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
Queensland Stay On Your Feet®
Community Good Practice Guidelines

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Population Pyramids QLD 1976 to 2051

Source: ABS 3101.0; and Queensland Government Population Projections, 2006 (medium series)
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
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
Section 4: Guiding principles

<table>
<thead>
<tr>
<th>Population</th>
<th>Well-Aged</th>
<th>Vulnerable</th>
<th>High Risk</th>
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<tbody>
<tr>
<td>Prevention Level</td>
<td>Primary</td>
<td>Secondary</td>
<td>Tertiary</td>
</tr>
<tr>
<td>Prevention Models</td>
<td>Public Health Population</td>
<td>Personal Health Individual</td>
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<tr>
<td>Prevention Program</td>
<td>Health promotion for healthy ageing</td>
<td>Primary health care assessment &amp; management</td>
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<tr>
<td>Interventions</td>
<td>Multi-strategy, untargeted, multifactorial</td>
<td>Targeted, single or multifactorial</td>
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</table>
**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:

- *** strong,
- ** moderate,
- * weak
- – little or no evidence
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
Section 6: Falls risk awareness, screening and assessment

<table>
<thead>
<tr>
<th>Tool</th>
<th>Who Administers</th>
<th>Setting</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>Falls risk awareness</td>
<td>Self-administered</td>
<td>Community</td>
<td>• to educate and raise awareness</td>
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<td></td>
<td></td>
<td></td>
<td>• to trigger self-referral to seek professional advice</td>
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<td></td>
<td></td>
<td></td>
<td>• to test knowledge pre-post intervention</td>
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<tr>
<td>Falls risk screening</td>
<td>Health Professional</td>
<td>Primary Health Care</td>
<td>• to determine those at high risk</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• to determine those who warrant more detailed assessment</td>
</tr>
<tr>
<td>Falls risk assessment</td>
<td>Health Professional</td>
<td>Primary Care</td>
<td>• to identify modifiable risk factors</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• to target and tailor interventions</td>
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<td></td>
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<td></td>
<td>• to implement falls and injury risk management strategies for high risk</td>
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<td></td>
<td></td>
<td></td>
<td>individuals</td>
</tr>
</tbody>
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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 HACC materials -One Step Ahead
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.
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
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)
Check for gait and balance problems
E.g. use TUG

As a minimum ask “Have you had a fall in the last 12 months?” and preferably follow-up with a screening tool

Opportunistic community falls awareness raising
Periodic case finding in primary health care.
Patient presents to medical facility after a fall

No falls/no identified risks
Single fall/identified as ‘at risk’
Recurrent falls/identified risks

No problem
Check for gait and balance problems
E.g. use TUG
Gait and balance problems

Untargeted, multifactorial health promotion programs
Falls Risk Assessment
Targeted, multifactorial falls prevention programs
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.
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
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.
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
Evidence based interventions (cont)

Potentially effective

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