



Australian &
New Zealand

Falls Prevention Society

A Call to **Action**

The rising cost of falls and why
investing in prevention can't wait



Prof Kim Delbaere
President, ANZFPS



Prof Cathie Sherrington
Leader, CRE

Created by:



Australian &
New Zealand
Falls Prevention Society

Supported by:



Special thanks to



Authors: Kim Delbaere, Jane Elkington,
Catherine Sherrington

Launch of our call for action

24 Nov 2022



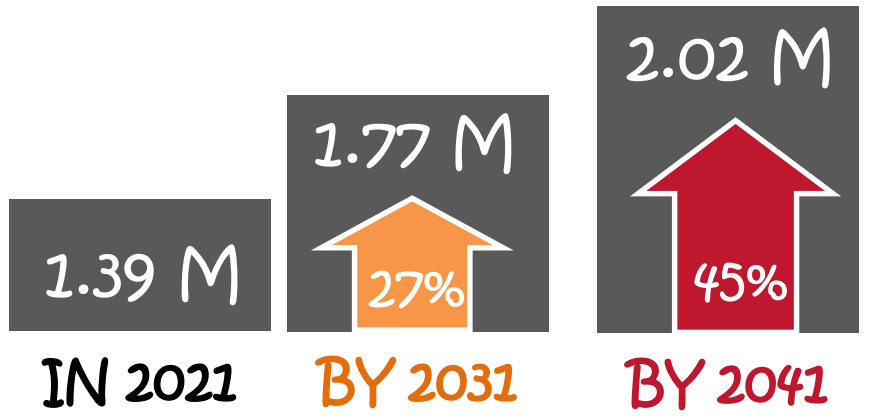
Falls in older people are increasing due to an ageing population and increasing frequency.¹



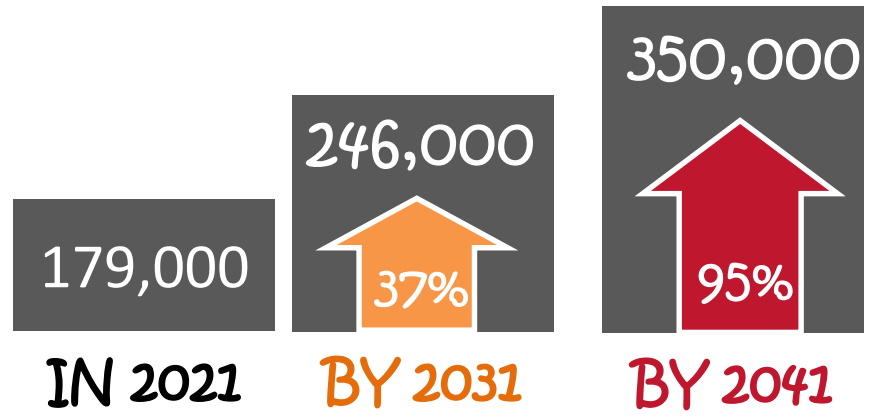
In 2020, there were **over 4 million** Australians aged **65 years or over**.
By 2040, there will be **over 6 million** older Australians.²

Our NSW population is ageing rapidly

Number of people aged 65+

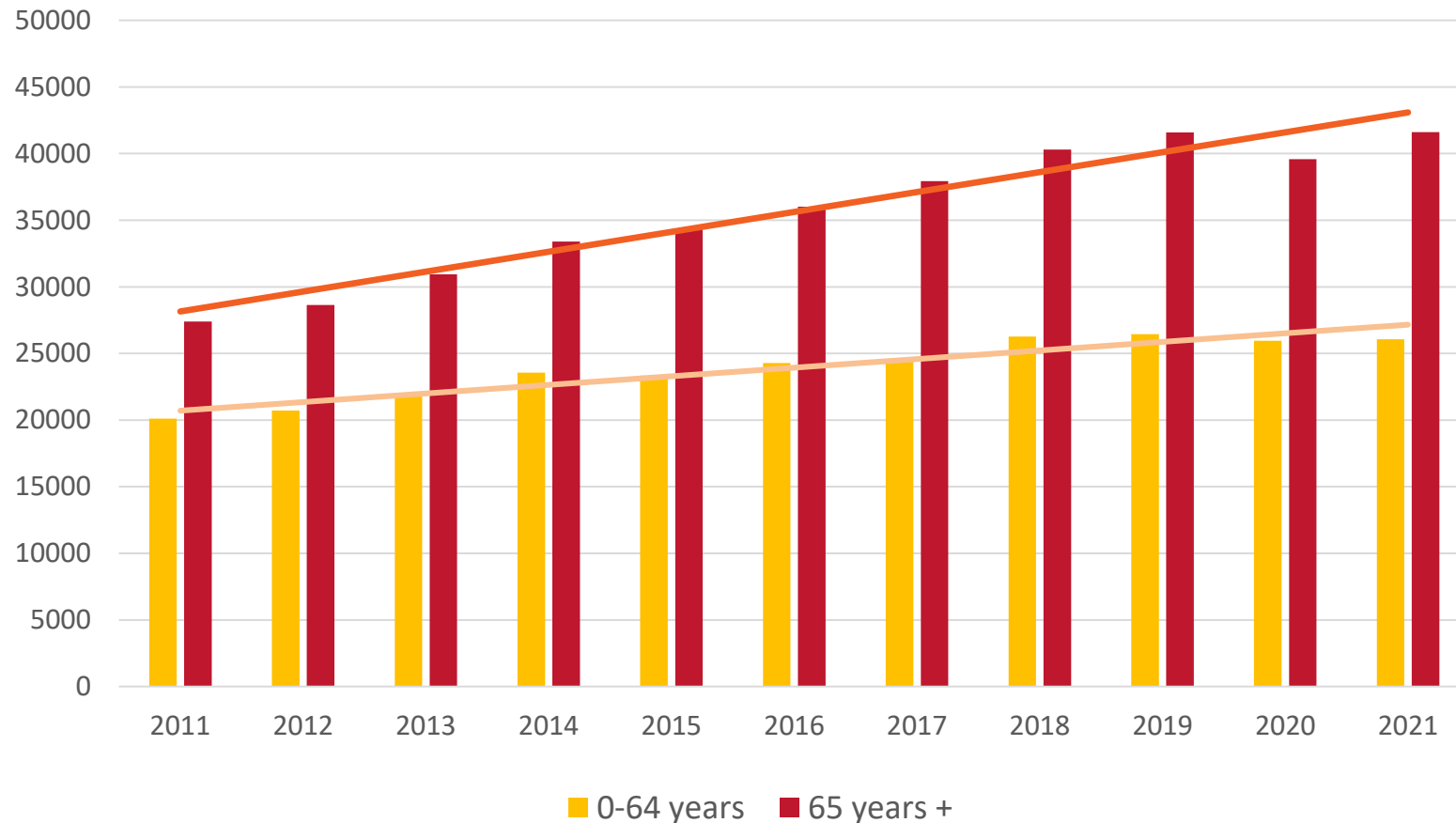


Number of people aged 85+

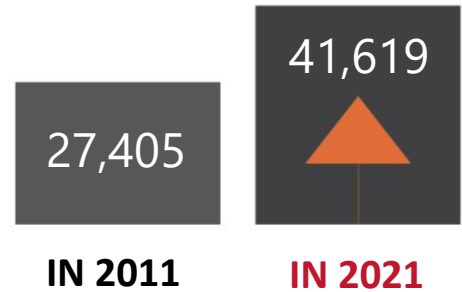


Fall injuries among older people are a large and growing problem in Australia

NSW Fall-related injury hospitalisations
2011-2021



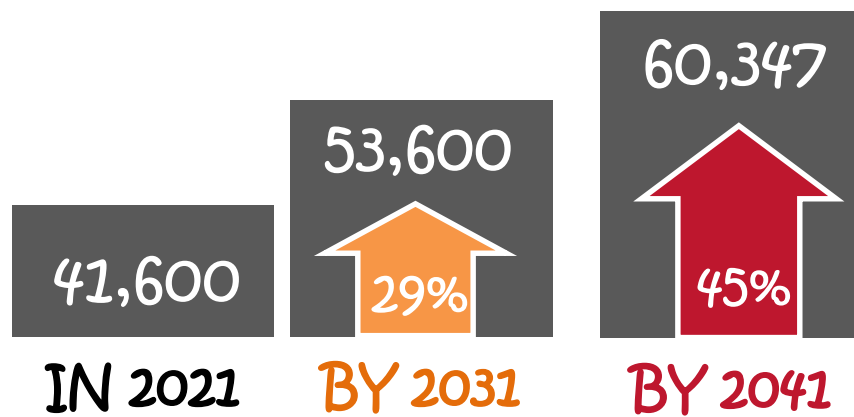
People aged 65+ in NSW
hospitalised after a fall



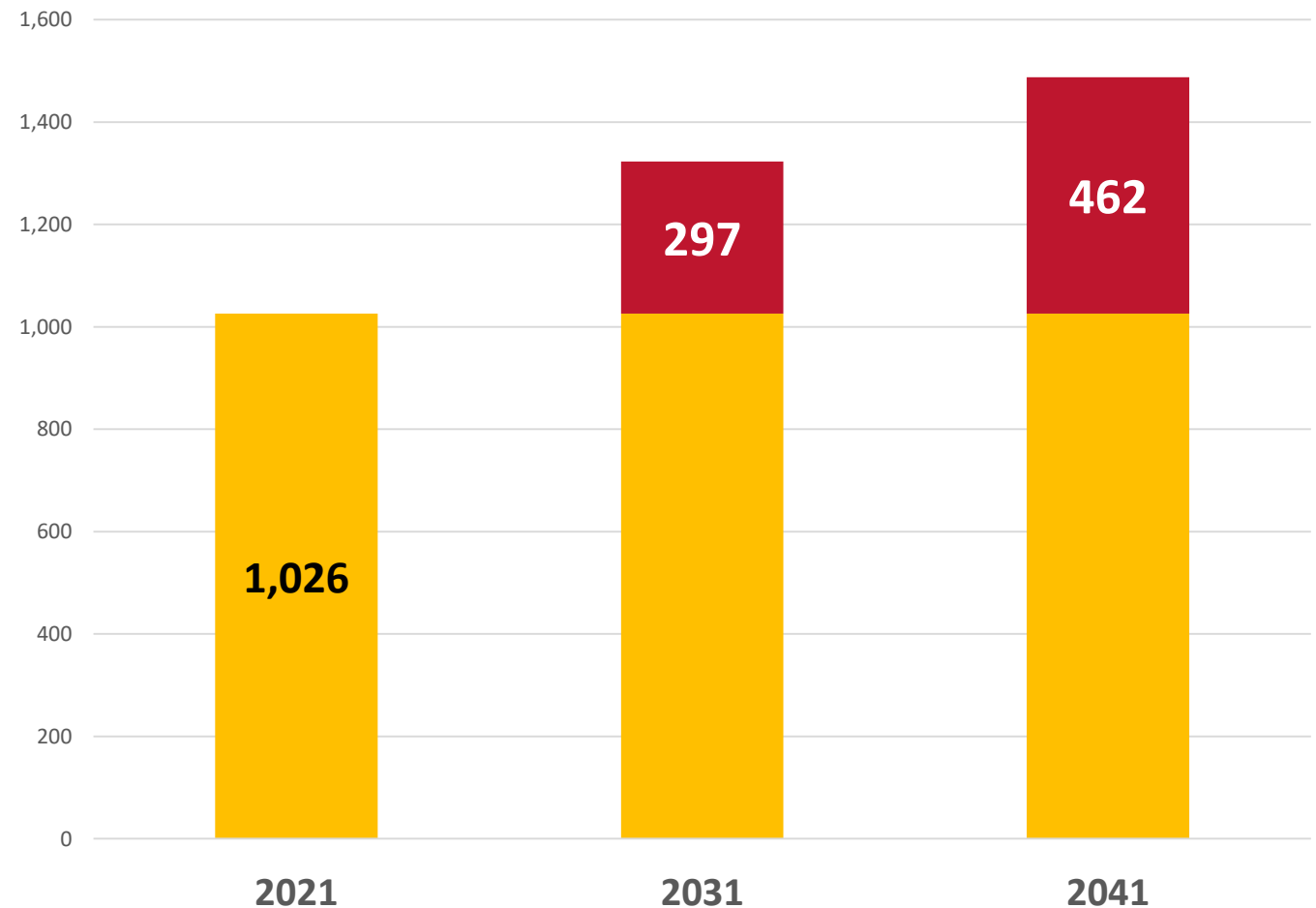
114 beds to be found **TODAY**
for older persons who have fallen

What's on the horizon for health services

Number of fall-related hospital admissions in people aged 65+ in NSW



Hospital beds occupied every day by people 65+ admitted due to a fall injury



The burden on the health care system is large

Example: Hip fracture

BEFORE



- Ambulance call-outs
- ambulance ramping
- presentations to ED

In 2021, in NSW:
Over 56,000 bed
days for older
people who had a
fall-related hip
fracture

After hip
fracture :
average length
of stay 10.2
days

AFTER



- Rehabilitation
- additional caring duties for families
- accelerated admission to aged care (for 10% of all older patients attending ED for a fall)

1200 older people die as a result of their fall

Injuries from falls are a huge burden on health services

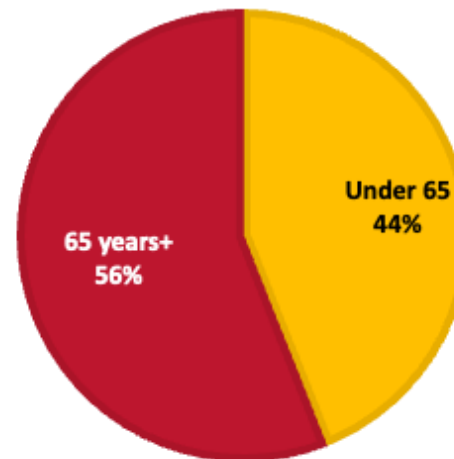
In 2021, treatment of injuries from falls in older people came at a price tag to NSW Health of over

\$710M
per annum

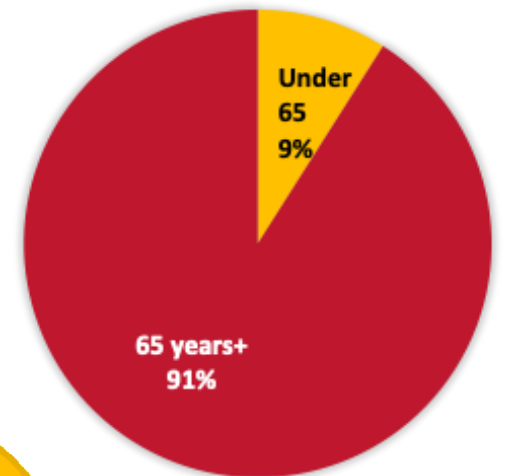
There were multiple flow-on effects for ambulance services, loss of independence by older people, and family impact.

Fall-related hospitalisations in 2021, for....

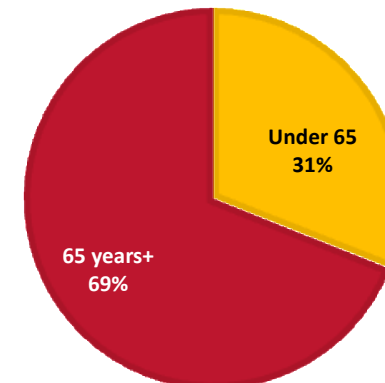
ALL FRACTURES



FRACTURED HIP



BRAIN INJURY





Australia has no national falls prevention strategy.

Coordinated action on falls prevention will have quick returns. Strong evidence suggests that falls can be **reduced by 30%** in 12 months.^{1,3}

A well-implemented fall prevention strategy will enhance longer-term benefits for health, quality of life and independence of older Australians



TARGETED INTERVENTIONS for people with specific falls risks.¹



EXERCISE FOR OLDER AUSTRALIANS, living independently and in residential aged care - targeting **functional abilities, balance and strength.**³

Fall Prevention Guidelines

The Australian Commission on Safety and Quality in Health Care assists health services to reduce the number of falls, and the resulting patient harm, through a number of national initiatives. This site includes Australia's National Guidelines: *Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Hospitals, Residential Aged Care Facilities and Community Care 2009*. The guidelines provide a consistent national basis for falls prevention.

Hospitals



START HERE

- Action on Falls Prev
- Disclaimer
- Home
- Info about falls
- Membership
- Education
- Research
- Resources
- Fall Prevention Gi
- Key Research Put
- Resources for He
- Resources for Olc
- Families

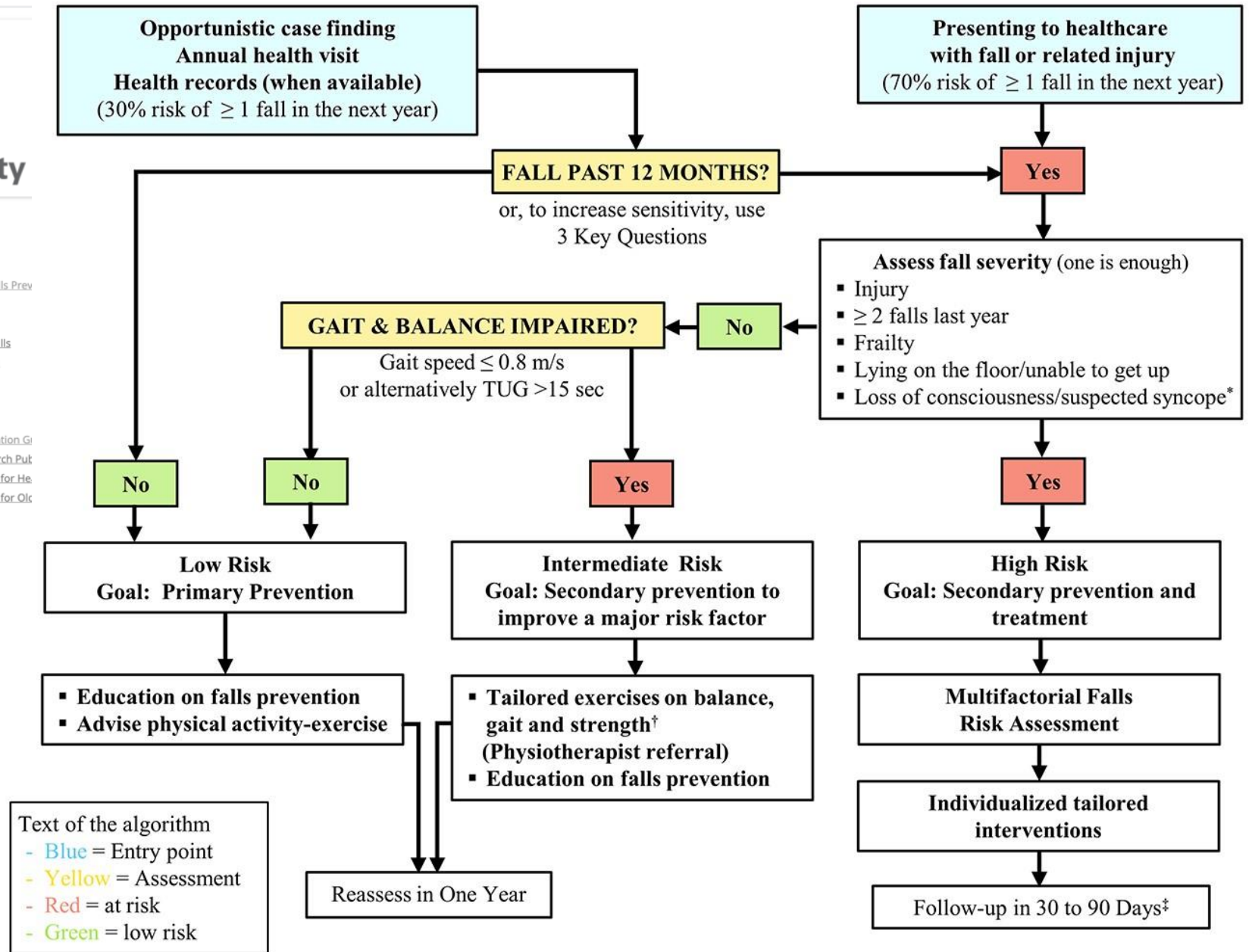


Figure 1 Algorithm for risk stratification, assessments and management/interventions for community-dwelling older adults

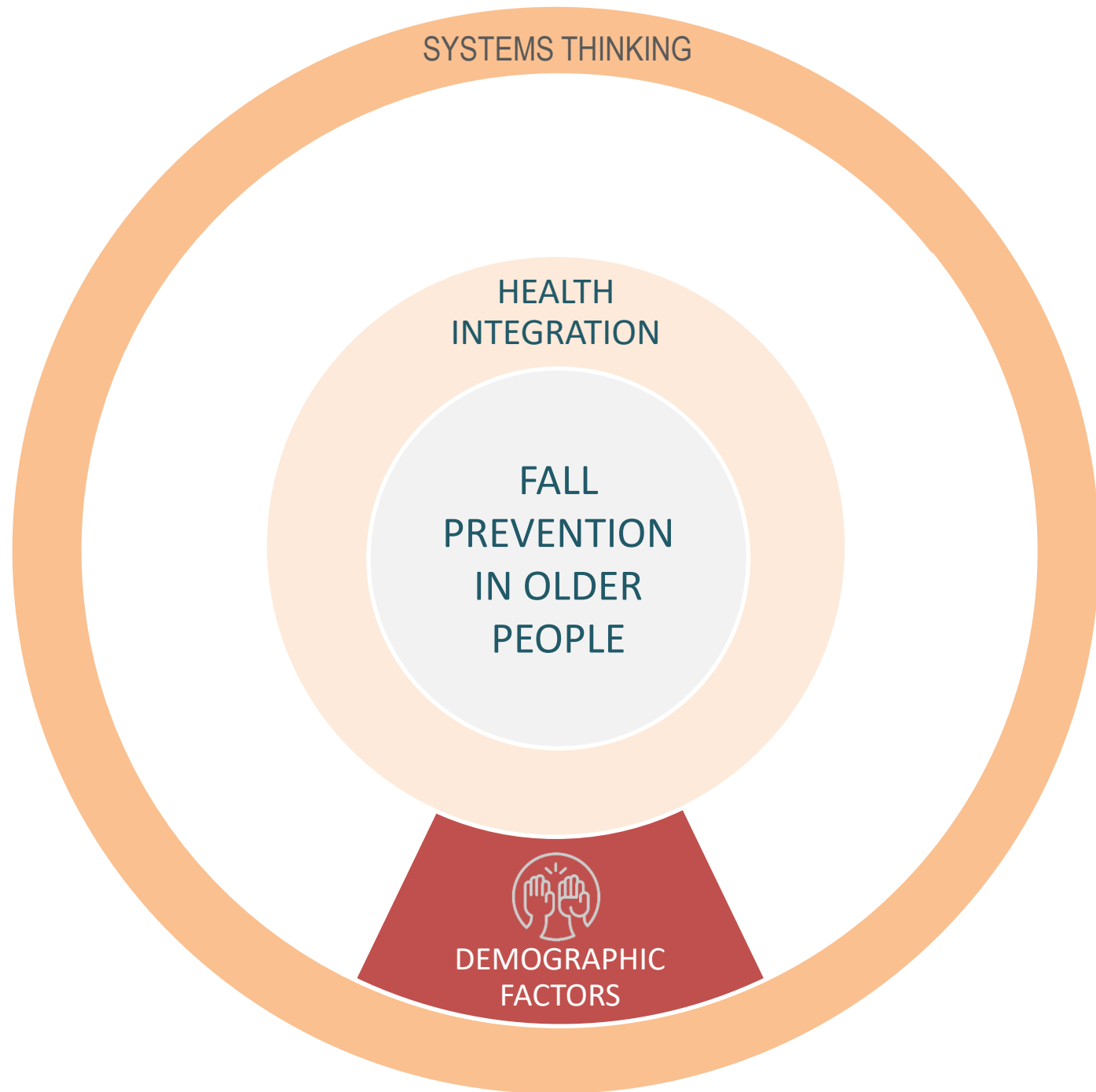


Australian &
New Zealand
Falls Prevention Society

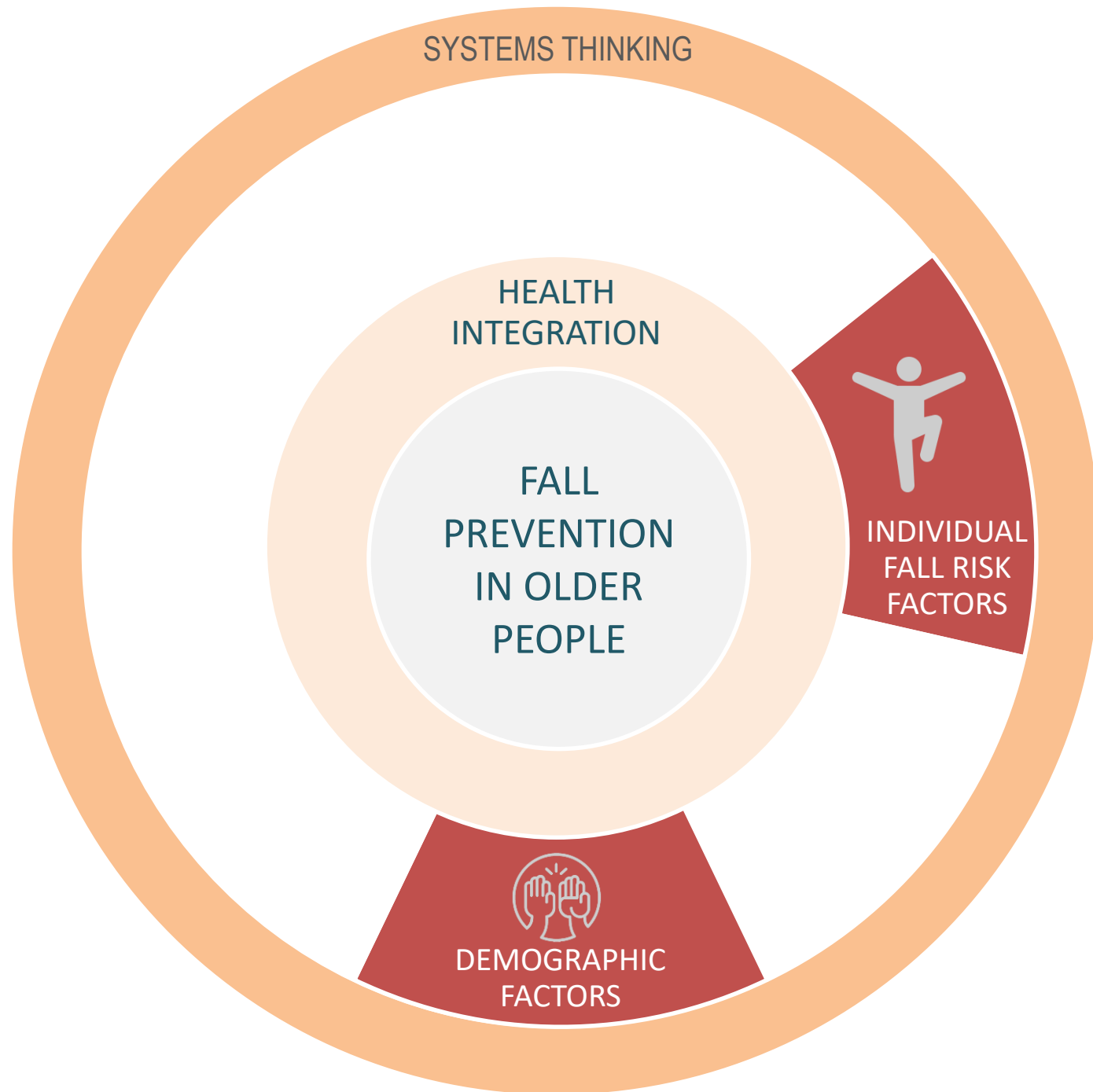
Our key recommendation is for the development of a **five-year National Falls Prevention Strategy** accompanied by a long-term funding strategy (budget allocation) to support its implementation, oversight, ongoing monitoring, and review.

- 1. Establish a National Falls Prevention Coordination Group**, modelled on the coordinated and nationally funded action in the United States and United Kingdom, adapted for the Australian context and informed by previous initiatives in Australia and New Zealand
- 2. Develop and implement a 5-year national plan** for preventing falls that is funded to reach a critical mass of community-dwelling older people and those in residential care
- 3. Engage all levels of government and a broad range of sectors**, including health and aged care, housing, transport, and planning and development
4. Include falls prevention strategies for people **across the lifespan** and in all settings to maximise benefits
- 5. Greater investment** in translational falls prevention research

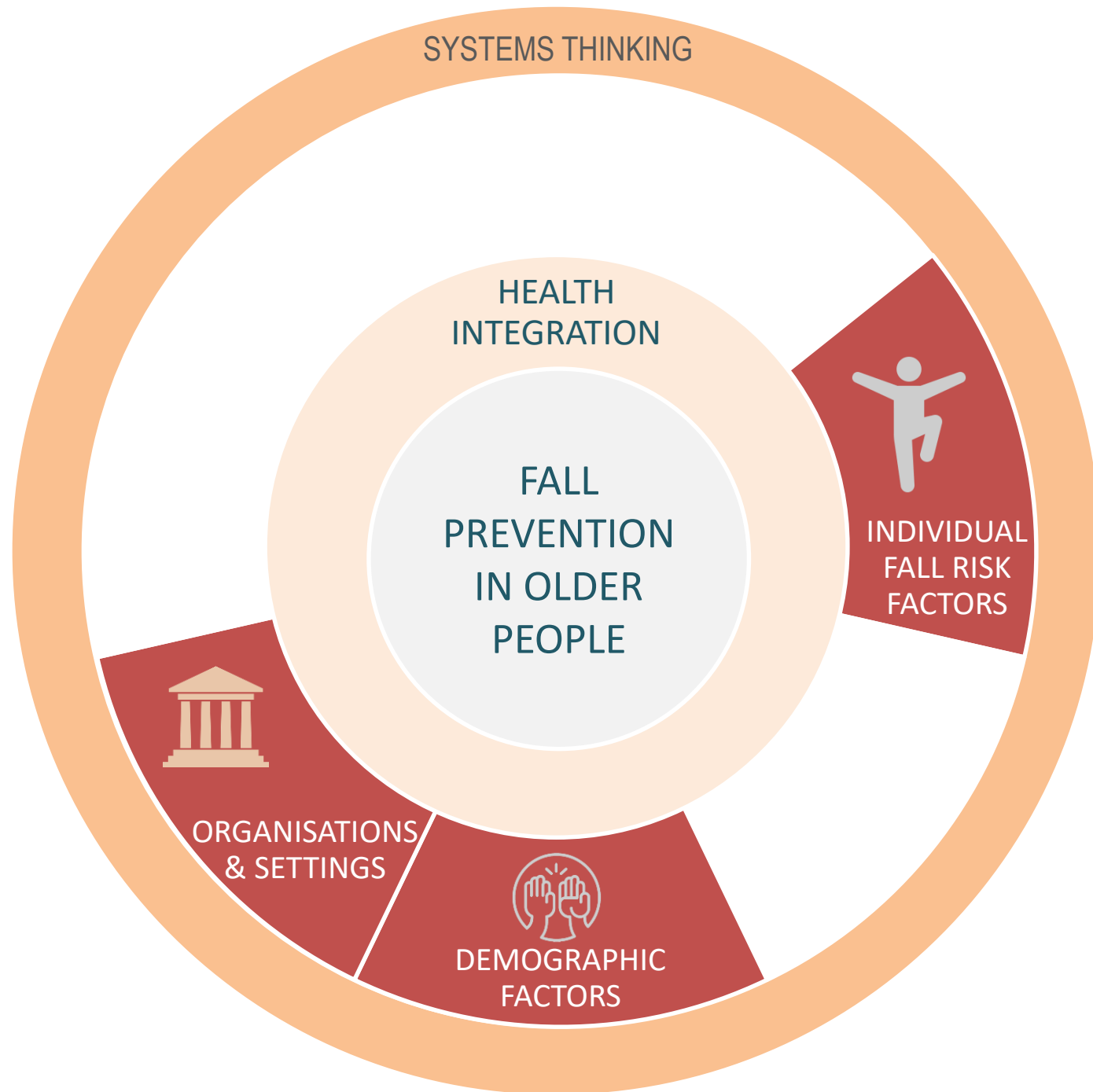
Where are we up to
now?



Demographic factors	<ul style="list-style-type: none"> • Education • Health literacy • Age • Gender • Middle age • Socio-economic status • Culturally and Linguistically Diverse • First nations • Rural and remote 	



Demographic factors	<ul style="list-style-type: none"> • Education • Health literacy • Age • Gender • Middle age 	<ul style="list-style-type: none"> • Socio-economic status • Culturally and Linguistically Diverse • First nations • Rural and remote
Individual fall risk factors	<ul style="list-style-type: none"> • Previous fall • Neurological conditions • Frailty, sarcopenia • Medications • Environment & person 	<ul style="list-style-type: none"> • Slow walking speed • Impaired balance • Muscle weakness • Impaired cognition • Concerns about falling



Demographic factors	<ul style="list-style-type: none"> • Education • Health literacy • Age • Gender • Middle age 	<ul style="list-style-type: none"> • Socio-economic status • Culturally and Linguistically Diverse • First nations • Rural and remote
Individual fall risk factors	<ul style="list-style-type: none"> • Previous fall • Neurological conditions • Frailty, sarcopenia • Medications • Environment & person 	<ul style="list-style-type: none"> • Slow walking speed • Impaired balance • Muscle weakness • Impaired cognition • Concerns about falling
Organisations & settings	<ul style="list-style-type: none"> • Local government • State government • Federal government • Non-government org. • Private 	<ul style="list-style-type: none"> • Aged care • Primary, secondary and tertiary healthcare • Allied health, rehabilitation • Environment, transport



Demographic factors	<ul style="list-style-type: none"> • Education • Health literacy • Age • Gender • Middle age 	<ul style="list-style-type: none"> • Socio-economic status • Culturally and Linguistically Diverse • First nations • Rural and remote
Individual fall risk factors	<ul style="list-style-type: none"> • Previous fall • Neurological conditions • Frailty, sarcopenia • Medications • Environment & person 	<ul style="list-style-type: none"> • Slow walking speed • Impaired balance • Muscle weakness • Impaired cognition • Concerns about falling
Organisations & settings	<ul style="list-style-type: none"> • Local government • State government • Federal government • Non-government org. • Private 	<ul style="list-style-type: none"> • Aged care • Primary, secondary and tertiary healthcare • Allied health, rehabilitation • Environment, transport
Strategies	<ul style="list-style-type: none"> • Best practice guidelines • Health policy • Public policy • Capacity building • Commercial participation 	<ul style="list-style-type: none"> • Knowledge mobilisation • Social/Mass Media • Advocacy • Lobby group, champions • Research



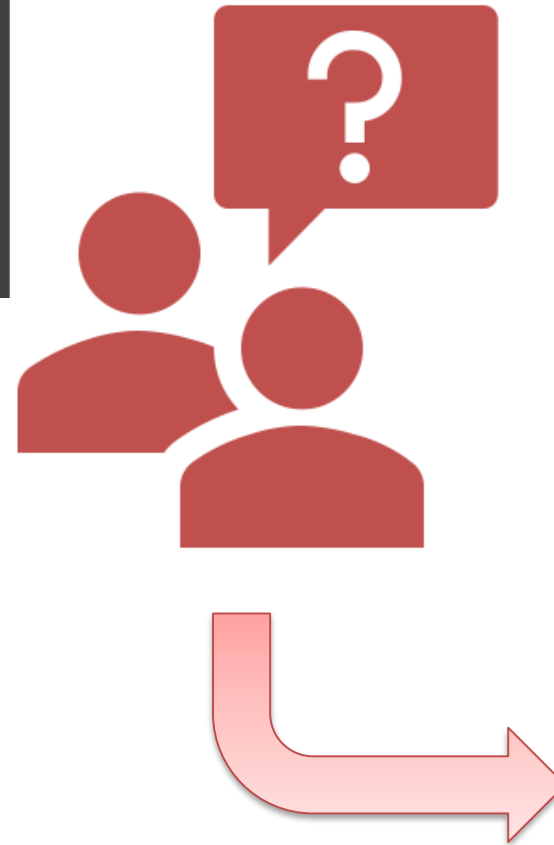
Demographic factors	<ul style="list-style-type: none"> • Education • Health literacy • Age • Gender • Middle age 	<ul style="list-style-type: none"> • Socio-economic status • Culturally and Linguistically Diverse • First nations • Rural and remote
Individual fall risk factors	<ul style="list-style-type: none"> • Previous fall • Neurological conditions • Frailty, sarcopenia • Medications • Environment & person 	<ul style="list-style-type: none"> • Slow walking speed • Impaired balance • Muscle weakness • Impaired cognition • Concerns about falling
Organisations & settings	<ul style="list-style-type: none"> • Local government • State government • Federal government • Non-government org. • Private 	<ul style="list-style-type: none"> • Aged care • Primary, secondary and tertiary healthcare • Allied health, rehabilitation • Environment, transport
Strategies	<ul style="list-style-type: none"> • Best practice guidelines • Health policy • Public policy • Capacity building • Commercial participation 	<ul style="list-style-type: none"> • Knowledge mobilisation • Social/Mass Media • Advocacy • Lobby group, champions • Research
Intervention actions	<ul style="list-style-type: none"> • Structured exercise • Targeted interventions (medication, vision, podiatry, occupational therapy) 	<ul style="list-style-type: none"> • Educational intervention • Clinical assessment • Referral pathways • Addressing attitudes • Built environment

Clinical Excellence Commission - Falls Roundtable

Vision

Australia will have a world class national falls prevention strategy by 2025. It will be accompanied by well-implemented long-term falls prevention programs that can reduce falls by 30%.

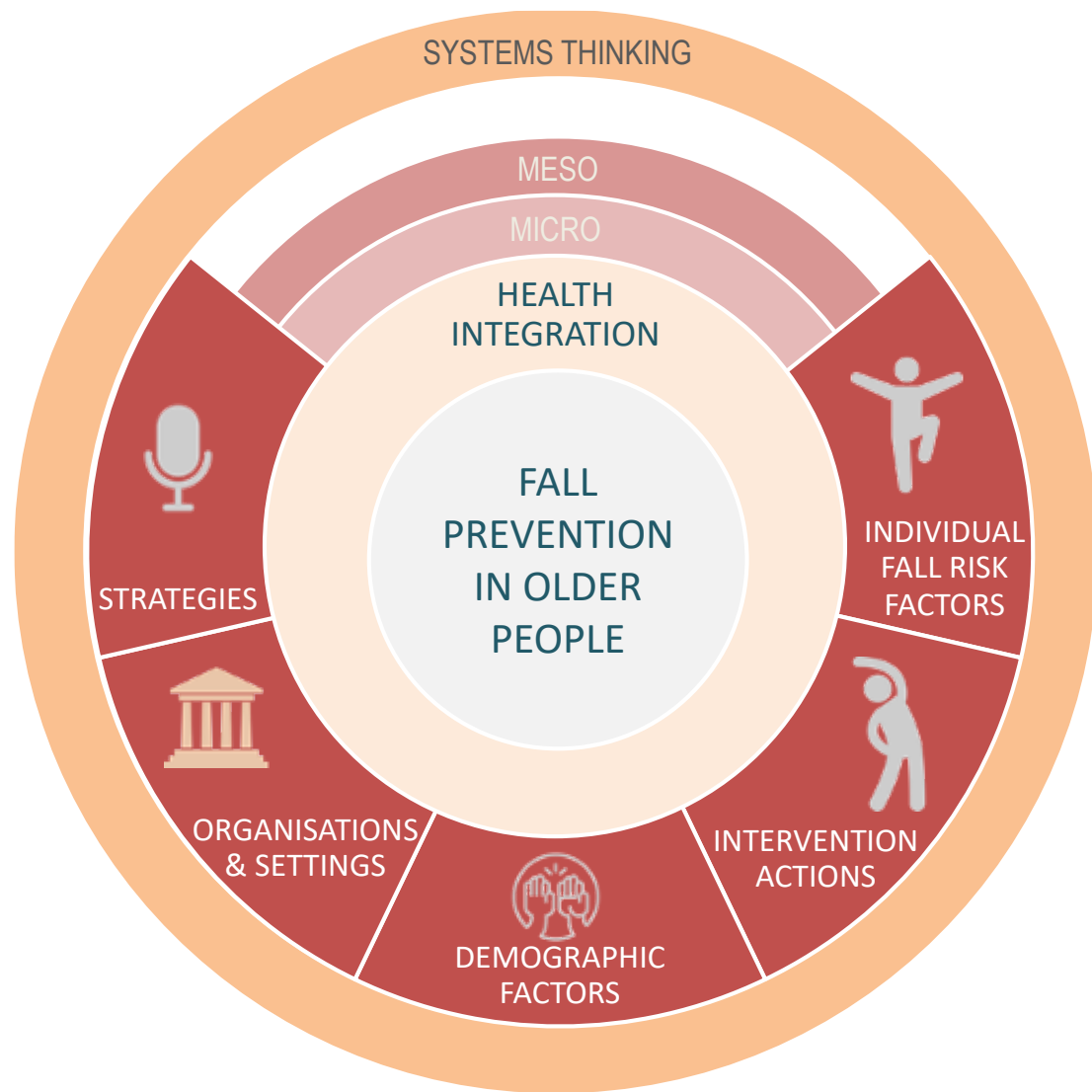
1. What is happening **now**? What are the challenges and opportunities?
2. What **could** you do? What is possible if you had the resources?
3. What **will** you do? What actions can your organisation do in the next 12 months to implement solutions?



White paper



MICRO	<p>Who? individuals and teams at the frontline</p> <p>Targeted actions? addressing specific risk factors and enhance falls prevention; e.g.</p> <ul style="list-style-type: none"> • Conducting individual fall-risk and clinical assessments. • Implementing structured exercise programs. • Establishing referral pathways. • Providing targeted interventions. • Addressing ageist attitudes and stigma around falling



MICRO	<p>Who? individuals and teams at the frontline</p> <p>Targeted actions? addressing specific risk factors and enhance falls prevention; e.g.</p> <ul style="list-style-type: none"> • Conducting individual fall-risk and clinical assessments. • Implementing structured exercise programs. • Establishing referral pathways. • Providing targeted interventions. • Addressing ageist attitudes and stigma around falling
MESO	<p>Who? organisations and facilities</p> <p>Targeted actions? coordinated efforts to create supportive environments and ensure evidence-based</p> <ul style="list-style-type: none"> • Collaboration among organisations. • Integration of fall prevention strategies into healthcare and aged care settings. • Facilitating easy access to falls prevention resources through one central access point for resources and information.



MICRO	<p>Who? individuals and teams at the frontline</p> <p>Targeted actions? addressing specific risk factors and enhance falls prevention; e.g.</p> <ul style="list-style-type: none"> • Conducting individual fall-risk and clinical assessments. • Implementing structured exercise programs. • Establishing referral pathways. • Providing targeted interventions. • Addressing ageist attitudes and stigma around falling
MESO	<p>Who? organisations and facilities</p> <p>Targeted actions? coordinated efforts to create supportive environments and ensure evidence-based</p> <ul style="list-style-type: none"> • Collaboration among organisations. • Integration of fall prevention strategies into healthcare and aged care settings. • Facilitating easy access to falls prevention resources through one central access point for resources and information.
MACRO	<p>Who? broader healthcare system</p> <p>Targeted actions? systemic changes</p> <ul style="list-style-type: none"> • Developing state frameworks or policies to guide investments, responsibilities, and activities in falls prevention. • Allocation of dedicated funding for allied health professionals and coordinated services, addressing funding inequities • Advocacy for fall prevention as a public health priority. • Translational research initiatives • Engagement with media for community awareness. • Encouragement of commercial participation and innovation.

Authors:

Kim Delbaere,
Jane Elkington,
Cathie Sherrington

Why investing in falls prevention across Australia can't wait

Australian and New Zealand Falls Prevention Society (ANZFPS)
NOVEMBER 2022



Australian &
New Zealand
Falls Prevention Society

Our key recommendation is for the development of a **five-year National Falls Prevention Strategy** accompanied by a long-term funding strategy (budget allocation) to support its implementation, oversight, ongoing monitoring, and review.

Recommendations for government

1. Establish a National Falls Prevention Coordination Group, modelled on the coordinated and nationally funded action in the United States and United Kingdom, adapted for the Australian context and informed by previous initiatives in Australia and New Zealand
2. Develop and implement a 5-year national plan for preventing falls that is funded to reach a critical mass of community-dwelling older people and those in residential care
3. Engage all levels of government and a broad range of sectors, including health and aged care, housing, transport, and planning and development
4. Include falls prevention strategies for people across the lifespan and in all settings to maximise benefits
5. Greater investment in translational falls prevention research

Vision

Australia will have a world class national falls prevention strategy by 2025. It will be accompanied by well-implemented long-term falls prevention programs that can reduce falls by 30%.