



# FALLS LINKS

Volume 6 Issue 6  
2011



## Welcome

This is our final issue for 2011 and includes:

- A report on the Rural Falls Prevention Videoconference sessions held on 14th and 30th November.
- April Falls Day 2012
- ANZFP Falls Prevention Conference Announcement
- Abstracts on falls prevention from the recent research literature on pages 5-10.

We would like to take this opportunity to wish you all a peaceful, restful, and safe Christmas and holiday break.

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<http://fallsnetwork.neura.edu.au/>



NSW Falls prevention Network  
Wishing you a Merry Christmas and a Safe and Happy Festive Season

## Falls Prevention Videoconference Sessions for Rural Local Health Districts

The NSW Falls Prevention Network, Clinical Excellence Commission (CEC) and the Rural Falls Prevention Coordinators organised and conducted a Falls Prevention Videoconference Forum. Sessions were held on the 14<sup>th</sup> and 30<sup>th</sup> November 2011.

These were conducted for staff of the 7 Rural Local Health Districts in NSW:

- Northern NSW
- Mid North Coast
- Hunter New England
- Western NSW
- Far West
- Southern NSW
- Murrumbidgee

The sessions ran for 90 minutes and was conducted from the CEC across 23 sites on 14<sup>th</sup> November and 20 sites on the 30<sup>th</sup> November. This year the focus was to identify more remote sites in each Local Health District. This was to support those staff that have limited opportunity to attend these education sessions.

WebEx was also made available for both sessions as an option, this uses computer and phone technology to connect into the videoconference session.

Local Health District	Videoconference Sites
Northern NSW	Murwillumbah, Bonalbo, Byron Bay
Mid North Coast	Bellingen, Kempsey, Dorrigo
Hunter New England	Moree, Inverell, Gloucester, Scone, Tamworth (14 <sup>th</sup> only)
Far West	Broken Hill, Balranald
Western NSW	Condobolin, Coonamble, Mudgee
Southern NSW	Batemans Bay, Bega
Murrumbidgee	Deniliquin, Griffith, Goulburn, Queanbeyan, Young

The CEC was the hub for the transmission of videoconferencing and Electroboard was used to provide bridging to the sites and to record the sessions. Dr Peter Kennedy Deputy Chief Executive Officer, CEC welcomed the participants to the first Session on November 14<sup>th</sup>.

Each session centred on an actual case study, the first session was oriented towards community staff and the second session had a hospital focus. Presenters included key recognised falls prevention champions and local clinicians.

The overall attendance at these sessions was 214 participants (123 at Session 1 and 91 at Session 2 this included 9 attending through WebEx. Evaluations were returned by 128 participants which is a return rate of 59.8%.

The overall rating for both sessions was very good to excellent from over 70% of respondents. The presenters at both sessions were rated as very good to excellent by over 80% of respondents. Participants found the use of case studies in the sessions was very useful and especially in the second session where it was possible to have more interactions with the sites throughout the presentations.

**Session 1 Monday 14th November - Community Session**

Presenter	Topic
Dr Peter Kennedy, Deputy Chief Executive Officer, Clinical Excellence Commission (CEC)	Welcome & Opening
Lorraine Lovitt, Leader, NSW Falls Prevention Program, CEC	Falls prevention best-practice guidelines overview and case scenario introduction
Patsy Bourke, HNE Health Falls Injury Prevention Coordinator	Integrating community falls risk screening and assessment into routine practice in HNE LHD
Amanda Bates, Health Promotion Service, South Eastern Sydney and Illawarra Shoalhaven Local Health Districts	BEST at home exercise program
Margaret Armstrong, Falls Coordinator, Northern Sydney and Central Coast Local Health Districts	Stepping On
Nicola Follett, Falls Coordinator, Murrumbidgee and Southern NSW Local Health Districts	Building exercise options in rural areas

**Session 2 Wednesday 30th November - Hospital Session**

Presenter	Topic
Denise Tomassini, Network Clinical Quality Manager, Illawarra Shoalhaven Local Health District	Falls prevention best-practice for hospital care
Lorraine Lovitt, Leader, NSW Falls Prevention Program, CEC	CEC draft Post Fall Assessment and Management Guide
Esther Vance, Project Officer, NSW Falls Prevention Network, Neuroscience Research Australia	Active and Healthy website and other resources

Participants wanted more practical information on specific program content and strategies and regular updates on falls initiatives across the state as well as meetings/teleconferences or educational sessions within each LHD to discuss local programs and strategies and more sessions to enable more staff to attend.

The videoconference sessions cost per participant was about \$27 (excluding recording, editing reproducing and distribution of forum CD). Recordings from the session will be available in the new year.

This videoconference has highlighted the importance of providing falls prevention education to rural and remote health professionals who have limited opportunities to attend forums and conferences which are usually held in major cities. It is intended to explore other options such as the use of WebEx or webinars and online education packages. This will be dependent on staff having access to technology that currently is not available to all of them.

The power point presentations from these videoconference sessions as well as the case scenarios and summaries of resources produced for each session can be accessed on the NSW Falls Prevention Network website at <http://fallsnetwork.neura.edu.au/events/index.php>

# 2nd April 2012 APRIL FALLS DAY

A day for your Health Service to promote Falls Prevention messages to:

Staff and Patients,  
Families and Carers,  
Community Services and  
General Community

Start planning your activities for *April Falls Day*® Month 2012. The 1st April is on a Sunday in 2012 so April Falls Day will be held on Monday 2nd April.

*April Falls Day*® was initiated in Northern Sydney Central Coast Area Health Service (NSCCAHS) to promote falls prevention best practice with staff, community service providers and the general community.

The Clinical Excellence Commission (CEC) has supported *April Falls Day*® since 1st April 2008 and has arranged for it to be gazetted in the NSW Health Calendar.

If you would like to discuss any ideas please contact Maree Connolly, Project Officer, NSW Falls Prevention Program, Clinical Excellence Commission, email: [maree.connolly@cec.health.nsw.gov.au](mailto:maree.connolly@cec.health.nsw.gov.au) or ph: 9269 5516.



## CONFERENCE ANNOUNCEMENT

### 5th Australasian Falls Prevention Conference, 28th - 30th October 2012

Organised by the Australian and New Zealand Falls Prevention Society, this conference will be held at the Adelaide Convention Centre from 28-30th October 2012, please mark the date in your diaries.

Session themes include:

- Parkinson's disease
- Understanding Balance
- Falls risk assessment
- Exercise programs
- Compliance issues
- Fracture prevention
- Falls prevention initiatives
- Falls policy development
- Cognitive impairment
- Vision impairment



Go to <http://www.anzfallsprevention.org/conferences.html> for further information

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**RECENT ABSTRACTS FROM THE RESEARCH LITERATURE**
**REVIEWS****Cochrane Review: Exercise for improving balance in older people**

Tracey E Howe<sup>1</sup>, Lynn Rochester<sup>2</sup>, Fiona Neil<sup>3</sup>, Dawn A Skelton<sup>4</sup>, Claire Ballinger<sup>5</sup>

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*Cochrane Database of Systematic Reviews* 2011, Issue 11. Art. No.: CD004963. DOI: 10.1002/14651858.CD004963.pub3.

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**ABSTRACT**

**Background:** In older adults, diminished balance is associated with reduced physical functioning and an increased risk of falling. This is an update of a Cochrane review first published in 2007.

**Objectives:** To examine the effects of exercise interventions on balance in older people, aged 60 and over, living in the community or in institutional care.

**Search strategy:** We searched the Cochrane Bone, Joint and Muscle Trauma Group Specialised Register, CENTRAL (The Cochrane Library 2011, Issue 1), MEDLINE and EMBASE (to February 2011).

**Selection criteria:** Randomised controlled studies testing the effects of exercise interventions on balance in older people. The primary outcomes of the review were clinical measures of balance.

**Data collection and analysis:** Pairs of review authors independently assessed risk of bias and extracted data from studies. Data were pooled where appropriate.

**Main results:** This update included 94 studies (62 new) with 9,917 participants. Most participants were women living in their own home. Most trials were judged at unclear risk of selection bias, generally reflecting inadequate reporting of the randomisation methods, but at high risk of performance bias relating to lack of participant blinding, which is largely unavoidable for these trials. Most studies only reported outcome up to the end of the exercise programme. There were eight categories of exercise programmes. Some trials tested more than one type of exercise. Crucially, the evidence for each outcome was generally from only a few of the trials for each exercise category.

Few adverse events were reported but most studies did not monitor or report adverse events.

In general, the more effective programmes ran three times a week for three months and involved dynamic exercise in standing.

**Authors' conclusions:** There is weak evidence that some types of exercise (gait, balance, co-ordination and functional tasks; strengthening exercise; 3D exercise and multiple exercise types) are moderately effective, immediately post intervention, in improving clinical balance outcomes in older people. Such interventions are probably safe. There is either no or insufficient evidence to draw any conclusions for general physical activity (walking or cycling) and exercise involving computerised balance programmes or vibration plates. Further high methodological quality research using core outcome measures and adequate surveillance is required.

**Older people's perspectives on fall risk and fall prevention programs: A literature review.**

McMahon S, Talley KM, Wyman JF.

*Int. J. Older People Nurs.* 2011; 6(4): 289-298. Affiliation: John A. Hartford Foundation BAGNC Pre-Doctoral Scholar, PhD Student, Arizona State University, Phoenix, AZ, and Assistant Professor, The College of St. Scholastica, School of Nursing, Duluth, MN, USA Assistant Professor, University of Minnesota, School of Nursing, Minneapolis, MN, USA Professor and Cora Meidl Siehl Endowed Chair in Nursing Research Director,

Minnesota Hartford Center of Geriatric Nursing Excellence, University of Minnesota, School of Nursing, Minneapolis, MN, USA. DOI: 10.1111/j.1748-3743.2011.00299.x PMID: 22078019 (Copyright © 2011, John Wiley and Sons).

#### ABSTRACT

Despite evidence supporting fall prevention methods, fall-related injury and death rates continue to rise. Understanding older people's views on fall risk and prevention will help nurses and other health professionals in the design of fall prevention strategies that will broaden their scope, reach and adoption. This literature review synthesised 19 qualitative and quantitative studies examining older people's perspectives about fall risk and prevention using a social-ecological framework. Three themes emerged about fall risk; fearing vulnerability, maintaining autonomy and independence and interpreting risk. Four themes emerged about fall prevention programs: influence of participant and program characteristics, need for personal relevance and preference, maintaining autonomy and independence and increased support for and access to programs. Implications for practice include individual, interpersonal, organizational and community level considerations for improving fall prevention efforts.

### EPIDEMIOLOGY AND RISK FACTORS

#### **Developing a Self-Reported Tool on Fall Risk Based on Toileting Responses on In-Hospital Falls.**

Ko A, Van Nguyen H, Chan L, Shen Q, Ding XM, Chan DL, Chan DK, Brock K, Clemson L.

*Geriatr. Nurs.* 2011; ePub(ePub): ePub. DOI: 10.1016/j.gerinurse.2011.07.012 PMID: 22055642 (Copyright © 2011, Elsevier Publishing).

#### ABSTRACT

The aim of this cohort study was to determine the predictive value of a 2-item self-reported questionnaire regarding in-hospital toileting behavior for predicting falls in older inpatients and to compare its performance with an existing state-based falls assessment scale. Between May 28, 2009 and January 30, 2010, we assessed aged care inpatients for risk of falls using the standard STRATIFY fall screening tool and the 2-item self-reported questionnaire developed for this study. The participants were then followed up, with the primary outcome being the occurrence of falls. Results indicated that participants who were unable to answer the 2-item questionnaire appropriately or sensibly were 14.1 times (confidence interval [CI]: 4.4-45,  $p < .001$ ) to 17.0 times (CI: 6.7-43,  $p < .001$ ) more likely to fall than those who gave an appropriate negative or positive answer. Participants who were assessed to be at high risk of falls on the STRATIFY scale were 9.5 times (odds ratio: 9.5, CI: 1.3-72,  $p = .03$ ) more likely to fall than those who were low risk. In conclusion, a simple bedside questionnaire regarding patients' toileting behavior with a careful appraisal of answers for appropriate and inappropriate answers may be used as a quick screening tool of fall risk.

#### **Executive function predicts risk of falls in older adults without balance impairment.**

Buracchio TJ, Mattek NC, Dodge HH, Hayes TL, Pavel M, Howieson DB, Kaye JA.

*BMC Geriatr.* 2011; 11(1): 74. DOI: 10.1186/1471-2318-11-74 PMID: 22070602 (Copyright © 2011, BioMed Central).

#### ABSTRACT

**BACKGROUND:** Executive dysfunction has previously been found to be a risk factor for falls. The aim of this study is to investigate the association between executive dysfunction and risk of falling and to determine if this association is independent of balance.

**METHODS:** Participants were 188 community-dwelling individuals aged 65 and older. All participants underwent baseline and annual evaluations with review of health history, standardized neurologic examination, neuropsychological testing, and qualitative and quantitative assessment of motor function. Falls were recorded prospectively using weekly online health forms.

**RESULTS:** During 13 months of follow-up, there were 65 of 188 participants (34.6%) who reported at least one fall. Univariate analysis showed that fallers were more likely to have lower baseline scores in executive function than non-fallers ( $p=0.03$ ). Among participants without balance impairment we found that higher executive function z-scores were associated with lower fall counts ( $p=0.03$ ) after adjustment for age, sex,

health status and prior history of falls using negative binomial regression models. This relationship was not present among participants with poor balance.

**CONCLUSIONS:** Lower scores on executive function tests are a risk factor for falls in participants with minimal balance impairment. However, this effect is attenuated in individuals with poor balance where physical or more direct motor systems factors may play a greater role in fall risk.

#### **The state of physical environments in Australian residential aged care facilities.**

Moore KJ, Hill KD, Robinson AL, Haines TP, Haralambous B, Nitz JC.

*Aust. Health Rev.* 2011; 35(4): 412-417. Affiliation: National Ageing Research Institute, 35-54 Poplar Road, Parkville, VIC 3052, Australia. Email: DOI: 10.1071/AH10932 PMID: 22126942 (Copyright © 2011, Australasian Medical Publishing).

#### **ABSTRACT**

**Objective:** This paper examines the quality and safety of the physical environment in Australian residential aged care facilities (RACFs).

**Design:** Cross-sectional study. One assessor completed environmental audits to identify areas of the physical environment that needed to be addressed to improve the wellbeing and safety of residents. **Setting:** Nine RACFs participating in a broader falls prevention project were audited. RACFs were located in Queensland, Tasmania or Victoria and were chosen by convenience to represent high level, low level, dementia and psychogeriatric care, regional and metropolitan facilities, small and large facilities and a culturally specific facility.

**Main outcome measure:** An environmental audit tool was adapted from a tool designed to foster older person friendly hospital environments. The tool consisted of 147 items.

**Results:** Across all sites 450 items (34%) required action. This ranged from 21 to 44% across sites. The audit domains most commonly requiring action included signage, visual perception and lighting, and outdoor areas.

**Conclusions:** Although not representative of all residential facilities in Australia, this audit process has identified common environmental problems across a diverse mix of residential care facilities. Results highlight the need for further investigation into the quality of physical environments, and interventions to improve physical environments in Australian RACFs.

**What is known about the topic?** Despite the importance of the physical environment on the health, wellbeing and safety of older people in residential aged care facilities, few studies have comprehensively evaluated the physical environment in facilities in Australia.

**What does this paper add?** This paper provides findings from comprehensive audits of nine residential aged care facilities representing a broad range of facility settings in terms of location, level and type of care and target population. Findings indicate that each facility had at least 21% of items requiring action with an average of 34% of items requiring action across all facilities.

**What are the implications for practitioners?** There is a need to undertake intermittent, thorough assessments of the physical environments in which residents live and, if applicable, implement strategies or modifications to improve the environment. Areas requiring particular consideration may be lighting, colour contrasts, signage and outdoor areas.

#### **RISK ASSESSMENT**

##### **Sensitivity to Change and Responsiveness of Four Balance Measures for Community-Dwelling Older Adults.**

Pardasaney PK, Latham NK, Jette AM, Wagenaar RC, Ni P, Slavin MD, Bean JF.

*Phys. Ther.* 2011; ePub(ePub): ePub. Affiliation: Health and Disability Research Institute, Boston University School of Public Health, and College of Health and Rehabilitation Sciences: Sargent College, Boston University, Boston, Massachusetts. DOI: 10.2522/ptj.20100398 PMID: 22114200 (Copyright © 2011, American Physical Therapy Association).

#### **ABSTRACT**

**Background:** Impaired balance has a significant negative impact on mobility, functional independence, and fall risk in older adults. Although several, well-respected balance measures are currently in use, there is limited evidence regarding the most appropriate measure to assess change in community-dwelling older adults.

**Objective:** The aim of this study was to compare floor and ceiling effects, sensitivity to change, and responsiveness across the following balance measures in community-dwelling elderly people with functional limitations: Berg Balance Scale (BBS), Performance-Oriented Mobility Assessment total scale (POMA-T), POMA balance subscale (POMA-B), and Dynamic Gait Index (DGI).

**DESIGN:** Retrospective data from a 16-week exercise trial were used. Secondary analyses were conducted on the total sample and by subgroups of baseline functional limitation or baseline balance scores.

**METHODS:** Participants were 111 community-dwelling older adults 65 years of age or older, with functional limitations. Sensitivity to change was assessed using effect size, standardized response mean, and paired t tests. Responsiveness was assessed using minimally important difference (MID) estimates. **RESULTS:** No floor effects were noted. Ceiling effects were observed on all measures, including in people with moderate to severe functional limitations. The POMA-T, POMA-B, and DGI showed significantly larger ceiling effects compared with the BBS. All measures had low sensitivity to change in total sample analyses. Subgroup analyses revealed significantly better sensitivity to change in people with lower compared with higher baseline balance scores. Although both the total sample and lower baseline balance subgroups showed statistically significant improvement from baseline to 16 weeks on all measures, only the lower balance subgroup showed change scores that consistently exceeded corresponding MID estimates. **Limitations:** This study was limited to comparing 4 measures of balance, and anchor-based methods for assessing MID could not be reported.

**CONCLUSIONS:** Important limitations, including ceiling effects and relatively low sensitivity to change and responsiveness, were noted across all balance measures, highlighting their limited utility across the full spectrum of the community-dwelling elderly population. New, more challenging measures are needed for better discrimination of balance ability in community-dwelling elderly people at higher functional levels.

## INTERVENTION STUDIES

### **Best practice in fall prevention: Roles of informal caregivers, health care providers and the community.**

Lach HW, Krampe J, Phongphanngam S.

*Int. J. Older People Nurs.* 2011; 6(4): 299-306. Affiliation: Associate Professor, Saint Louis University, St. Louis, MO, USA Assistant Professor, Saint Louis University, St. Louis, MO, USA Doctoral Student, Saint Louis University, St. Louis, MO, USA. DOI: 10.1111/j.1748-3743.2011.00298.x PMID: 22078020 (Copyright © 2011, John Wiley and Sons).

#### **ABSTRACT**

Falls are an important public health problem for older adults, resulting in significant morbidity and mortality, as well as healthcare costs. Evidence supports the assessment of older adults' fall risks and implementation of interventions to reduce these risks. Older adults are the key stakeholder in preventing falls, but need the support of their informal caregivers, healthcare providers, and community groups.

This article addresses the roles of these additional stakeholders in providing and supporting best practices in fall prevention. Together these stakeholders can assist older adults in self-management of fall prevention, based on the preferences of the individual, local resources, and available programmes and healthcare services.

### **Falls prevention and support: Translating research, integrating services and promoting the contribution of service users for quality and innovative programmes of care.**

Gormley KJ.

*Int. J. Older People Nurs.* 2011; 6(4): 307-314. Affiliation: School of Nursing & Midwifery, Queen's University Belfast, Northern Ireland. DOI: 10.1111/j.1748-3743.2011.00303.x PMID: 22078021 (Copyright © 2011, John Wiley and Sons).

**ABSTRACT**

Falls are a significant threat to the safety, health and independence of older citizens. Despite the substantial evidence that is available around effective falls prevention programmes and interventions, their translation into falls reduction programmes and policies has yet to be fully realised. While hip fracture rates are decreasing, the number and incidence of fall-related hospital admissions among older people continue to rise. Given the demographic trends that highlight increasing numbers of older people in the UK, which is broadly reflected internationally, there is a financial and social imperative to minimise the rate of falls and associated injuries. Falling is closely aligned to growing older (Slips, Trips and Falls Update: From Acute and Community Hospitals and Mental Health Units in England and Wales, Department of Health, HMSO, London, 2010). According to the World Health Organization, around 30% of older people aged over 65 and 50% of those over 80 will fall each year (Falls Fact Sheet Number 344, WHO, Geneva, 2010). Falls happen as a result of many reasons and can have harmful consequences, including loss of mobility and independence, confidence and in many cases even death (Cochrane Database Syst Rev 15, 2009, 146; Slips, Trips and Falls Update: From Acute and Community Hospitals and Mental Health Units in England and Wales, Department of Health, HMSO, London, 2010; Falling Standards, Broken Promises: Report of the National Audit of Falls and Bone Health in Older People 2010, Health Care Quality Improvement Partnership, London, 2011). What is neither fair nor correct is the common belief by old and young alike that falls are just another inconvenience to put up with. The available evidence justifiably supports the view that well-organised services, based upon national standards and expert guidance, can prevent future falls among older people and reduce death and disability from fractures. This paper will draw from the UK, as an exemplar for policy and practice, to discuss the strategic direction of falls prevention programmes for older people and the partnerships that need to exist between researchers, service providers and users of services to translate evidence to the clinical setting. Second, it will propose some mechanisms for disseminating evidence to healthcare professionals and other stakeholders, to improve the quality and capacity of the clinical workforce.

**Belt restraint reduction in nursing homes: Effects of a multicomponent intervention program.**

Gulpers MJ, Bleijlevens MH, Ambergen T, Capezuti E, van Rossum E, Hamers JP.

*J. Am. Geriatr. Soc.* 2011; 59(11): 2029-2036. Affiliation: Departments of Health Services Research. DOI: 10.1111/j.1532-5415.2011.03662.x PMID: 22092189 (Copyright © 2011, John Wiley and Sons).

**ABSTRACT**

**OBJECTIVES:** To test the effects of a multicomponent intervention program to reduce the use of belt restraints in psychogeriatric nursing homes.

**DESIGN:** A quasi-experimental longitudinal design. Study duration was 8 months.

**SETTING:** Twenty-six psychogeriatric nursing home wards in 13 Dutch nursing homes were assigned to intervention or control groups.

**PARTICIPANTS:** Seven hundred fourteen residents were selected for participation. Legal representatives of 520 residents agreed on participation; complete data are available for 405 residents.

**INTERVENTION:** The intervention program included four major components: promotion of institutional policy change that discourages use of belt restraint, nursing home staff education, consultation by a nurse specialist aimed at nursing home staff, and availability of alternative interventions.

**MEASUREMENTS:** The primary outcome measure was the frequency of belt restraint use. Secondary outcomes included other types of physical restraints, psychoactive drug use, falls, and fall-related injuries. These data were collected at baseline and after 4 and 8 months. A trained, blinded observer measured the use of belts and other physical restraints types four times during a 24-hour period.

**RESULTS:** The intervention resulted in a 50% decrease in belt use (odds ratio = 0.48, 95% confidence interval = 0.28-0.81;  $P = .005$ ). No increase occurred in the use of other types of restraints. No marked differences between the groups were found regarding psychoactive drugs, falls, and fall-related injuries.

**CONCLUSION:** A multicomponent intervention program led to a substantial reduction in use of belts, full-enclosure bedrails, and sleep suits without increasing the use of other physical restraints, psychoactive drugs, or falls and fall-related injuries.

**Problems with a great idea: Referral by prehospital emergency services to a community-based falls-prevention service.**

Comans TA, Currin ML, Quinn J, Tippet V, Rogers A, Haines TP.

*Inj. Prev.* 2011; ePub(ePub): ePub. Affiliation: School of Medicine & Griffith Health Institute, Griffith University, Brisbane, Queensland, Australia. DOI: 10.1136/injuryprev-2011-040076 PMID: 22101100 (Copyright © 2011, BMJ Publishing Group).

**ABSTRACT**

**Background and aim:** Falls are the leading cause of injury in older adults. Identifying people at risk before they experience a serious fall requiring hospitalisation allows an opportunity to intervene earlier and potentially reduce further falls and subsequent healthcare costs. The purpose of this project was to develop a referral pathway to a community falls-prevention team for older people who had experienced a fall attended by a paramedic service and who were not transported to hospital. It was also hypothesised that providing intervention to this group of clients would reduce future falls-related ambulance call-outs, emergency department presentations and hospital admissions.

**Methods:** An education package, referral pathway and follow-up procedures were developed. Both services had regular meetings, and work shadowing with the paramedics was also trialled to encourage more referrals. A range of demographic and other outcome measures were collected to compare people referred through the paramedic pathway and through traditional pathways.

**Results:** Internal data from the Queensland Ambulance Service indicated that there were approximately six falls per week by community-dwelling older persons in the eligible service catchment area (south west Brisbane metropolitan area) who were attended to by Queensland Ambulance Service paramedics, but not transported to hospital during the 2-year study period (2008-2009). Of the potential 638 eligible patients, only 17 (2.6%) were referred for a falls assessment.

**Conclusion:** Although this pilot programme had support from all levels of management as well as from the service providers, it did not translate into actual referrals. Several explanations are provided for these preliminary findings.

**Effects of interactive physical-activity video-game training on physical and cognitive function in older adults.**

Maillot P, Perrot A, Hartley A.

*Psychol. Aging* 2011; ePub(ePub): ePub. DOI: 10.1037/a0026268 PMID: 22122605 (Copyright © 2011, American Psychological Association).

**ABSTRACT**

The purpose of the present study was to assess the potential of exergame training based on physically simulated sport play as a mode of physical activity that could have cognitive benefits for older adults. If exergame play has the cognitive benefits of conventional physical activity and also has the intrinsic attractiveness of video games, then it might be a very effective way to induce desirable lifestyle changes in older adults. To examine this issue, the authors developed an active video game training program using a pretest-training-posttest design comparing an experimental group (24 × 1 hr of training) with a control group without treatment. Participants completed a battery of neuropsychological tests, assessing executive control, visuospatial functions, and processing speed, to measure the cognitive impact of the program. They were also given a battery of functional fitness tests to measure the physical impact of the program. The trainees improved significantly in measures of game performance. They also improved significantly more than the control participants in measures of physical function and cognitive measures of executive control and processing speed, but not on visuospatial measures. It was encouraging to observe that, engagement in physically simulated sport games yielded benefits to cognitive and physical skills that are directly involved in functional abilities older adults need in everyday living (e.g., Hultsch, Hertzog, Small, & Dixon, 1999). (PsycINFO Database Record (c) 2011 APA, all rights reserved).

## WEBSITES

**NSW Ministry of Health Website** <http://www.health.nsw.gov.au/>

New on this website is **Health Statistics NSW** which will be accessible from 16th December through the NSW Ministry for Health Home page or through the URL: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au)

The latest release of **Health Statistics NSW** includes:

- Trend data on 61 indicators at the Local Health District level
- Trend data on 8 indicators and comparative data on 17 indicators at the Local Government Area level
- Around 200 separate indicator views and 540 sub-group views (or alternate views)
- More information supporting data interpretation including notes, sources, methods, codes and associated information
- Health Report cards on Adult Obesity, Childhood Obesity, Smoking, Falls in older people and Aboriginal Health available in PDF form from the Homepage at <http://www.healthstats.nsw.gov.au/ContentText/Display/ReportCards>
- Powerpoint presentations to help people use Health Statistics NSW available from the Home Page at <http://www.healthstats.nsw.gov.au/ContentText/Display/UsingThisReport>
- Information about the handling of small numbers and privacy issues in Health Statistics NSW available from the Home Page at <http://www.healthstats.nsw.gov.au/ContentText/Display/Privacy>

Questions and assistance to health system users: If you or any staff have any question, problems or issues with either the functioning of the application or any issues with the data, please do the following:

email Health Statistics NSW: [hsnsw@doh.health.nsw.gov.au](mailto:hsnsw@doh.health.nsw.gov.au)

## Active and Healthy website



**[www.activeandhealthy.nsw.gov.au](http://www.activeandhealthy.nsw.gov.au)**

This website helps people to find a falls prevention exercise program in their local community.

**Designed for:**

- General Practitioners
- Health & Community Services staff
- Community members (older people, family, friends and carers)



<http://fallsnetwork.neura.edu.au/>

## NSW FALLS PREVENTION NETWORK BACKGROUND

The NSW Falls Prevention Network has existed since 1993. The role of this network has grown since its inception and now includes:

- Meetings for discussion of falls related issues;
- Dissemination of research findings both local and international;
- Sharing resources developed and exploration of opportunities to combine resources in joint initiatives;
- Encouragement of collaborative projects and research;
- To act as a group to influence policy;
- To liaise with the NSW Ministry of Health to provide information on current State/Commonwealth issues in relation to falls and
- Maintenance of resources pertinent to the field.

The main purpose of the network is to share knowledge, expertise and resources on falls prevention for older people.

*The NSW Falls Prevention Network activities are part of the implementation of the NSW Falls Prevention Policy funded by the NSW Ministry of Health.*

## Network Information

### Joining the Network

To join the NSW Falls Prevention Network listserv, send an email to: [majordomo@lists.health.nsw.gov.au](mailto:majordomo@lists.health.nsw.gov.au)  
In the body of the message type **subscribe nsw-falls-network** on the next line type **end**

Do not put anything in the subject line. You will receive an e-mail to confirm you have been added to the listserv.

To unsubscribe send an e-mail to the above address and in the body of the message type

**unsubscribe nsw-falls-network** on the next line type **end**

If you have any problems, contact Esther at [e.vance@neura.edu.au](mailto:e.vance@neura.edu.au).

### Share your news and information/ideas

Do you have any news on Falls Prevention you want to share with others on the network, or do you want to report on a project that is happening in your area.

Please email Esther with your information. We also welcome suggestions for articles and information you would like to see in this newsletter.

Send your information to [e.vance@neura.edu.au](mailto:e.vance@neura.edu.au)

### The Network Listserv

It is great to see the increased activity on the listserv and we want to continue to promote this. To send an item to the listserv where all members of the network can see it, send an email to:

[nsw-falls-network@lists.health.nsw.gov.au](mailto:nsw-falls-network@lists.health.nsw.gov.au)

You need to be a subscriber to the listserv to send an email that will be distributed to all members of the on the listserv. Remember to put a short description in the subject line.

Recently some posts to the listserv have bounced due to email address changes in the area health services, you need to re-subscribe with your new e-mail address and unsubscribe from your old address following the Join the Network instructions as shown on this page.