines (Assessment, Fall-prevention interventions and Injury prevention interventions).

### Terminology

#### ***Definition of a fall***

In order to have a nationally consistent approach to fall prevention within Australian facilities, it is important that a standard definition of a fall be used. For the purpose of these Guidelines, the following definition applies:

‘A fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.’<sup>2</sup> World Health Organisation (WHO)

To date no National Data Definition (NDD) for a fall exists with the Australian Institute of Health and Welfare.

#### ***Definition of an injurious fall***

These Guidelines use the ProFaNE (Prevention of Falls Network Europe) definition of an injurious fall. They consider that the only injuries that could be confirmed accurately using existing data sources are peripheral fractures—defined as any fracture of the limb girdles and of the limbs. However, head injuries, maxillo-facial injuries, abdominal, soft tissue and other injuries are not included in the recommendation for a core data set. [www.profane.eu.org](http://www.profane.eu.org).

**Figure 1:**

*Step-by-step overview to preventing falls and harm from falls in older people in Australian hospitals and residential aged care facilities*

