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

The Queensland Stay On Your Feet® model for falls prevention across the health continuum has been developed as a part of the ongoing work by the statewide Falls Injury Prevention Collaborative cross-continuum working group. The model is based on the:

- National Public Health Partnership's Chronic Disease Prevention Framework [1]
- Ottawa Charter for Health Promotion [2]
- Conceptualisations of Frailty [3]
- Stay On Your Feet WA® Prevention and Primary Health Care Framework Model for Falls in Older People [4]
- World Health Organisation falls prevention recommendations [5, 6]
- General Practice Advisory Council Continuity of Care Planning Framework [7]
- Queensland Chronic Disease Strategy 2005-2015 [8]
- Queensland Health Stay On Your Feet® Community Good Practice Guidelines [9]
- Queensland Health's framework for addressing the social determinants of health and wellbeing [10]
- Queensland Statewide Health Services Plan 2007-2012 [12]
- The National Falls Prevention for Older People Plan: 2004 Onwards [14]

The aim of the model is to highlight:

- who is responsible for falls prevention, care and management
- the evidence-based interventions that can be undertaken in relation to the population's health and wellbeing in their current setting
- the evidence-based interventions that can be undertaken in relation to an individual's level of health and wellbeing in their current setting
- recommended and available professional resources.

Older people can be at less risk of falls if they are supported as a whole person. The interplay of physical, social, psychological and environmental risk factors that impact on their health and wellbeing, need to be considered and communicated with all who care for the person.

Settings

The model reflects the movement of a person through the health continuum across the three different settings of community, hospital and residential aged care. A person may move in and out of these settings and need periods of care at any time, depending on the interplay of their individual physical, social, psychological and environmental determinants (or risk and protective factors).

Continuum of health and wellbeing

The continuum of health and wellbeing is derived from conceptualisations of frailty [3] and it acknowledges that the experience of ageing is not uniform or a homogenous process but a unique and dynamic individual experience and that the process of health and wellbeing is modifiable [3]. The continuum is multi-dimensional and depends on the interplay of a range of risk and protective factors or determinants [3] that affect the whole person.

Chronic disease and falls prevention

In line with the Queensland Chronic Disease Strategy 2005-2015, the focus is on primary prevention through preventing and reducing risk factors and promoting protective factors for falls with a population focus.

As with chronic diseases, most falls are preventable. Physical inactivity and poor nutrition are two common modifiable risk factors for both chronic disease and falls. “Addressing these lifestyle related risk factors can greatly reduce the incidence, prevalence and impact of chronic disease”...and falls... “and lead to other substantial health benefits including increased resistance to infection and improved mental health [8]”.

Continuity of Care Planning Framework for Queensland

The acute care section of the model refers to the processes of managing patient care based on the Continuity of Care Planning Framework for Queensland by the General Practice Advisory Council [7]. Falls prevention is a component of the process of care by a multidisciplinary team. Planning for discharge commences at admission and involves the patient and carer. The process involves efficient information transfer and coordination of care through pre-admission, admission, in-patient care, discharge and follow-up between community based and hospital health care services [7]. It is critical that this process is implemented effectively to improve safety and quality of care and prevent readmission [7].

Interventions

The model implies a life course approach to falls prevention as an individual’s functional capacity can change and is affected by lifestyle and external risk factors. For most of an adult’s life, a person is at risk of developing factors that can negatively impact on their health and wellbeing. Without the involvement of health care providers [8], some of these risk factors can increase the risk of falls. To manage their own health, individuals and their family, friends and carers require the knowledge, skills, ability and tools to support healthy active ageing [8]. However, this needs to be supported with measures to implement change [6]. Health promotion is a critical element of falls prevention across the continuum.

Health promotion is defined as 'a combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through attitudinal, behavioural, social and environmental changes' [11].

In line with a population health approach, small improvements in all older people's health, including those at low risk of falling, can have greater overall gains than a very perceptible improvement in those at very high risk of falling. There is good justification to invest in falls prevention for well older people in the community, to prevent a shift of the population from 'well' to 'at risk'. Similarly, investing in health promotion across each setting can reduce the shift of individuals from one setting along the continuum to the next.

The model recommends evidence-based falls prevention strategies that relate to the population, each setting and an individual's level of functioning. Prevention work is undertaken at three levels:

1. **Primary prevention** is about preventing a fall from occurring by acting on its causes (i.e. the determinants of health and risk factors). This is achieved through building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorientating health services to include a prevention focus. This is best achieved by working in partnership.
2. **Secondary prevention** is working to prevent an injury or reduce the seriousness of an injury when a fall actually occurs by designing and implementing protective mechanisms eg. hip protectors.
3. **Tertiary prevention** is where there is an attempt to reduce the seriousness of an injury or disability immediately after a fall has occurred. This is achieved by providing immediate medical treatment and a rehabilitation process to stabilise, repair and restore the highest level of physical and mental function possible for the injured person.

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Along the health and wellbeing continuum, there are certain points that provide opportunities to conduct preventive falls risk awareness raising, screening and assessment. For any screening or assessment process to be effective, it needs to be followed through from assessment into action and then be monitored and reviewed [9].

The recommended interventions for each setting are based on the available research evidence at the time. The research suggests a multifactorial and multi-strategic approach to falls prevention [6], focusing on the most modifiable factors as a priority.

Falls prevention professional responsibilities

A safe and sustainable approach to falls prevention can be achieved by sharing responsibility among all health and social care professionals, government, private providers, non-government agencies and consumers [5, 8]. The model identifies health and social care professionals who can be or are involved in a person's care. However, everyone has a responsibility and a role to play in falls prevention across the health continuum.

The integration of falls prevention into generic health promotion programs aimed at older people, such as cardiac programs and healthy active ageing programs such as '60 and Better', will ensure that the messages have the greatest reach and uptake [5].

An integral component of the model is the ongoing need for consistent systems and processes of communication about the care of the individual between professionals, family and carers and across the settings.

The safe and sustainable delivery of falls prevention programs requires the strengthening of workforce capacity and skills and improved communication, coordination and partnerships between all sectors from the community and health promotion, across primary health care sectors and the acute and residential aged care facilities [6, 8]. Strengthening working relationships with other service providers supports actions in the *Queensland Statewide Health Services Plan* [12].

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Professional resources

To support professionals in their practice, the model identifies the current recommended evidence-based falls prevention resources that relate to each setting. The resources are:

- Queensland Stay On Your Feet® Community Good Practice Guidelines (2007), which provide the research evidence to support community based falls prevention practice
- Queensland Stay On Your Feet® Community Good Practice Toolkit (2007), which provides information on how to conduct falls prevention activities in a community setting
- HACC – Home and Community Care. Falls prevention in older people: Best Practice Resource Kit (2004)
- Australian Council for Safety and Quality in Health Care, Preventing falls and harm from falls in older people: Best practice guidelines for Australian hospitals and residential aged care facilities (2005).

Strategic directions

This model is in line with the strategic directions for health in Queensland [12, 13] and national plans for injury prevention and falls prevention in older people. The specific alignment with each of the plans is detailed below:

- *Queensland Statewide Health Services Plan 2007-2012*.
  This model specifically supports the goal of improving access to safe and sustainable health services by working in partnerships with other service providers and increasing capacity in the health sector to promote and protect the health of Queenslanders by systematically addressing falls in older people [12].
- *Queensland Population Health Plan 2007-2012*.
  This model supports this plan's vision to prevent injury, promote health and wellbeing, create safe and healthy environments and work in partnership. Overall, this model directly contributes to the action of addressing the priority population of older people and working toward reducing the proportion of older people who experience a fall [13].

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- *National Falls Prevention for Older People Plan: 2004 Onwards*
  This model supports the guiding principles and works in a coordinated approach across all settings through partnerships. This model advocates for falls related injury prevention as a role and responsibility of all those who work with older people [14].
- *National Injury Prevention and Safety Promotion Plan 2004-2014*
  This model supports the focus on the priority action area of falls in older people using a life course approach. In addition, the model aims to work collaboratively, develop and disseminate information to build the capacity of health professionals and other service providers to prevent falls among older people [15].
- *National Aboriginal and Torres Strait Islander Safety Promotion Strategy*
  This model supports addressing falls prevention in a holistic way that is relevant and sensitive to the social and cultural needs of Aboriginal and Torres Strait Islander peoples. This is best achieved by working collaboratively to develop community driven strategies that reduce risk environments and behaviours and increase community capacity to promote wellbeing in Aboriginal communities [16].

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References

1. National Public Health Partnership. October 2001. Prevention Chronic disease: A Strategic Framework, Background Paper. National Public Health Partnership: Melbourne.
2. World Health Organisation (WHO). 1986. Ottawa Charter for Health Promotion. Health and Welfare Canada and Canadian Public Health Association.
3. Markle-Reid, M and Browne, G. 2003. Conceptualisations of frailty in relation to older adults. Integrative Literature reviews and Analysis. Journal of Advanced Nursing, 44(1), 58-68.
4. Department of Health. 2004. Prevention and Primary Health Care Framework for Falls in Older People 2004-2007: Stay On Your Feet WA®, Perth Western Australia: Western Australian Government.
5. Todd, C and Skelton, D. 2004. What are the main risk factors for falls among older people and what are the most effective interventions to prevent these falls? Copenhagen. World Health Organisation, Regional Office for Europe. Health Evidenced Based Report; accessed April 2007.
6. Scott, V. 2007. World Health Organisation Report: Prevention of Falls in Older Age. Background Paper: Falls Prevention: Policy, Research and Practice. World Health Organisation.
7. General Practice Advisory Council. 2003. Continuity of Care Planning Framework for Queensland. Queensland.
8. The State of Queensland, Queensland Health. 2005. Queensland Chronic Disease Strategy 2005-2015. Queensland Government, Brisbane.
9. Peel, N. 2007. Unpublished Queensland Stay On Your Feet® Community Good Practice Guidelines. Queensland Health, Brisbane.
10. Queensland Health. Social Determinants of Health. The Role of Public Health Services Summary Document. A framework for addressing the social determinants of health and wellbeing. Queensland Government.

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11. Montgomery, M. 2004. Health Promotion Definitions. Department of Health: Perth.

12. Queensland Government. 2007. Queensland Statewide Health Services Plan 2007-2012. Queensland Government, Brisbane.

13. Queensland Health. 2007. Queensland Health Population Health Plan 2007-2012. Queensland Government, Brisbane.

14. National Public Health Partnership. 2005. National Falls Prevention for Older People Plan: 2004 Onwards. Department of Health and Ageing, Canberra.

15. National Public Health Partnership. 2004. The National Injury Prevention and Safety Promotion Plan: 2004-2014. Canberra: NPHP.

16. National Public Health Partnership. 2004. National Aboriginal and Torres Strait Islander Safety Promotion Strategy. Canberra: NPHP.

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