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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

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Purpose of the community guidelines

- To provide current evidence of good practice in falls prevention for those who work with older people in the community
- To address a gap that existed for falls prevention guidelines in the community setting
- To provide a resource for health care professionals to guide practice

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Queensland Stay On Your Feet® Community Good Practice Guidelines

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Section 3: Incidence and consequences of falls in the community

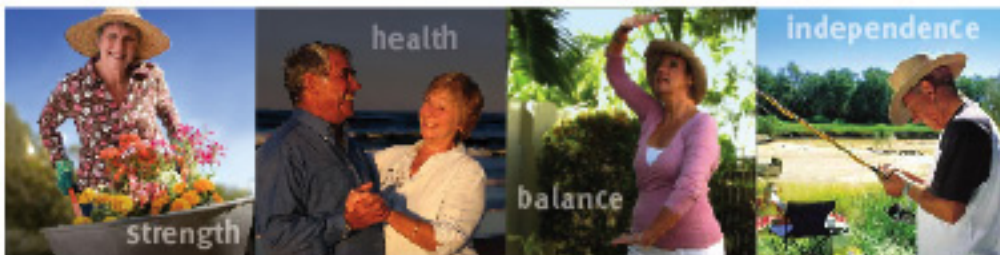
Section 4: Guiding principles for preventing falls in the community

Section 5: Falls risk factors

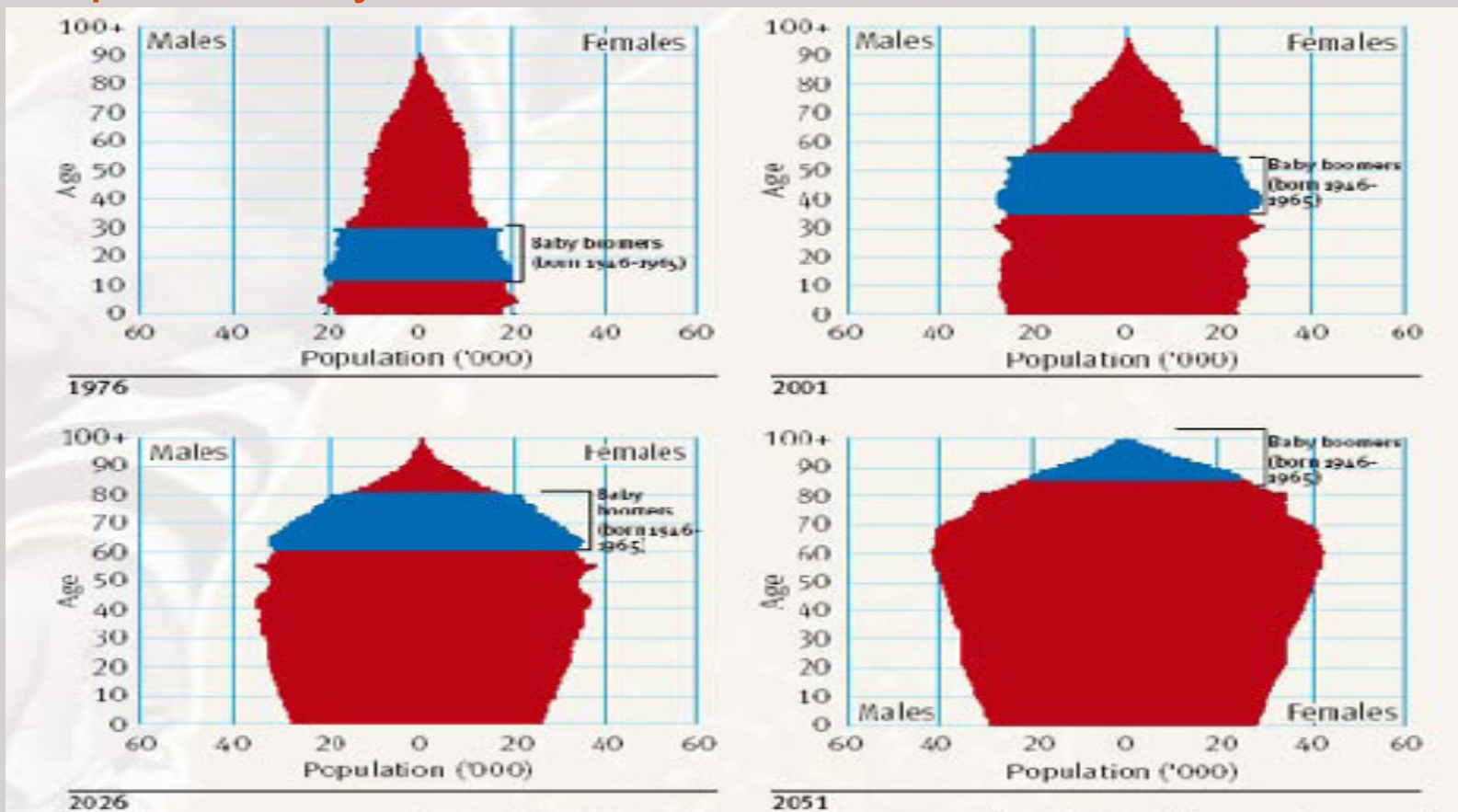
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Population Pyramids QLD 1976 to 2051



Source: ABS 3101.0; and Queensland Government Population Projections, 2006 (medium series)

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What does this mean for falls....

- increased number of people falling
- increase demand on health services
- need to make significant inroads into falls prevention in the next 5-10 years
- need to work across health continuum to generate a low risk population

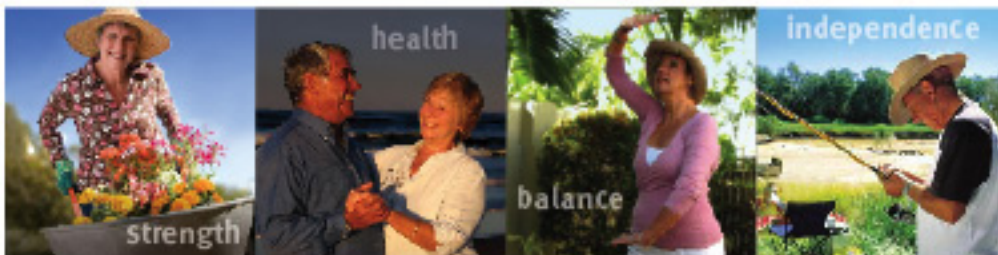
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Healthy ageing

- encompasses physical, mental and social well-being across life span
- is critical for quality of life, staying independent & active participation in the community
- key to promoting healthy ageing and preventing disability is falls prevention

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Section 4: Guiding principles

Population	Well-Aged	Vulnerable	High Risk
Prevention Level	Primary	Secondary	Tertiary
Prevention Models	Public Health Population	→	Personal Health Individual
Prevention Program	Health promotion for healthy ageing	→	Primary health care assessment & management
Interventions	Multi-strategy, untargeted, multifactorial	→	Targeted, single or multifactorial

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Section 5: Falls risk factors

Falls risk factors are rated according to the strength of the published evidence associated with that factor. Rating used in guidelines:

- xxx strong,
- xx moderate,
- x weak
- little or no evidence

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Falls risk factors (cont)

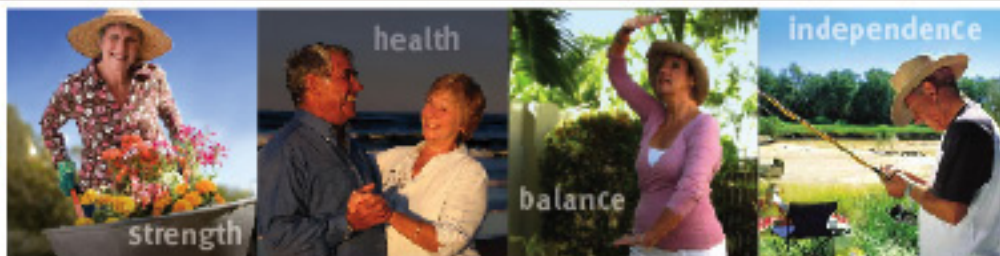
Classification of risk factors plus the strength of evidence associated with falls helps to identify where to focus intervention efforts. The focus is on:

- modifiable ✓
- those with a strong*** to moderate** falls risk association

These risk factors include:

- fear of falling, depression, physical inactivity, impaired ADL, balance and gait, poor muscle strength and reaction time, visual impairments, medication use, foot problems, inappropriate walking aids

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Section 6: Falls risk awareness, screening and assessment

Tool	Who Administers	Setting	Purpose
Falls risk awareness	Self-administered	Community	<ul style="list-style-type: none"> • to educate and raise awareness • to trigger self-referral to seek professional advice • to test knowledge pre-post intervention
Falls risk screening	Health Professional	Primary Health Care	<ul style="list-style-type: none"> • to determine those at high risk • to determine those who warrant more detailed assessment
Falls risk assessment	Health Professional	Primary Care	<ul style="list-style-type: none"> • to identify modifiable risk factors • to target and tailor interventions • to implement falls and injury risk management strategies for high risk individuals

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Which measures to use?

Falls risk awareness

- well aged use short checklist eg Will I stay active and independent?
- comprehensive checklist eg How to Stay On Your Feet
- in-home support use eg HACCC materials -One Step Ahead

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Which screening tools to use?

- a falls risk screen is the minimum process to determine who is at risk
- at a minimum ask a single item question “Have you had a fall in the last 12 months?”
- when the threshold score on a falls screening is exceeded, a more detailed falls risk assessment would be warranted

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Which assessment tools to use?

- falls risk assessment is a more detailed and systematic process than screening
- is a multi-factorial tool to identify risk factors contributing to a person's falling
- used to develop an individualised falls prevention plan

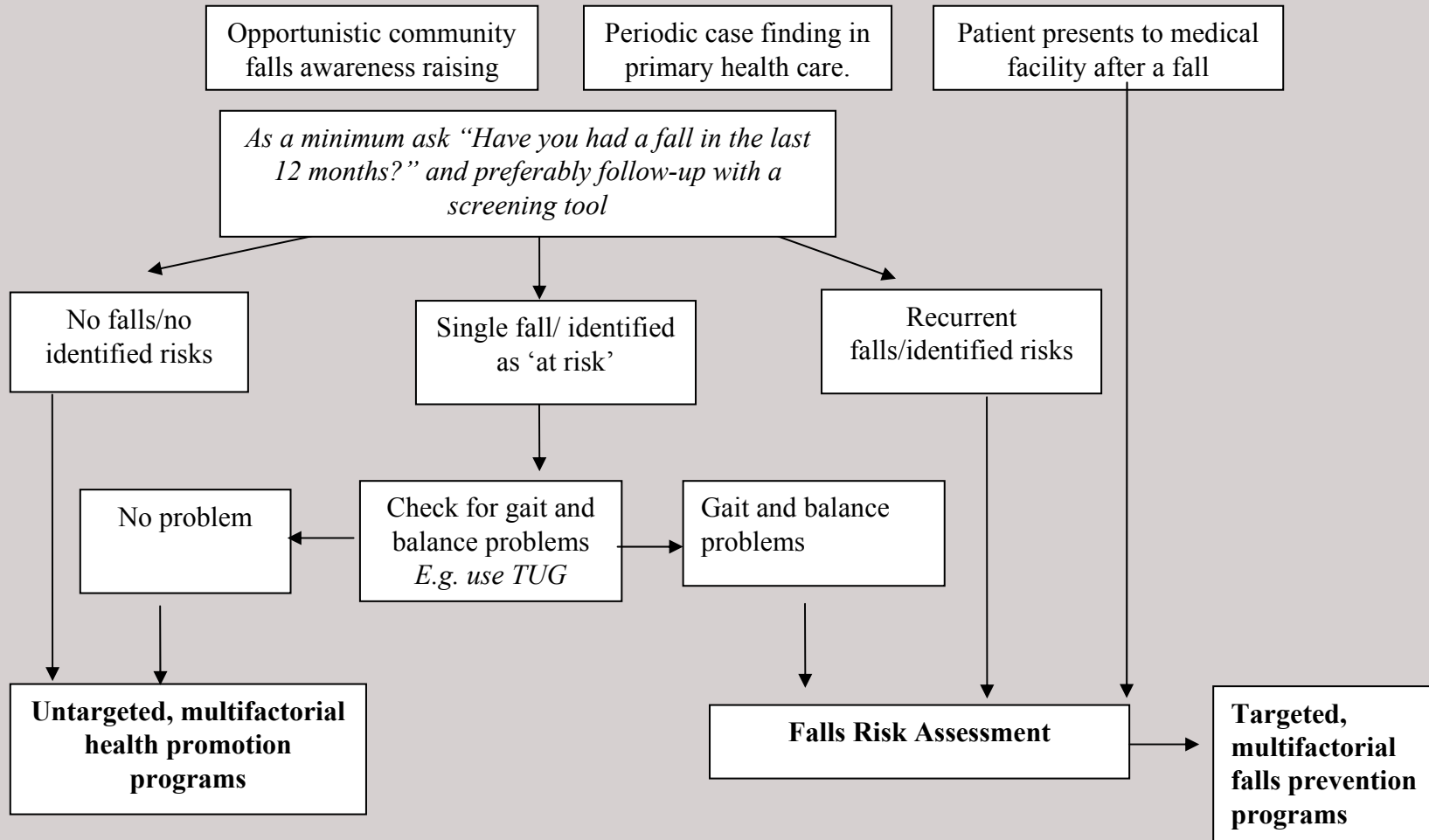
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Assessment includes:

- a history of fall circumstances and medical problems
- review of medications
- mobility assessment
- an examination of vision, gait and balance, and lower extremity joint function
- a basic neurological examination
- psychological and mental status
- the assessment of cardiovascular status, foot problems and footwear, continence and environmental risk factors (home hazards)

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Attitudes older people have about falls:

- the language used when presenting falls information is critical
- The term ‘falls’ and ‘falls prevention’ can have negative connotations and may prevent participation in any falls prevention program due to
 - fear of stigma and stereotyping
 - do not wish to be seen as ‘old’ or ‘at risk’
 - and falls is something that happens to ‘others’
- Older people are not ignorant of risks, but do not necessarily consider themselves to be at risk, unless they have already experienced a fall.

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Section 7: Evidenced based interventions

- good evidence supports the effectiveness of multi-disciplinary, multi-factorial interventions to prevent falls at both community/population and individual levels
- interventions can be either targeted - based on individual assessment
- or untargeted, community or population wide strategies

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Evidence based interventions (cont)

- Tailored exercise programs address identified risks and include challenging and progressive balance exercises individually prescribed and monitored by trained personnel
- Untargeted group physical activity programs that emphasise moderate to high balance training are effective eg Tai Chi
- Rehabilitation programs improve strength, balance, and functional skills in post discharge patients.

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Evidence based interventions (cont)

- For those with a history of falling home assessment and modification conducted by an occupational therapist
- Medication review with consideration of alternative non-pharmacological alternatives for psychotropics
- Vision assessment & treatment for conditions such as cataract

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Evidence based interventions (cont)

Potentially effective

- cardiovascular interventions treatment of syncope
- bone strengthening medications
- education programs – using cognitive behavioural strategies

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Evidence based interventions (cont)

Potentially effective

- prescription and training in use of assistive devices and technological aids
- addressing footwear and foot problems
- nutrition – lifestyle interventions

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Special “at risk” population groups

Limited research on the effectiveness of strategies to prevent falls in special population groups such as:

- CALD communities
- Aboriginal and Torres Strait Islander communities.
- older people with cognitive impairment

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Implementation of the guidelines

- Development of the Queensland Stay On Your Feet® toolkit
- Queensland Health Area Falls Safety Officer Pilot Project 2008 to support falls prevention activity throughout Queensland across the health continuum