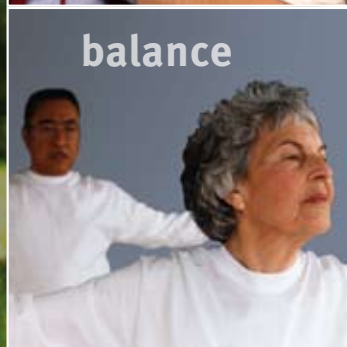




**Queensland  
Government**  
Queensland Health



Tai Chi

# Queensland Stay On Your Feet<sup>®</sup>

community good practice guidelines

Queensland Stay On Your Feet® Community Good Practice Guidelines – preventing falls, harm from falls and promoting healthy active ageing in older Queenslanders.

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# **Queensland Stay On Your Feet®**

## **Community Good Practice Guidelines**

**Preventing falls, harm  
from falls and promoting  
healthy active ageing in  
older Queenslanders**

### Acknowledgements

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- › Kate Smith, Senior Health Promotion Officer, Injury Prevention, Health Promotion Unit.

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- › members of the Queensland Falls Injury Prevention Collaborative
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- › the external editor
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### External editor

- › Anne Leitch, Biolines

### Why these guidelines were developed

Falls prevention guidelines for hospitals and residential aged care facilities had been developed in 2005, leaving a gap in updated guidelines for falls prevention in the community. These guidelines were developed to fill that gap. These guidelines reviewed and updated the Queensland Health, Best Practice Guidelines for Public Hospitals and State Government Residential Aged Care Facilities, Community Integration Supplement (Version 3, 2003) developed by the Quality Improvement and Enhancement Program.

### How these guidelines were developed

The Queensland Falls Injury Prevention Collaborative Cross Continuum Working Group led the development of these guidelines. The group reviewed the existing Community Integration Supplement according to the latest research and identified gaps and areas that required updating. Due to many advances in research, the writing of the guidelines required a dedicated author. Dr Nancye Peel was contracted as the primary author of these guidelines.

A number of iterations of the guidelines were reviewed and commented on by members of the Queensland Falls Injury Prevention Cross Continuum Working Group and their respective local networks. Feedback was collated and included in the guidelines where appropriate. A draft document was disseminated via email to a wide section of health professionals across Australia (though predominantly within Queensland) who work in with older people in the community. They were requested to read the document and submit their comments via email or telephone. Queensland Health received an extensive range of useful, high quality responses that were incorporated into the guidelines.

A significant amount of additional writing was completed by Rebecca Bell and Kate Smith during the incorporation of comments and feedback. The final draft document was sent to three internationally renowned independent quality reviewers, two who work specifically in falls prevention and one who works in injury prevention and public health. Their comments and feedback have been included in the guidelines where practical. An external editor has reviewed the guidelines.

The guidelines are based on the latest research evidence of effective falls prevention approaches, risk awareness, screening, assessment and interventions for the community. A number of good practice points have been summarised from the evidence that provide guidance of what needs to occur within the community in order to effectively reduce the number of falls and the associated harm.

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## Abbreviations

ABS	Australian Bureau of Statistics
ADL	Activities of Daily Living
AIHW	Australian Institute of Health and Welfare
BBS	Berg Balance Scale
BMI	Body Mass Index
CALD	Culturally and Linguistically Diverse
COTA	Council on the Ageing
EFST	Elderly Fall Screening Test
EPC	Enhanced Primary Care
FROP-COM	Falls Risk for Older People- Community Setting
GPSS	Geriatric Postal Screening Survey
HA	Health Assessment
HACC	Home and Community Care
HRT	Hormone Replacement Therapy
MMSE	Mini Mental State Examination
NARI	National Ageing Research Institute
NICE	National Institute for Clinical Excellence
NPHP	National Public Health Partnership
PHC	Primary Health Care
PMSEIC	Prime Minister's Science Engineering and Innovation Council
POMA	Performance Oriented Mobility Assessment
PPA	Physiological Profile Assessment
QIEP	Quality Improvement and Enhancement Program
QTR	Queensland Trauma Registry
RACGP	Royal Australian College of General Practitioners
RCT	Randomised Controlled Trial
TUG	Timed Up and Go
U3A	University of the Third Age
WHO	World Health Organisation



## Executive Summary

The purpose of these *Queensland Stay On Your Feet® Community Good Practice Guidelines*, as outlined in Part 1, is to inform good practice in preventing falls and minimising harm from falls among community-dwelling people over 65 years of age and for Aboriginal and Torres Strait Islander people in Queensland over 50 years of age. It is expected that health care professionals will use their clinical knowledge and judgement to apply the general principles and specific recommendations contained in these guidelines, according to the organisational structure in which they work and the level of available resources.

Part 2 discusses the implications of population ageing. It is essential to understand the demographic profile, and appreciation of the diversity of the target group prior to undertaking activities to prevent falls. Part 3 outlines the incidence and consequences of falls in community-dwelling older people, particularly for older Queenslanders. Good practice recommendations from this section relate to the application of a consistent definition of ‘a fall’, for proper management of data collection and documentation, and the need for a core set of falls indicators to be measured.

Guiding principles for falls and injury prevention in community-dwelling older people are discussed in Part 4. Depending on the target population (well aged, early risk, high risk) across the health continuum, the prevention models that can be adopted for falls range from whole of community public health to individual health assessment and care plans. Corresponding programs will include multi-strategy, multifactorial interventions for promotion of healthy ageing to targeted single or multiple interventions for risk reduction following screening and assessment.

Part 5 examines risk factors for falls and fall-related injuries in older community-dwellers based on reviews of studies of falls predictors. These factors are classified as socio-demographic, psychological, functional, sensory and neuromuscular, medical, medicine-

## Queensland Stay On Your Feet® in the community

related, lifestyle and environmental risk factors. Good practice recommendations from this section include the need to address risk factors that can be modified and that have a strong evidence-based association with falls. Since falls are usually caused by complex interactions of a number of risk factors, it is recommended that risk reduction strategies should target multiple factors.

Measurement of falls risk for the purpose of awareness raising, screening or assessment is discussed in Part 6. Reviews of measurement tools and resources are outlined, together with recommended pathways for measuring falls risk. Prior to embarking on falls risk assessment and intervention it is important to understand the relevance and acceptability of interventions to the target group. Good practice recommendations for risk screening and assessment suggest that, where possible, tools used should have been validated in the target population. Adaptation or modification of these tools is not recommended except in a research context. Assessment of falls risk should be followed by action to develop a plan for preventing falls based on the identified risk factors.

Part 7 outlines the evidence of effective interventions in falls and falls injury prevention for the community-dwelling older population. It includes a summary of effective intervention strategies to address modifiable risk factors. Good practice recommendations in this section suggest that untargeted multi-strategy, multifactorial health promotion and preventive health care programs should target the general population of older community-dwellers, while targeted multi-strategy, multifactorial prevention of falls programs should target those assessed to be at risk. Interventions should make use of multidisciplinary personnel as well as existing resources and infrastructure. Where possible preventing falls interventions should be linked with, and integrated into, current health programs for the target group, looking broadly at promoting healthy ageing, preventing and managing chronic disease, and reducing avoidable admissions. There should also be an emphasis at all levels (state, Area Health Service, Health Service District and individual service providers) on

coordination of services and agencies that have complementary roles in preventing falls. This includes considering standardising assessment and referral procedures, streamlining individual access to the most appropriate service/s, and minimising duplication. This approach recognises the contribution of preventing falls to better outcomes for both physical and mental health and well-being.

Queensland Health has demonstrated a commitment to implementing initiatives to prevent falls. The *Queensland Stay On Your Feet® Community Good Practice Guidelines* will support addressing the unacceptably high rates of falls and fall-related injuries in Queensland.



