

**NSW Falls Injury
Prevention
Network**

FALLS LINKS

Volume 1 Issue 3
May/June 2006

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WELCOME

Welcome to the third issue of Falls Links. This is a little late as we wanted to bring you the latest news from the Network meeting.

Thank you to all who attended the NSW Falls Injury Prevention Network Meeting on Thursday 25th May at Mary MacKillop Place in North Sydney especially those who traveled a distance to join us. It was a very inspiring day with interesting presentations, great posters and great networking opportunities. Over 100 people attended this meeting.

A special thank you to Jennie Yaxley who traveled from the ACT and shared about her wonderful work with the ACT Ambulance service. Thank you too to Mandy Harden and Nicole Nathan who traveled from the Hunter Area to present the projects they have been involved in.

Thanks to all on the organizing committee and of course Stephen Lord, Jacqui Close and Lorraine Lovitt. I would also like to thank my colleagues at Prince of Wales Medical Research Institute who helped out on the day.

The PowerPoint presentations given on the day have been converted to PDFs and are available on the website at

www.powmri.edu.au/falls_network.

Some photos and a short report of the meeting are on pages 2-3 of this newsletter. On page 4 is a report by Kim Delbaere from Belgium with her impression about the Falls Network Meeting.

Hope you enjoy this edition of the newsletter.

SPECIAL POINTS OF INTEREST:

WELCOME

NETWORK MEETING

MEETING IMPRESSION

ABSTRACTS

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JOIN THE NETWORK

Network Meeting a Success



Network Meeting May 25th 2006



The day started with welcome by Pam Albany from NSW Health who provided some background on the network.

The first presentation was by Stephen Lord on the 'Preventing falls and harms from falls in older people guidelines' for Australian

hospitals and residential aged care facilities developed by the Australian Council for Safety and Quality in Health Care.



This presentation included how the guidelines were put together by a process of consultation with experts and other stakeholders involved in the area. The expert panel also liaised with the relevant peak professional bodies, and external qualified reviewers. This resulted in nationally endorsed falls prevention guidelines with materials to support the implementation, recommendations for national accreditation, standards for falls prevention activities and recommendations for a standardization for reporting and recording of falls related incidents.

Next Jacqui Close presented a talk on the application of research to practice. Research is the first step in a process that includes a number of steps involving policy and guidelines, patient choice, workforce, education, resources and the human dimension of change. Guidelines are independently collaborated synthesized forms of research evidence designed to inform practice. The use of validated tools for both screening and assessment was important. Jacqui emphasized sharing good practice, need to use what already works elsewhere. It was also important to provide choice to patients as this maximizes the uptake of interventions.



After morning tea there was a presentation by Lorraine Lovitt on the NSW management policy to reduce fall injury among older people. Lorraine reminded us that the projected cost of falls to NSW Health would at least double by 2050. She then spoke on a number of goals to reduce this, firstly by generating a low risk population and increasing resistance across all ages.

Secondly by reducing falls in older people in community, residential and acute care. Thirdly by improving outcomes through local needs and delivery systems and fourthly by developing and



managing knowledge such as research, evaluation, training and work place safety.

Lorraine also talked about the need to optimize the mix of preventative and treatment responses, being pro-active in approaches to falls injury and to address the environments where people live.

The state wide implementation includes the appointment of falls co-coordinators in the area health services who will work with an area Falls Management Committee with sub working groups in acute residential and community care. The NSW Injury & Management Research Centre (IRMRC) will monitor and evaluate the implementation of the NSW Falls Policy.

Network Meeting



Jennie Yaxley from ACT Health spoke about the Community outreach and Assessment Program (COAP) a 3 tier program consisting of the Ambulance referral service, a community outreach service and Health promotion and Education.

The Ambulance service paramedics were educated to refer those patients who had needed their service due to a fall and who were high risk fallers. This led to the provision of multifactorial assessment and intervention. This program also provided links between paramedics and community services.

The COAP Assessment clinics and intervention services use a telephone screen and perform a risk modification review. These clinics are mobile and there is home follow up for many of the clients. The feedback from clients that have used this service has been excellent.

The Health promotion and education service facilitates local primary health care and health promotion projects in prevention and early intervention, there has also been some mass screening in shopping centres and work has been done with the fitness industry, evaluating exercise programs and training fitness leaders.

Local community education materials have also been developed .

Jennie shared some preliminary results from these 3 programs and the results so far are encouraging with respect to falls incidence reduction.



In the afternoon there were two presentations. Nicole Nathan spoke about the Rural Falls Injury prevention Program whose aim is to increase access for older people living in rural and regional areas to appropriate fall-safe activities. Area Health services

have developed and implemented appropriate and effective local projects, many of these involved exercise programs.

Leaders were trained for exercise programs and then established these in their local areas. A number of exercise programs have been established and continue to run in a number of rural areas.

Mandy Harden gave a presentation on the Residential Aged Care Facilities (RACF) project which is a multifaceted intervention project , collecting data from RACF and recommending fall prevention strategies , assessment tools, exercise, footwear, nutrition, hip protectors and environmental audits and medication reviews. Mandy shared on the issues and challenges of collecting data from RACF. The project was collaborating a residential medication review and local pharmacists have been involved n this.

The meeting ended with a panel discussion session that answered a number of questions that had been posted to them during the meeting. The discussion considered how the falls policy was being implemented and what were the major issues.



Most evaluations of the meeting ranked the presentations as excellent or very good and found most of the sessions useful and relevant to their work. The venue and catering were also mostly rated as excellent. Thank you again to everyone involved in making this meeting a success.

The PDFs of all the presentations are available on the website at http://www.powmri.edu.au/falls_network.

Impressions of the Falls Injury Prevention Network Meeting from a foreigner's perspective

My name is Kim Delbaere, and last year I finished my PhD at the Ghent University in Belgium in the domain of falls in older people. Based on this acquired experience in falls research, I have been invited to act as a scientific advisor in several falls prevention trials and projects in Belgium. Recently, I attended the Falls Injury Prevention Network Meeting with major interest and was literally 'stunned' by the many successful initiatives that have already been achieved with regard to falls prevention in the Australian health care system. All the crucial steps towards implementation have been taken and my general impression of the meeting was that the most important remaining objective is *improving* and *optimising* the current policy and strategies towards falls prevention for older people. I can only speak from a Belgian perspective, but the falls prevention policy in my country is still at the embryological stage of development.

As stated by Dr. Jacqui Close, research is only the first step. After generating research evidence, it is crucial that the findings are implemented into existing health care structures in order to actually benefit from research outcomes. As far as I have experienced, the research is perhaps the easy part. Currently, in Belgium, we are working very hard on the development of a uniform policy in an attempt to control the prominent health issue of falls in older people. In the last couple of years a growing attention on falls in older people has caused a chain reaction producing many uncontrolled fall prevention initiatives and projects both in community dwellers and hospital settings.



Kim Delbaere

Several different protocols, screening tools and education strategies have been developed and implemented by different organisations. Only a minority of these initiatives is evidence-based, and most of them rely on the enthusiasm of only a couple of health care workers.

In March 2006, we finalised the development of a uniform approach for the Flemish part of Belgium towards falls prevention. We are hoping to get results of a first implementation pilot by the end of August this year. In other words, we have only just started the long road towards implementation. The struggle of convincing the government, and of finding a way through the complex structure of our health care system is ahead of us. This means that we are running many years behind Australia, but more importantly, that we might not be ready in time for the ageing baby-boomer population.

The danger of losing time, money and energy by reinventing the wheel is equally important between countries as within countries.

Continued on page 5

Each country can learn from the experience and mistakes of others.

Australia has a lot to offer towards falls prevention policies in other countries and health care systems. First of all, there is the practical and comprehensive evidence-based guideline (i.e. 'Green Box'), which is meant to translate research findings into clinical practice. A clear guideline is a crucial base for the implementation of prevention strategies on a larger scale; with little effort this guideline can be extrapolated to other countries. Secondly, the invaluable experiences during several falls prevention trials in the field have lead to crucial findings towards possible implementation obstacles and problem-solving strategies. For example, (1) the necessity of identical administrative guidelines (e.g. colours of admission forms) in hospitals, communities, or other type of settings; (2) ways to ease the extra workload that is often experienced by health care workers when a new policy is introduced; (3) ways to support, both financially and intellectually, innovative ideas such as the Rural Falls Injury Prevention Program and the Ambulance Referral Service. Thirdly, it is common knowledge that falls prevention for older people is an extremely difficult and challenging topic, considering its multifactorial nature.

A good policy, therefore, involves smooth cooperation between a variety of health disciplines, community services, governmental departments, etc.

One of the major challenges is finding an efficient way to communicate concerns of each involved branch and sub-branches, and working together towards a solution that works for everybody. The Falls Injury Prevention Network is an excellent way to achieve this and may provide a good model for other countries towards achieving similar goals. By this means this network does not only render Evidence Based Practice nationwide, but can - by its remarkable progress - also elaborate an international

example of Practice Based Evidence, the essential and crucial final step in embedding all the research knowledge in real life.

Kim Delbaere is currently a Postdoctoral Researcher supported by a grant from Ghent University, Belgium and is with the Falls and Balance Research Group at the Prince of Wales Medical Research Institute (POWMRI), Randwick NSW.

Newton et al Abstract Continued from page 6

The 2001 census data for the total population served by NEAS in Newcastle were obtained.

Results: The total population of Newcastle over the age of 65 was 41 338. Over 7 months NEAS attended to 1504 falls in Newcastle (at £115 per call out, this equates to £172 960). The faller was transported to A&E on 1339 occasions, while 165 falls required assistance only (11% of total) (36 falls requiring NEAS assistance per 1000 Newcastle population aged over 65 in 7 months). The total time on site for ambulance crews attending to fallers was 377.1 h (15.7 days in 7 months or 2.25 days per month). As the cost of emergency ambulance time is £123/h, the total cost was £46 383.30. Therefore, in Newcastle, attending to fallers in the community costs NEAS £376 018 per year (£145.83 per fall or £9.10 per person over the age of 65 per year).

Conclusion: NEAS attend to a significant number of older people who fall in the community. In Newcastle alone the cost of this service equates to over 2 days of emergency ambulance crew time per month. Studies are needed to determine whether responding to falls in the community differently would be cost effective.

Recent interesting abstracts from the literature on falls prevention

Effect of impact exercise on bone mineral density in elderly women with low BMD: a population-based randomized controlled 30-month intervention

Raija Korpelainen^{1, 2, 5}, Sirkka Keinänen-Kiukaanniemi^{5, 6}, Jorma Heikkinen³, Kalervo Väänänen⁴ and Juha Korpelainen²

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Published in *Osteoporosis Int.* 2006; 17: 109-118

Abstract Evidence of the effect of exercise on bone loss comes mainly from studies in voluntary postmenopausal women, and no population-based, long-term interventions have been performed. The purpose of this population-based, randomized, controlled trial was to determine the effect of long-term impact exercise on bone mass at various skeletal sites in elderly women with low bone mineral density (BMD) at the radius and hip. Participants (n=160) were randomly assigned to 30 months either of supervised and home-based impact exercise training or of no intervention. The primary outcome measures were femoral neck, trochanter and total hip BMD, and the secondary outcomes were bone density measures at the radius and calcaneum. Outcomes were assessed at baseline, 12 months and 30 months using blinded operators. The analyses were performed on an intention-to-treat analysis. Mean femoral neck and trochanter BMD decreased in the control group [-1.1%, 95% confidence interval (CI) -0.1% to -2.1% and -1.6%, 95% CI -0.4% to -2.7%], while no change occurred in the exercise group. Mean tro-

chanter BMC decreased more in the control group (-7.7%, 95% CI -9.7% to -5.6% vs. -2.9%, 95% CI -5.3 to -0.9). There were six falls that resulted in fractures in the exercise group and 16 in the control group during the 30-month intervention (P=0.019). A significant bone loss occurred in both groups at the radius and calcaneum.

In multivariate analysis, weight gain was associated with increased BMD and BMC at all femur sites both in the exercise group and in the pooled groups. In conclusion, impact exercise had no effect on BMD, while there was a positive effect on BMC at the trochanter. Exercise may prevent fall-related fractures in elderly women with low bone mass.

Comment: Though this is a preliminary study with small numbers it is encouraging as it shows that exercise can prevent fractures.

The costs of falls in the community to the North East Ambulance Service J L Newton¹, P Kyle², P Liversidge², G Robinson², K Wilton¹ and P Reeve¹

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Published in *Emerg. Med. J* 2006; 23 (6):479-481

ABSTRACT

Background: This study set out to quantify the immediate costs to the North East Ambulance Service (NEAS) of attending to fallers.

Methods: Data from the Newcastle, UK area were collated by NEAS to identify those aged over 65 who had fallen and required an assistance only call or were subsequently transported to an Accident and Emergency (A&E) department.

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CONFERENCES



It is my pleasure to invite you to attend the second Australian Falls Prevention Conference, to be held at the Sofitel Hotel, Brisbane, Queensland. The conference will address the important issue of falls in older people with a major emphasis on...

"Preventing falls in at-risk groups"

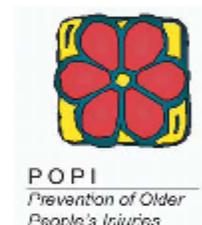
The conference includes 7 keynote speakers from Australia and abroad, free papers, poster sessions, workshops, roundtable discussions and trade exhibitions.

The Organising Committee looks forward to welcoming you to Brisbane.

Graham Kerr,
Conference Host.

session themes

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



important dates

- Abstracts open.....10th February 2006
- Registrations open.....27th February 2006
- Abstracts close.....30th June 2006
- Notification of abstract acceptance... 1st September 2006
- Early registrations close.....15th September 2006

invited speakers

- Lindy Clemson (Sydney, Australia) 'Occupational interventions for the prevention of falls'.
- Bob Cumming (Sydney, Australia) 'Interventions for preventing falls in hospitals'.
- Stephen Lord (Sydney, Australia) 'Overview of 50 RCTs on exercise for falls prevention'.
- John Wark (Melbourne, Australia) 'An update of fracture prevention strategies'.
- Graham Kerr (Brisbane, Australia) 'Falls prevention strategies for people with Parkinson's disease'.
- Clare Robertson (Dunedin, NZ) 'Falls prevention strategies for people with visual impairment'.
- Jacqui Close (Sydney, Australia) 'Falls prevention strategies for people with cognitive impairments'.
- Chris Todd (Manchester, UK) 'Psychological factors related to falls'.
- Keith Hill (Melbourne, Australia) *Panel of experts* 'Preventing falls in at risk groups'.

Organising Committee

G Kerr, J Wood, S Morrison, S Brauer, J Nitz
N Peel, M Bourke, P Vardon, R O'Keefe

Scientific Committee

G Kerr, J Wood, S Morrison, S Lord, J Close, R Fitzpatrick, C Sherrington, L Day
J Steele, B Cumming, I Cameron, H Menz, K Hill, L Clemson, C Vogler, D Sturnieks

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NSW FALLS INJURY PREVENTION NETWORK

For information, suggestions and ideas regarding the network or this newsletter, contact Esther Vance at e.vance@unsw.edu.au

www.powmri.edu.au/fallsnetwork

NSW FALLS INJURY PREVENTION NETWORK BACK-GROUND

The NSW Falls Injury 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 lobby group to influence policy;
- To liaise with NSW 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 injury prevention for older people.

'The NSW Falls Injury Prevention Network activities are part of the implementation of the NSW Falls Policy funded by NSW Health

NETWORK

INFORMATION

SHARE YOUR NEWS AND INFORMATION/IDEAS ON FALLS PREVENTION

Do you have any news on Falls Prevention you want to share with other 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@unsw.edu.au

THE NETWORK LISTSERV

It is great to see the increased activity on the listserv and 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

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.

AUSTRALIAN FALLS PREVENTION CONFERENCE

Abstracts due June 30th

See page 7 for further details

JOINING THE NETWORK

To join the NSW Falls Injury Prevention Network listserv :

- Send an email to : majordomo@lists.health.nsw.gov.au
- In the body of the message type **subscribe nsw-falls-network**
- Do not put anything in the subject line
- Do not put anything else in the body of the message including your signature. If your signature is automatically added every time you send an email you will need to turn this off.
- To unsubscribe send an e-mail to the above address and in the body of the message write **unsubscribe nsw-falls-network**

If you have any problems contact Esther at e.vance@unsw.edu.au.