

## Part 8 Glossary



## 8. Glossary

### What is a fall?

A **fall** is defined by the World Health Organisation as “*an event which results in a person coming to rest inadvertently on the ground or floor or at a lower level.*”

This definition excludes falls resulting from an intentional change in position, but does include those where the person inadvertently comes to rest on furniture, against a wall or other objects <sup>[32]</sup>.

### Exercise/ physical activity

**Exercise** refers to a form of physical activity that involves planned, structured, and repetitive bodily movements to improve or maintain strength, balance and/or physical fitness (e.g. group exercise programs like Tai Chi and individually prescribed programs).

**Physical activity** is a broad term that encompasses any bodily movement produced by skeletal muscles that result in an expenditure of energy. The World Health Organisation defines physical activity as including all movements in everyday life, such as work, recreation, exercise and sporting activities (e.g. gardening, bowls etc). See the following website: <http://www.vichealth.vic.gov.au/Content.aspx?topicID=186>

### Programs for preventing falls

**Personal health programs** are individually tailored to achieve maximum benefit, are based on diagnosis, may require many health professionals (physician, occupational therapist, physiotherapist and nurse), but can reach only a small proportion of people. Fall prevention programs for individual patients aim to identify all the contributing factors to the person’s fall risk and modify those amenable to intervention. There is also merit in identifying falls risk factors as part of an overall risk profile such as in a generic health review.

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**Public health programs**, in contrast, identify target populations, tend to use a multi-skilled professional, are protocol based and reach larger numbers at lower individual cost. In the implementation of a public health fall prevention strategy there are a number of facts that need to be considered in determining the interventions such as cost, the population most likely to benefit, and public acceptability. In such population-based fall prevention programs, several measures are introduced as a coordinated package across an entire community or a large part of it.

### Intervention terms

**Multifactorial** interventions address multiple risk factors concurrently. Most falls are multifactorial in their origin and result from interactions between long-term or short-term predisposing factors and short-term precipitating factors in a person's environment. While addressing a single major risk factor can be very effective, most interventions for preventing falls aim to modify several risk factors.

**Multi-strategy** interventions include a number of strategies (e.g. education, home assessment and modification, exercise, and medication review) which together form the intervention program.

Interventions may be either **targeted** (based on risk factor assessment) or **untargeted** (irrespective of identification of specific risk factors). Terms used synonymously are selected and unselected. For targeted interventions the program participants are **selected** based on the presence of the risk factor, whereas untargeted interventions include **unselected** participants, not selected on the basis of risk.

### Long lies

**Long lies** is a term used to describe lying on the floor (or other surface) for a lengthy period after falling, before assistance is obtained.

## Primary health care

For community-dwelling older people their first level of care will be in the **primary health care setting**. The World Health Organisation (WHO) Alma-Ata Declaration defines **primary health care** as incorporating curative treatment given by the first contact provider along with promotional, preventive and rehabilitative services provided by multi-disciplinary teams of health-care professionals working collaboratively. [http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)

## Rural and remote

Rural and remote populations are those located outside of cities with a population greater than 250,000. The common feature of these populations is that they live some distance from the major population centres. Discussion about the health of people living in rural and remote areas uses the geographical terms ‘major cities’, ‘inner regional’, ‘outer regional’, ‘remote’ and ‘very remote’, based on the ABS Australian Standard Geographical Classification (ASGC) Remoteness Areas definitions. <http://www.abs.gov.au>

## Screening tests

**Face validity** is the extent to which the contents of a test or procedure look like they are measuring what they are supposed to measure. A test of external validity of a falls screening instrument is its ability to correctly categorise persons as test-positive (i.e. increased risk of falling) or test-negative (i.e. not at risk).

**Sensitivity** is defined as the proportion of people who are predicted to fall and who did fall from a population who has been screened.

**Specificity** is defined as the proportion of non-fallers who were identified as not at risk of falling when screened. The relationship between sensitivity and specificity depends on where the **cut-off score** is set to determine what is high risk and what is not.

With respect to the number of cases detected by a screening test, the measure commonly used is **predictive value**. The predictive value

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measures whether or not an individual is at risk, given the results of the screening test.

**Inter-rater reliability** is a test of the reliability of a measure and assesses the degree of agreement or consensus between different raters or observers.

## Part 9 References





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**Part 10 Appendix A**  
**Health Continuum Model**



## 10. Appendix A

### Health Continuum Model

More information on the Health Continuum Model including explanatory notes and case studies is available at [www.health.qld.gov.au/stayonyourfeet](http://www.health.qld.gov.au/stayonyourfeet)

# Queensland Stay On Your Feet® model for falls prevention in older people across the health continuum



Guiding principle	Primary prevention	Primary prevention	Secondary and Tertiary prevention	Tertiary prevention	Tertiary prevention
	Support healthy active ageing and untargeted multifactorial interventions.	Support healthy active ageing, targeted and untargeted multifactorial interventions and primary health care assessment and management.	Screen and assess falls risk, and manage targeted single or multiple risk factors to prevent falls and regular re-assessment.	Screen and assess falls risk, and manage targeted single or multiple risk factors to prevent falls and regular re-assessment.	Assess falls risk, and manage targeted single or multiple risk factors to prevent falls and regular re-assessment.
<b>Falls risk</b>	<b>Awareness</b> Use <i>Queensland Stay On Your Feet®</i> Checklists: › Will you stay active and independent? › How to Stay On Your Feet®.	<b>Screening</b> Use <i>Falls Risk for Older People – Community Setting (FROP-Com)</i> or <i>Physiological Profile Assessment (PPA)</i> . Check gait and balance, ask about falls in last 12 months, use <i>Timed Up and Go</i> test.	<b>Screening &amp; assessment</b> Refer to <i>*Preventing falls and harm from falls in older people – for screening and assessment tools</i> .	<b>Assessment</b> Use <i>Falls Risk for Older People – Community setting (FROP-COM)</i> or <i>Physiological Profile Assessment (PPA)</i> and <i>Ongoing Needs Identification (ONI)</i> .	<b>Assessment</b> Refer to <i>*Preventing falls and harm from falls in older people – for screening and assessment tools</i> eg. Falls Risk Assessment Tool (FRAT).
<b>Involve</b>	› older person › family and/or carer › interpreter (if needed).	› older person › family and/or carer › interpreter (if needed).	› older person › family and/or carer › interpreter (if needed).	› older person › family and/or carer › interpreter (if needed).	› older person (if possible) › family and/or carer › other residents › interpreter (if needed).
<b>Health professionals multi disciplinary approach</b>	› community nurses › dietitians/nutritionists › exercise physiologists › general practice nurses › general practitioners › health promotion officers › Indigenous health care workers › multicultural health care workers › occupational therapists › optometrists › pharmacists › physiotherapists › podiatrists › other health care providers.	› ambulance services › community nurses › dietitians/ nutritionists › domiciliary services › exercise physiologists › general practitioners › health promotion officers › Home and Community Care services › Indigenous health care workers › multicultural health care workers › occupational therapists › optometrists › pharmacists › physiotherapists › podiatrists › other health care providers.	› ambulance services › hospital staff – medical – nursing – allied health – operational staff › community health professionals › general practitioner  <b>Policy:</b> › Standard falls prevention strategies * Page 8 › The Australian Council of Health Care Standards EQUIP; Falls Management Continuity of Care and Medicines Management › WHO Health Promotion Standards in Hospitals.	› ambulance services › community nurses › dietitians/nutritionists › domiciliary services › Emergency Department staff › exercise physiologists › general practice nurses › general practitioners › geriatrician › health promotion officers › Home and Community Care services › Indigenous health care workers › multicultural health care workers › occupational therapists › optometrists › pharmacists › physiotherapists › podiatrists › other health care providers.	› allied health › dietitians/ nutritionists › diversional therapists › exercise physiologists › geriatrician › general practitioners › health promotion officers › nursing staff › occupational therapists › pharmacists › physiotherapists › podiatrists › other health care providers.
<b>Interventions</b>	› address health determinants › promote healthy lifestyles › physical activity (balance and strength exercises with progressive intensity) › remove environmental hazards in the home and public places › review medication › manage chronic conditions › conduct annual eye tests and remove cataracts › support good nutrition for bone and muscle strength and energy › promote foot care and safe footwear › improve walking pattern › promote older people in a positive, healthy active way › incorporate falls prevention and healthy active ageing into organisation's core business, structures, systems and services › develop supportive environments in the community infrastructure and services eg. hand rails, access to physical activity › develop social and community support networks › enhance communication between health care providers, families and/or carers and the individual › enhance integration between settings › follow up and review risk factors and interventions.	› address health determinants › promote healthy lifestyles and primary health care › physical activity (balance and strength exercises with progressive intensity) › remove environmental hazards in the home and public places › review medication › manage chronic conditions › conduct annual eye tests and remove cataracts › support good nutrition for bone and muscle strength and energy › promote foot care and safe footwear › improve walking pattern › promote older people in positive, healthy active way › incorporate falls prevention and healthy active ageing into organisation's core business, structures, systems and services › develop supportive environments in the community infrastructure and services eg. hand rails, access to physical activity › develop social and community support networks › enhance communication between health care providers, families and/or carers and the individual › enhance integration between settings › follow up and review individual risk factors and interventions.	<b>Pre-admission:</b> › patient and staff education (including ambulance and paramedic staff) › GP administered tests and management guidelines.  <b>Admission:</b> › GP notification of planned or unplanned admission › falls risk screening on admission › patient orientation.  <b>In-patient:</b> › mobility assessment and appropriate aids and assistance › recording falls and documenting interventions › patient participation in functional activities and exercise › continence plan › medication management › environment safety › policies for use of bedrails and restraints › Vitamin D supplementation with calcium › multidisciplinary patient care using a holistic approach and health promotion strategies › case conference to prepare patient for discharge.  <b>Discharge:</b> › as a part of discharge planning falls risk and prevention strategies and discharge referrals sent to:- – GP in 24-48 hrs – Community health professionals.  <b>Rehabilitation:</b> › arrange post hospital rehabilitation.	› post hospital rehabilitation program improving strength, balance and functioning › review medication › balance, gait, strength and endurance exercises › occupational therapy home assessment with home modifications › manage chronic conditions › cataract surgery › Vitamin D and calcium › foot care and safe footwear › hip protectors › address concerns about falling › continence management › personal alarms › educate about getting up from the floor after a fall › follow up and review individual risk factors and interventions.	› incorporate falls prevention and healthy active ageing into organisation's core business, structures, systems and services › staff training and guidance › review and manage medication › educate residents › assess and modify environment › supply and repair mobility aids › Vitamin D and calcium supplementation and nutritional review › implement individual and facility wide interventions › ongoing monitoring of the resident with post-fall problem solving › continence management › balance and strength exercises › foot care and safe footwear › syncope and dizziness assessment and management › hip protectors › follow up and monitoring of individual risk factors and interventions.
<b>Key resources</b>	Queensland Stay On Your Feet® Community Good Practice Guidelines: Preventing falls, harm from falls and promoting healthy active ageing in older Queenslanders 2007. Queensland Stay On Your Feet® Community Good Practice Toolkit 2007.	Queensland Stay On Your Feet® Community Good Practice Guidelines: Preventing falls, harm from falls and promoting healthy active ageing in older Queenslanders 2007. Queensland Stay On Your Feet® Community Good Practice Toolkit 2007.	*Australian Council for Safety and Quality in Health Care 2005. Preventing falls and harm from falls in older people. A Resource Suite for Australian hospitals & Residential Aged Care Facilities (Green Box).	Home and Community Care HACC Best Practice Falls Prevention Resource Kit 2004.	Australian Council for Safety and Quality in Health Care 2005. Preventing falls and harm from falls in older people. A Resource Suite for Australian hospitals & Residential Aged Care Facilities (Green Box).



