

Statewide Action Plan

Falls Prevention in Older People 2002 - 2006



Queensland Government
Queensland Health

The following Queensland Health sectors are acknowledged for their contribution to the Falls Prevention in Older Persons Working Group, the development of this *Statewide Action Plan: Falls Prevention in Older People 2002-2006* and their ongoing commitment to the implementation of this *Action Plan* in collaboration and partnership with key stakeholders.

- Statewide Health Promotion Unit, Public Health Services
- Tropical Public Health Unit Network
- Central Public Health Unit Network
- Southern Public Health Unit Network
- Quality Improvement and Enhancement Project
- Health Information Centre
- Health Outcomes Unit
- Pharmaceutical Advisory Services
- Aged and Community Care Reform Unit
- Home and Community Care Unit
- Integrated Risk Management for Clinical and Corporate Services Program.

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STATEWIDE ACTION PLAN: FALLS PREVENTION IN OLDER PEOPLE 2002 – 2006

FOREWORD

The *Statewide Action Plan: Falls Prevention in Older People 2002-2006* is a significant achievement for Queensland. It represents the first co-ordinated statewide framework for action to reduce falls and their consequences in older people.

WHY IS THIS IMPORTANT?

- It has been estimated that one in three older Australians will fall each year, with between 5% and 10% of these falls causing an injury serious enough to require medical attention.
- Falls in older people account for the largest proportion of all injury-related deaths and hospitalisations.
- In Queensland, the total lifetime cost for these falls-related injuries is expected to reach \$1 billion by 2021, which will be more than twice the expected cost of transport-related injuries.
- Most falls are preventable and predictable.

OUR CHANGING POPULATION

In line with national trends, the older population in Queensland is growing in absolute terms and becoming an increasing proportion of the population as a whole. This changing profile for Queensland indicates the number of older people aged 65 years or more is increasing at nearly 20,000 persons per year, and within 40 years one in every five people living in Queensland will be aged 65 years and over.

PARTNERSHIPS AND SETTINGS

A holistic view of health recognises the dynamic interactions between the creation of safe and healthy communities, and effective injury prevention strategies. The Action Plan rests on the basic assumption there must be partnerships with other stakeholders, government and non-government, to enable better co-ordination, effective strategies and on-going collaboration within priority settings.

In this Action Plan, a settings approach has been adopted for the home, community, acute care facilities and residential aged care facilities and focuses on:

- promotion of optimal health
- prevention of falls-related risk factors
- management and contingency planning for older people at risk of falls.

It incorporates the Queensland Health strategic approach to integrated risk management, as falls are recognised as a significant risk to the health and wellbeing of older Queenslanders. It directly supports the Queensland Health Aged Care Strategy along with the Quality Improvement and Enhancement Program (Falls Prevention in Public Hospitals and State Government Residential Aged Care Facilities Project).

Queensland Health delivers a range of services, which contribute to the whole-of-government policy priority of providing *safer and more supportive communities*. By taking a proactive stance now, and focussing on good practice interventions to address falls prevention, it is expected that the health of our older Queenslanders will improve significantly.

The *Statewide Action Plan: Falls Prevention in Older People 2002-2006* provides an important step towards achieving better health and wellbeing, and sets the stage for a sustainable and coordinated approach to falls prevention in older people.

Dr John Scott
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2002

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GLOSSARY

Capacity building: an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over.¹

Fall: occurs when a person loses their balance causing them to hit the ground or other object at lower level.²

Health: a state of complete physical, social and mental well being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities.³

Health promotion: the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Participation is essential to sustain health promotion action.³

Prevention: the principle of avoiding a negative consequence – in this Action Plan it refers to avoiding an injury due to a fall. Its focus can be on preventing the fall from happening or on preventing or minimising an injury if a fall occurs.⁴

Queensland Health Integrated Risk Management Framework: describes the process and structure that ensures risk management (including: involving key stakeholders, establishing context, risk identification, analysis, evaluation, treatment, monitoring and review) is an integral part of all organisational activities.⁵

Safety: a state in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals in the community. It is an essential resource for everyday life that an individual and a community need in order to realise their aspirations.⁶

Setting: the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing.⁷

Workforce development: relates to increasing the knowledge and skills of a workforce and the facilitation of integrating the improved knowledge and skills into everyday workplace practice. Effective workforce development will rely on a range of integrated strategies to develop knowledge and skills.⁸

INTRODUCTION

The *Statewide Action Plan: Falls Prevention in Older People 2002 - 2006* outlines a five year strategic framework and a coordinated plan for Queensland Health to address falls in older persons.

The Action Plan uses the existing evidence base of good practice in falls prevention for older persons to provide a strategic direction for the next five years and beyond. The strategic actions outlined in this document provide the basis for a comprehensive and collaborative effort to reduce and prevent falls in older Queenslanders. Falls in older persons has also been identified as a clinical risk for Queensland Health.

BACKGROUND TO THE DEVELOPMENT OF THE ACTION PLAN

The need for a 'Queensland Health-wide' approach to falls prevention in older people was identified following the 1999 audit of statewide falls prevention activities commissioned by Queensland Health. This audit indicated there was already a significant level of falls prevention activity in a variety of settings across the State, but that these activities could be enhanced by improved coordination.⁹

In 1999 a Falls Prevention in Older People Working Group was established to develop the *Statewide Action Plan: Falls Prevention in Older People 2002-2006*, in consultation with relevant intersectoral organisations, community agencies and community members.

The purpose of consultation with intersectoral organisations, community agencies and community members was:

- to enable potential partners in each setting to identify their capacity to develop collaborative initiatives or policy
- to identify the level of interest in falls prevention in older people
- to stimulate critical discussion among organisations about the current range of activities and the future strategic direction of falls prevention for older people across the State.

(Additional results from the consultation including general themes and an initial identification of potential opportunities for Queensland Health to work in partnership with other organisations are provided in Appendix One).

PURPOSE OF THE ACTION PLAN

It is anticipated the *Statewide Action Plan: Falls Prevention in Older People 2002-2006* will support and strengthen collaborative efforts in falls prevention for older people throughout Queensland and help minimise duplication through better coordination. Implementation of the Plan will encourage the development of collaborative partnerships within a health promotion framework both in the health sector and between Queensland Health, other relevant key stakeholders and community agencies. This will determine the best ways forward and indicate relevant directions and commitments for all those involved. This Action Plan will also grow and evolve as contemporary research, evidence from practice and new initiatives are integrated in the coming years.

FALLS

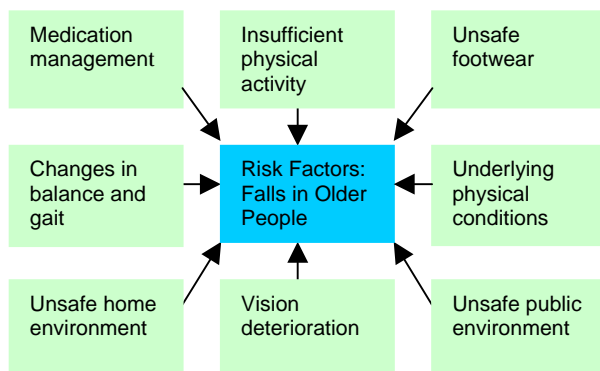
WHAT IS A FALL?

A fall occurs when a person loses their balance causing them to hit the ground or other object at lower level.²

RISK FACTORS

Injury from falling is seen by some as an inevitable part of ageing. However falls in older people are preventable, complex events involving a number of interactive factors. The more risk factors an older person has, then the greater their chance of falling. Research has identified many modifiable risk factors that increase people's chances of falling¹⁰. The research suggests that reducing the number of associated risk conditions can also reduce the chance of falling¹¹. The main risk factors associated with falls among older people are shown in the figure below.

FIGURE 1: MAJOR CAUSES OF FALLS AMONG OLDER PEOPLE.



Source: Adapted from: *Stay on Your Feet NSW 1999 Participant's Manual (2nd edn) Northern Rivers Public Health Unit (NSW)*

Reducing falls in older people will result in less falls-related injury, less disability and an increased confidence in daily life. The mechanisms for developing risk reduction are multi-strategic and require the co-operation of many agencies, organisations and individuals over a long period of time. The following table outlines associated risk conditions which contribute to falls and falls-related injuries in older people.

TABLE 1: RISK CONDITIONS ASSOCIATED WITH FALLS AND FALLS-RELATED INJURIES IN OLDER PEOPLE

Intrinsic (or personal) factors	Extrinsic (or environmental) factors
<ul style="list-style-type: none"> • Deteriorated health, mobility and strength associated with ageing • Impaired gait and balance • Certain medical conditions (eg, Parkinson's disease, dementia, depression, osteoporosis, osteoarthritis, cataracts, glaucoma, low blood pressure, incontinence) • Lack of exercise – linked with poor muscle tone and strength and low bone density • Alcohol use • Medications or medication mixes affecting balance, vision and alertness (eg, sedatives/ tranquillisers, hypnotics) • Polypharmacy, which produces undesirable interactions between medications • Fatigue • Inadequate nutrition and diet • Wandering behaviour (eg in residential care settings) • Impaired cognition or confusion 	<ul style="list-style-type: none"> • Uneven or loose surfaces (eg, cracked footpaths, loose pebbles or stones) • Inadequate lighting • Slippery floors • Activities of daily living (eg bedmaking, gardening, dressing, shopping) • Time of day • Being hospitalised for 19 days or more • People traffic – one or two others in the way or crowds • Poor step and stairway design and repair • Height of chairs and beds (too high or too low) • Unfamiliar environment within residential care settings • Unsecured floor coverings, rugs and cords • Inadequate footwear • Housing and floor plan (eg, external toilet and laundry, steps, rooms too small for walking aids)

Source: Adapted from: *Preventing Injuries from falls in older people: Background information to assist in the planning and evaluation of local Area-based strategies in New South Wales 2001. NSW Health Department Injury Prevention Unit.*

RATIONALE FOR INTERVENTION

INCIDENCE AND IMPACT OF FALLS

The need for this Action Plan is evident given the following.

- In Australia, falls in people aged over 65 years account for **the largest proportion of all injury-related deaths and hospitalisations** with 1000 deaths and 50,000 hospitalisations directly related to falls in older people in 1998 resulting in an estimated lifetime cost in excess of \$1080 million.¹²
- In Queensland, 292 deaths of persons aged 65 years and over in Queensland were directly attributable to falls in 2000.¹³
- In the 2000/2001 financial year, approximately 15,800 hospital admissions of persons aged 65 years and over in Queensland were directly attributable to falls.¹⁴
- The health system cost of injuries caused by falls in Queensland has now reached \$100 million, which is more expensive than those for road injury. As a result of the ageing population, this cost is expected to increase almost two and a half times to more than \$260 million by 2051.¹⁵
- The lifetime cost of injuries caused by falls in Queensland has reached \$750 million, **which is twice as much as road injury**. As a result of the ageing population, this cost is expected to increase to more than \$1 billion by 2021, and almost \$1.5 billion by 2051.¹⁵
- It has been estimated that **one in three older Australians will fall each year**, with this rate increasing substantially with age.
- Between 5% and 10% of these falls cause an injury **serious enough to require medical attention**, with about 1% requiring hospitalisation.¹⁶
- Even if a fall does not result in injury, **fear of falling** again may lead to anxiety, social withdrawal, restriction of daily activities and increased dependence.
- Falls and falls-related injuries are a strong predictor of placement in a long-term care facility.¹⁷
- **Most falls in older people are preventable and predictable.**

OLDER POPULATION IN QLD

The need for this Action Plan is further demonstrated by the following.

- The older population in Queensland is growing (see the following table).
- The number of older people aged 65 years or more is projected to increase at more than 5.3% per annum between 1996-2036 which equates to an increase of nearly 20,000 persons per year.¹⁸
- By 2051 Queensland will be home to more than 1.5 million people aged 65 years and above¹⁸ representing 22.5% of the total population, which would be a three fold increase over the population of the same age since 1996.¹⁹
- Within forty years, one in every five people living in Queensland will be aged 65 years or older.¹⁸
- **The distribution of older persons within the State is changing**, due in part to the attraction of certain areas to older persons. Therefore an understanding of the distribution of the population is important in planning for the provision of services and facilities where older people currently live and where they may choose to live in the future. For instance, the retirement areas of coastal Queensland (eg. Gold Coast, Sunshine Coast and Hervey Bay) have enticed many older people to the State¹⁹. By 2051, Queensland is expected to have the second largest share of older persons nationally behind New South Wales. In Appendix Two are maps showing where older people aged 65 years and over currently live in Queensland, Brisbane, Gold and Sunshine Coasts.

TABLE 2: PROJECTED NUMBER OF PERSONS AGED 60+, (QUEENSLAND) 1996-2036

AGE GROUP	POPULATION				
	1996	2006	2016	2026	2036
60-64	122,100	190,050	265,310	311,340	341,710
65-69	117,680	144,000	237,850	287,220	316,440
70-74	101,690	110,190	171,830	239,820	282,980
75-79	72,820	94,210	118,060	195,690	239,680
80-84	47,020	67,540	76,170	121,400	172,950
85+	33,490	49,280	69,060	89,890	148,300
65+	372,700	465,220	672,970	934,020	1,160,350
Total State pop.	3,338,690	3,949,580	4,554,110	5,135,080	5,639,170

Source: Queensland Department of Communication and Information, Local Government and Planning (1999) *Recent Population and Housing Trends in Queensland*.

NEED FOR FALLS PREVENTION

Given the incidence and impact of falls in older persons combined with the increasing older population in Queensland, it is now time to develop a statewide falls prevention program for the state. The *Statewide Action Plan: Falls Prevention in Older People 2002-2006* builds on the Queensland Government document *Our Shared Future: Queensland's Framework for Ageing 2000-2004* which advocates promoting opportunities for older people in Queensland to participate fully in all aspects of community life²⁰, as well as contributing to the whole-of-government policy priority of safer and more supportive communities.

EVIDENCE OF EFFECTIVE FALLS PREVENTION STRATEGIES

Analyses of intervention trials in community, residential and acute care settings²¹ have suggested that significant protection against falling was gained from interventions which targeted multiple, potentially modifiable risk factors in clients identified as "at risk" through individual health assessments.

Multiple strategies that include exercise and balance programs for active older people are proposed as a good investment in injury prevention, with the understanding that more long-term evaluation of the combined and individual impacts of the strategies is still needed.²²

Whilst this Action Plan focuses on those who are already older Queenslanders, it is also important to note there are also real benefits to be gained from the active promotion of preventive strategies with younger generations.

Components of multi-strategy interventions that have been shown to produce promising effects include:

- exercise to improve muscle strength, balance, reaction time and joint flexibility
- health awareness programs including home visits to assess and where appropriate, modify environmental and personal risk factors
- annual review (at least) of vision and medication management, with ongoing motivational approaches to ensure compliance
- use of hip protectors, particularly with frail older people in residential aged care
- use of dietary supplements including vitamin D and calcium
- opportunities to work with other sectors (eg housing, local government) and with other divisions of the health sector (eg GPs, aged care) and with industry.²³

CURRENT STRATEGIC DEVELOPMENTS IN FALLS PREVENTION

INTERNATIONAL CONTEXT

There has been a growing international awareness of the impact and public health implications of falls and their prevention in older people. The United States National Centre for Injury Prevention and Control among others, has recognised falls-related injury in older people as a major priority worthy of co-ordinated and sustained attention.

NATIONAL CONTEXT

The National Strategy for an Ageing Australia²⁴ advocates the promotion of health in older age and improvement in function and quality of life rather than just focussing on curing and preventing disease. There are a range of causes for falls including environmental, behavioural and medical factors.

Prevention strategies, therefore, need to be broad-based across multiple organisations. Research suggests there are a number of measures that can prevent the loss of function that is generally associated with older age.²² Sometimes small gains in capacity can mean large gains in quality of life and can tip the balance from dependence to independence.

Injury due to falls among older people has been, since 1996, a National Health Priority Area because of the high personal, social and financial costs imposed on the total community and because relatively straightforward prevention offers the opportunity for significant health gains.²⁵

The Strategic Injury Prevention Partnership (sub group of the National Public Health Partnership) has developed a *National Injury Prevention Action Plan, Priorities for 2001-2003* to provide a broad framework for national activity in the areas of high priority where the health sector can and should take a leading role.²⁶ This Plan recommends a focus on co-ordinating falls injury activities and identifying partnership opportunities across sectors in the areas identified for immediate action.

QUEENSLAND CONTEXT

Within Queensland Health, the following directions apply to falls prevention activity:

- *Health Outcomes Plan: Injury Prevention and Control 2000 – 2004*¹⁷
- Public Health Services *Injury Outcome Area Plan*
- Queensland Health Aged Care Strategy
- Best Practice Guidelines, Falls Prevention for Public Hospitals and State Government Residential Aged Care Facilities (from the Queensland Health Quality Improvement and Enhancement Program).

These approaches are based on current evidence and identify falls prevention in older people as a significant priority for action now and in the future.

STRATEGIC ACTION PLAN OUTLINE

SCOPE

The Statewide Action Plan: Falls Prevention in Older People 2002-2006 indicates strategic directions to reduce the frequency and severity of falls-related injuries in older Queenslanders.

This document has been developed for use by Queensland Health staff working in home, community, residential aged care and acute care settings. It acknowledges that actions to promote safety and prevent falls in older Queenslanders are not the sole responsibility of Queensland Health, due to the lack of control by one organisation over the many risk factors of falls and the many environments in which falls occur. Given this, collaborative partnerships need to be built upon and / or formed between Queensland Health and other relevant key stakeholders. Whilst developed by Queensland Health, it is anticipated that a wide array of persons and organisations who work with older people external to Queensland Health will adopt relevant aspects of this Action Plan.

GOAL

To reduce the frequency and severity of falls-related injury in older Queenslanders (aged 65 years and over).

GUIDING PRINCIPLES

The strategies to reduce the mortality and morbidity of falls in older Queenslanders (aged 65 years and over) will focus on the following principles:

- **the promotion of optimal health** (focussing on ageing as a lifelong process and improving the wellbeing of people as they age)
- **the prevention of falls-related risk factors** (primary prevention to modify the effects of, or reduce exposure, to known risk factors)
- **the management and contingency planning for older people at risk of falls** (including assessment, treatment, rehabilitation and secondary prevention).

KEY ACTION AREAS

Four key action areas have been identified.

- **Policy and service design** (to provide supportive infrastructure including public and local policy, adequate resourcing).
- **Workforce development** (to identify and to provide appropriate workforce education).
- **Safe environments** (to increase safety of the internal and external physical environments).
- **Personal capacity building** (to increase falls prevention related knowledge, skills, attitudes and behaviours).

KEY SETTINGS

While it is acknowledged that the operation of the key settings overlap, it is important to note that specific strategies can be targeted to individual settings.

The key settings identified are:

- **Home** (includes any domestic dwelling located within the community setting such as a house, unit, retirement village or caravan)
- **Community** (includes the physical environment and infrastructure outside the home such as a workplace and commercial premises, roads and footpaths, leisure and transport, community based services and activities)
- **Acute Care** (includes acute and sub acute care such as accident and emergency, medical and surgical wards as well as non acute care such as outpatient departments, dementia and specialised units)
- **Residential Aged Care** (includes hostels and nursing homes)

Co-ordination of care across the key settings is already the subject of considerable work, with mechanisms in place for case management and discharge planning. Ongoing quality control measures and improved co-ordination to produce a seamless array of services will be focused on during the implementation of this Action Plan. The issue of falls injury risk needs to be integrated into these developments.

KEY PARTNERS

Many key partners have been identified as having the ability to contribute to falls prevention in older persons. It is important to note that this is not an exhaustive list but does include:

- aged care workers and acute care workers including nurses, doctors, pharmacists, occupational therapists, physiotherapists, recreational officers who work with older people
- community health workers
- health promotion workers
- service providers in the community such as pharmacists and general practitioners
- government departments including: Department of Housing; Office of Fair Trading; Department of Main Roads; Department of Emergency Services; Sport and Recreation Queensland and the Department of Families
- community based older peoples projects (such as 60+better groups) and aged care organisations
- associations including: Australian Physiotherapy Association; Queensland Country Women's Association; Queensland Council of Carers; Royal Blind Society; Australian Pensioners and Superannuants Association; Australian Retailers Association; Pharmaceutical Society of Australia (Qld Branch); The Pharmacy Guild of Australia (Qld Branch); Independent Living Centre
- leisure and recreational facility workers and planners including: Fitness Queensland; Australian Academy of Tai Chi and 'Just Walk It'
- home designers and architects
- local governments
- community planners and designers

It is hoped these partners (and more) will find direction from this Action Plan.

IMPLEMENTATION PROCESS

The long term effectiveness of the *Statewide Action Plan: Falls Prevention in Older People 2002-2006* relies on the development of partnerships and the creation of cooperation within the health sector and between Queensland Health and other sectors. This includes government and non-government organisations, business and industry, professional groups, unions, media, community-based organisations, service clubs and the general community.

It is recognised that not all key stakeholders will have the capacity to undertake all activities outlined in all settings. The Statewide Action Plan encourages a flexible approach so that partners can select issues in particular settings, based on needs, priorities, available resources and expertise. It aims to provide a framework to assist those choices, and to identify and help develop collaborative partnerships for coordinated action to maximise effective use of resources and minimise duplication, while taking advantage of a pooling of expertise from varied sources.

Collaboration and partnership development has already begun within the priority settings.

- Quality Improvement and Enhancement Program (QIEP) which includes falls prevention activities in acute care and residential aged care facilities.
- The collaborative, five-year Injury Research and Prevention Project (Falls in Older Persons) in the Wide Bay / Burnett area, which focuses on a multifaceted approach to falls prevention in community and home settings.

Data and evaluations from these programs and other related activities will be disseminated as information becomes available, and will also be integrated into future editions of this Action Plan.

To assist with implementation, a list of current resources/programs in Queensland is provided in Appendix Three.

Additionally, as risk management is an integral part of all Queensland Health activities, the implementation of the Action Plan will involve applying the Queensland Health Integrated Risk Management Framework as a decision making and strategic planning tool.

EVALUATION

Monitoring and review are essential to ensure achievement of the goals, objectives and overall direction of the *Statewide Action Plan: Falls Prevention in Older People 2002-2006*. This will be underpinned by the development of relevant and achievable performance indicators. This continuous process, which will be managed by the Falls Prevention Working Group, will include monitoring the immediate impacts of the implementation of the Action Plan, as well as medium and long term measures to assess sustained behaviour changes.

OUTCOMES

Building the capacity of a community to address its own health issues is an essential outcome for health promotion initiatives. Therefore strategies in each of the four key settings place importance on personal and community capacity building. The Action Plan provides a co-ordinating framework to build the capacity of individuals, communities and organisations in Queensland to adopt strategies that will prevent falls and falls-related injury in older Queenslanders.

Primary outcome indicators include:

- reduction in the hospital separation rate for falls among people aged 65 years and over
- reduction in the death rate due to falls among people aged 65 years and over.

The outcomes for evaluation of this five-year plan include development of:

- short-term process/impact indicators including coverage, participation rate, satisfaction, knowledge, attitude, skill and behaviour change, environmental change and infrastructure development
- long-term indicators including falls and fall-injury rates, cost-effectiveness of interventions, and social and personal capacity building indicators.

FUTURE CHALLENGES

The *Statewide Action Plan: Falls Prevention in Older People 2002-2006* is an important achievement for Queensland. It represents the first step in providing a framework for action to reduce the significant issue of falls and their consequences in older people. However, working with the current generation of older Queenslanders will not be enough. We also need to have a long term focus to include those at risk of falls sometime in the future by addressing the establishment and maintenance of health enhancing activities and the promotion of safe and supportive communities. This will create future generations of healthy older people who are able to maintain independence and well being.

OBJECTIVES AND STRATEGIES IN KEY ACTION AREAS BY SETTING

	Key Action Areas			
	Policy and Service Design	Workforce Development	Safe Environments	Personal Capacity Building
	Objectives			
	1.1 Ensure policies and services are appropriate to the target group, accessible and affordable.	1.2 Develop partnerships to promote inclusion of healthy ageing and falls prevention awareness in training for the aged care workforce and other health professionals.	1.3 Promote, maintain and increase safety, mobility, independence and access in internal and external environments.	1.4 Increase awareness of safe behaviours and falls risk factors among older people.
	Strategies			
HOME SETTINGS	1.1.1. Promote inclusion of falls prevention in policy development for health services provided in home settings.	1.2.1. Develop workforce skills and competencies in falls prevention, safety promotion and management of falls and falls risk factors.	1.3.1. Promote accessible and effective home safety products.	1.4.1 Promote regular holistic assessments (for management of optimal physical and psychosocial health, medication, vision and foot care etc).
	1.1.2. Develop partnerships and collaborate with agencies providing home-based services.	1.2.2. Provide education and appropriate resources/tools to enable staff to undertake falls risk assessments (including home safety) to identify those at risk of falling.	1.3.2. Promote compliance with Building Codes of Australia Standards for safe buildings and home design (collaborate with designers, architects, builders, Department of Housing Smart Housing).	1.4.2. Develop personal skills and promote healthy lifestyles among older people to minimise falls risk (eg nutrition, physical activity, social interaction etc).
		1.2.3. Incorporate safety promotion and falls prevention into position descriptions.	1.3.3. Prevent exposure to home hazards through home assessment and hazard identification.	1.4.3. Strengthen support systems (eg carers, family, social networks, monitoring alarm systems etc).
			1.3.4. Promote modification of home hazards and encourage the use of home assistive devices (eg collaborate with Home Assist/Secure, Home and Community Care Program).	1.4.4. Promote healthy and safe ageing through encouraging financial and retirement planning for 'early retirees'.

Key Action Areas								
Policy and Service Design		Workforce Development		Safe Environments	Personal Capacity Building			
Objectives								
2.1	Ensure that policies and services are appropriate to the target group, accessible and affordable.	2.2	Support access of health workforce to education in falls prevention and falls risk assessments.	2.3	Prevent exposure to and modify environmental hazards.	2.4	Increase awareness of falls risk factors and encourage healthy and safe behaviours in older people.	
Strategies								
COMMUNITY SETTINGS	2.1.1	Promote inclusion of falls prevention in policy development for health services provided in community settings (eg organisational/agency business plans).	2.2.2	In collaboration with all agencies providing community- based services, raise awareness about risk conditions (eg working / living in safe environments and developing community action).	2.3.1.	Promote compliance with the Building Code of Australia Standards for safe buildings and dwellings.	2.4.1.	Raise awareness of falls risk factors and disseminate information on available services through community education forums in partnership with local service organisations and community clubs.
	2.1.2	Influence procurement processes and support resourcing of falls prevention community-based programs.			2.3.2.	Collaborate with local councils, retailers, and transport authorities to improve safety and accessibility of public environments for older people.		
	2.1.3	Develop partnerships and collaborate with agencies providing community-based services for the older person.	2.2.2	Develop resources to support falls prevention education and work redesign.	2.3.3.	Promote accessible and effective safety products.	2.4.3.	Promote optimal health through regular health assessments (eg physical, psychosocial, medication, vision, footcare etc).
	2.1.4	Develop and implement community education programs which are culturally and linguistically appropriate.			2.3.4.	Identify and report environmental hazards.	2.4.4.	Support development of social and community networks.
				2.3.5.	Advocate for and collaborate with agencies where relevant to modify existing environmental hazards.	2.4.5.	Encourage opportunistic screening to identify persons at risk for falls.	

ACUTE CARE SETTINGS	Key Action Areas			
	Policy and Service Design	Workforce Development	Safe Environments	Personal Capacity Building
	Objectives			
	3.1 Identify and use best practice from current programs, evidence based research, national forums and other related documents.	3.2 Develop partnerships to promote inclusion of healthy ageing and falls prevention awareness in facilities and institutions providing education for the aged care workforce.	3.3 Promote, maintain and increase safety, mobility, independence and access in environmental settings.	3.4 Increase awareness of falls risk factors to prevent their development and reduce the impact of falls risk factors.
	Strategies			
3.1.1 Promote the inclusion of falls prevention in policies as well as promote compliance with the relevant sections of the accepted accreditation standards including those relating to a continuum of care, leadership and management, planning and management systems.	3.2.1 Promote compliance with the relevant accreditation standard in relation to human resource management. 3.2.1. Raise awareness of falls risk factors and prevention strategies for all acute care staff through training and education programs.	3.3.1 Promote compliance with the relevant standard for accreditation in terms of safe practice and safe environment. 3.3.2 Work collaboratively to ensure that capital works programs incorporate disability and access standards so as to minimise falls when designing and building facilities. 3.3.3 Ensure safety of hospital environment by minimising obstacles, providing appropriate and accessible furniture and fittings, and ensuring access to personal alarms or alerting devices.	3.4.1 Raise awareness of falls prevention risk factors and prevention strategies appropriate to each patient. 3.4.2 Promote safe behaviours (eg wearing of appropriate footwear, safe ways to transfer and mobilise). 3.4.3 Increase access to hip protectors and preventive aids. 3.4.4. Promote rehabilitation strategies for older people leaving acute care and support strategies for carers.	
3.1.2 Improve surveillance of falls, recording of adverse events, and incorporate routine assessment to identify patients at risk of falls.	3.2.2. Develop an inter-disciplinary approach to falls prevention to co-ordinate and improve continuity of care through assessment, treatment, management and discharge planning.			
3.1.3 Promote access to multi-disciplinary coordinated falls prevention services and information and promote community follow-up to ensure continuity of care.				
3.1.1. Promote inclusion of falls prevention in policy within each acute care facility and department.				

Also Refer To Queensland Health (2001) Best Practice Guidelines For Falls Prevention In Public Hospitals And State Government Residential Aged Care Facilities Queensland Health: Brisbane.

RESIDENTIAL AGED CARE SETTINGS	Key Action Areas			
	Policy and Service Design	Workforce Development	Safe Environments	Personal Capacity Building
	Objectives			
	4.1 Identify and use best practice from current programs, evidence-based research, national forums and other relevant documents.	4.2 Support access to and provide in-service education for health workforce in falls prevention.	4.3 Identify and prevent exposure to environmental hazards.	4.4 Increase opportunity for residents to adopt safe behaviours.
	Strategies			
	4.1.1 Promote compliance with relevant accreditation standards for management systems, staffing and organisational development.	4.2.1 Promote compliance with relevant accreditation standards for education and staff development.	4.3.1 Promote compliance with related accreditation standards for the physical environment and safe systems.	4.4.1 Comply with relevant accreditation standards for health and personal care as well as resident lifestyle.
4.1.2 Promote inclusion of falls prevention in residential aged care policies within each facility incorporating routine assessment of falls risk (taking into account age, mental status, falls history, medications, mobility and special toileting needs), incident monitoring, and management of falls.	4.2.2 Raise awareness of falls risk factors and prevention strategies in care workers including volunteers and family members.	4.3.2 Comply with Commonwealth Certification Standards relating to specific hazards- access, mobility, occupational health and safety, lighting and ventilation.	4.4.2 Raise awareness of falls prevention risk factors and prevention strategies appropriate to and for each resident.	
	4.2.3 Promote access to orientation and education in falls prevention in older people.	4.3.3 Promote a safe physical environment.	4.4.3 Promote safe behaviours (eg wearing appropriate footwear and safe ways to transfer).	
	4.2.4 Provide adequately skilled staff to enable accreditation standards for clinical care to be met.		4.4.4 Increase access to hip protectors and preventative aids.	
			4.4.5 Promote optimal health and physical ability including nutrition supplementation (vitamin D and calcium), medication management and exercise (lower extremity resistance training).	

**APPENDIX ONE:
RESULTS OF CONSULTATION FOR DEVELOPMENT OF
STATEWIDE ACTION PLAN: FALLS PREVENTION IN OLDER PEOPLE 2002-2006.**

INTRODUCTION

In 1999-2001, Queensland Health conducted a two-stage consultation around falls prevention in older people. The first consultation was with other Queensland Health staff on an internal basis. This consultation began in early 2000.

The second stage involved key stakeholders and those with an interest from other government departments, community-based organisations, related service providers, relevant individuals, service clubs and other related organisations. This consultation took place during late 2000 and early 2001.

During these two processes many general themes were identified by participants. These themes are summarised below. Other suggestions follow on, using direct quotes from those consulted.

GENERAL THEMES

- Falls prevention in older people is diverse and multifaceted, therefore needs a whole of government approach.
- Co-ordination of programs must be based on evidence-based research.
- Strengthened collaboration with agencies providing services in all settings is needed.
- Ensuring that communication, information and resources are available is critical to build skills for decision making.
- In order to be effective, a multifaceted approach targeting reduction in two or more risk factors is needed.
- Promotion and awareness of safe behaviours, safe communities, 'healthy ageing' and falls risk factors to older people through established community groups and community-based service providers.
- On-going workforce development, orientation of new staff, and skills development for community members, including family and carers.
- Development of consistent guidelines and tools appropriate to each setting.

HOME SETTING

How could Queensland Health and your organisation work as partners to prevent falls in older people?

- Liaison with all partners to ensure a whole-of-government response to falls prevention.
- Encourage a collaborative approach to share resources and expertise.
- Promote a multi-faceted approach (eg encourage physical activity through Tai Chi, Gentle exercise, aqua aerobics; regular physical assessment, including medication, vision, hearing); modify environments where older people frequent; raise awareness of safe behaviours by utilising older guest speakers to outreach to general community.
- Increase communication through older people's networks and ensure updated information is available.
- Utilise established community based organisations as an outlet for information and possibly peer education.
- Awareness raising across all settings via "Safe Communities Concept".
- Ensure workforce development for new and existing staff eg orientation, workshops, and skills development for community members, including family and carers.
- Seek collaborative funds to promote research projects to develop national indicators.
- Improve communication and coordination of resources available for clients at discharge from acute care facilities, this may be facilitated through shared documentation or through case management arrangements.
- Assist with developing a formal approach to linking agencies and encourage partnership processes.
- A fact sheet could be developed as a resource to raise awareness for carers in the home setting.
- Continue to support funding options that support integrated care and continuum of care projects.
- The key strategy should be the development of a statewide whole-of-government plan for falls prevention.
- Develop a training package for unregulated workers to increase awareness and identify and report hazards and unsuitable situations.
- Increase access of all stakeholders to share risk assessment data (including medication risks) for clients accessing community organisations from acute care facilities.
- All work together as ambassadors of healthy ageing and promoting safe behaviours.
- Encourage people to plan continuing physical, social and mental activity into retirement, eg financial planning receives high priority, so should physical well-being.
- Work with the community, carers and family members to promote independence for older people.
- Liaise with universities to ensure students are educated in promoting safe behaviours, and falls prevention strategies.
- Promote the concept of 'Smart Housing for Older People'. Raise awareness in the community through media and older peoples' groups. Develop further links with industry groups such as architects and engineers.
- Improve data collection across all service providers to reduce assessment duplication.
- Dissemination of research, good practice, successful current programs, policy development.
- Develop an integrated approach to support care systems.
- Develop competency standards for falls risk assessment for home and community environments.
- Provision of information resources to increase awareness to maximise safety in and around the home if or when relocating or purchasing a retirement home. Ongoing awareness raising of falls risk factors and falls prevention (eg older people and all service providers).

COMMUNITY SETTING

How could Queensland Health and your organisation work as partners to prevent falls in older people?

- Education for community members and aged care workers. While there is access to loan books, videos, etc., it is often outside the financial resources of community-based programs to buy these resources.
- Information and programs need to be where the people are - for example: target pubs for older men.
- Training and expertise needs to be available to all service providers, as well as community based organisations so that community members can develop skills to assist themselves.
- Older people are becoming a critical mass and are beginning to lobby politicians for appropriate resources for their needs.
- Encourage development and expansion of local partnerships and networking with all agencies involved with older people.
- Promote a cooperative and coordinated partnership across all agencies to maximise resources.
- Conduct presentations to groups of older people in settings of their choice. Develop and support a network of peer presenters who are credible to the audience in order to build supportive networks.
- Encourage older people to adopt safe behaviours in a safe community for example: adequate covered seating and interesting, accessible walking or wheelchair paths.
- Conduct regular community safety audits, and follow up with resources to implement and rectify identified risk areas.
- Encourage stronger links with GPs and pharmacists to identify those at risk and put strategies in place, for example: referrals to community groups.
- Encourage redesign in work buildings and community environments to take into account falls prevention risks for example: terrazzo floors in shopping centres, uneven stairs, uneven footpaths, not enough time at crossings for older people with mobility needs, changes in floor levels without markings, access to bus and train.
- Adequate and accessible resources and information needs especially for rural areas.
- Increase the profile of 'Safe Communities' to all members of the community, not just the older members – need a culture change if we are to promote safe behaviours and encourage older people to 'get out and about in safety'.
- Influence introduction of development codes in town planning schemes to promote compliance with Building Code Standards.
- Work with community based organisations to develop a mobility access map and identification of hazardous areas, and publish results of audits in newsletters – however will need to follow up with action.
- Conduct peer presentations to community groups, this would need information resources and support.
- Develop collaborative strategies addressing 'healthy ageing', 'wellness', 'safe communities', 'safe behaviours', especially to early retirees.
- Raise the profile of 'independence in later years', which relies on personal decision-making and safe behaviours, rather than just preventing falls.
- Support community based organisations in order to build social cohesion and connectedness.

ACUTE CARE SETTING

How could Queensland Health and your organisation work as partners to prevent falls in older people?

- Development of consistent guidelines, tools and protocols based on good practice.
- Records kept of all falls. Trends monitored, injuries monitored and strategies implemented to prevent future falls. Falls risk assessment and functional mobility assessment on admission. Identification of 'at risk' patients.
- Collaboration and liaison with all community based service providers and family members at discharge planning to ensure that services are available and in place prior to discharge – encourage case conferencing.
- Offer falls prevention information/courses prior to discharge, including family members, carers.
- Falls intervention multi disciplinary teams/centres need to be established and financed. See Victorian models.
- Encourage good practice guidelines and protocols to be in place in all acute settings.
- Develop partnerships to promote inclusion of healthy ageing and falls prevention awareness to provide ongoing education for aged care workers and service providers, at the hospital and at the community level.
- Current practice is 'discharge planning' with the hospital as the centre of health care. A challenge is to change this to 'community planning' that would be more proactive in order to return community members to a supportive community.
- Ensure compliance with "Australian Council of Health Service Standards" for safe environments and buildings.

RESIDENTIAL AGED CARE SETTING

How could Queensland Health and your organisation work as partners to prevent falls in older people?

- Need consistent and coordinated falls prevention strategies, guidelines and protocols.
- Monitor and map trends within facilities on the incidence and causes of falls in older people.
- Develop collaborative partnerships to share knowledge and expertise, rather than "re-inventing the wheel".
- Undertake annual training needs analysis and provide ongoing in-service education and training for new and existing staff members, families, carers and volunteers.
- Ensure adequate, appropriate, 'user friendly' and up to date information is available to raise awareness of falls risk factors. This information is essential to support falls programs, especially with frail older people.
- Develop collaboration on incident monitoring through the development of a consistent database for benchmarking based on Australian Standards.
- Presentation of programs using evidence-based research for formulation of policies on falls prevention.
- Development of guidelines and assessment tools for falls prevention on admission and at regular intervals or when change occurs.
- Ensure adherence to safe building codes, especially in retirement villages when frail older people are relocating from a familiar environment.
- Encourage holistic risk assessment and management, safety and environmental audits.
- Promote safe behaviours in older residents coupled with evidence-based falls prevention strategies in nursing care plans.
- A definitive study could be undertaken to determine the effectiveness of hip protectors in the long term

APPENDIX TWO: MAPS SHOWING OLDER PERSON DISTRIBUTION ACROSS QUEENSLAND

