

Injury Matters Submission to the Australian Fall Prevention Guidelines' Recommendations and Good Practice Points - February 2024 -

Injury Matters congratulates the Australian Commission on Quality and Safety in Health Care on its recognition of the need to provide updated Recommendations and Good Practice Points regarding falls prevention in Australia. Special recognition also goes out to everyone who contributed to developing the proposed Recommendations and Good Practice Points, falls prevention is a multifaceted issue and therefore the collation of the draft document is no easy task.

As a not-for-profit organisation, Injury Matters innovates and delivers injury prevention and recovery programs and solutions that empower people, organisations and policymakers across Western Australia (WA) to make informed, safer choices. From road safety to trauma recovery and falls to substance-related harm, we provide vital frontline education and support programs. Moreover, we share equally critical research that enables agencies and policymakers to make informed policy decisions that help mitigate the personal and broader economic impacts and knock-on effects that injuries have in communities across WA.

Having delivered the Stay On Your Feet® program in Western Australia for twenty-three years, we have significant experience working in community falls prevention. However given that no setting operates in isolation, we also have knowledge of the falls prevention priorities within the hospital and aged care settings.

Injury Matters welcomes the opportunities that the proposed Recommendations and Good Practice Points provide in continuing to evolve Australia's falls prevention efforts. In particular, we welcome the guidelines use of the grade system to differentiate the evidence bases, the focus on interventions and collective action, and the value placed on the need to actively involve the older adult in the assessment and intervention process in order to achieve the highest level of success.

Outlined below are some considerations regarding the drafted Recommendations and Good Practice Points. If you require any clarity or additional information please contact Injury Matters Injury Prevention General Manager, Rachel Meade on (08) 6166 7688 or via email at rmeade@injurymatters.org.au.

Recommendations

Aged Care Setting Recommendations:

- Suggest Recommendation 1 is broken down into at least two recommendations, separating the intervention focussed on the older adult and that targeting aged care staff.
- Include an additional recommendation regarding single interventions, similar to that of the Community Setting Recommendation 7.
- The World Falls Guidelines states that "Vitamin D supplementation to prevent falls should be reserved for those at risk of vitamin D deficiency". Therefore, Injury Matters recommends that recommendation 4 is edited to recommend supplementation for individuals who are vitamin D deficient.

Community Setting Recommendations:

- Clarity is needed regarding the inclusion of an asterisk on Recommendation 1.
- As practitioners who are responsible for the translation of these guidelines into community messaging, further detail would be beneficial relating to the 'dosage, frequency and intensity' of balance, mobility and strength exercise for older adults. It is important to be clear in the guidelines what proportion of the recommended 2-3 hours of exercise is required to support falls prevention (compared with other physical activity benefits i.e. cardiovascular).
- Injury Matters strongly supports Recommendation 2's focus on supporting older adults to engage in physical activity. We are fortunate to have countless RCT's reinforcing the types of exercise programs that are valuable for falls prevention; it is important that we now focus our efforts on getting older adults to engage in the evidence-based activities.
- Home and community safety education is a low-cost way to reduce an individual's risk of falls and requires minimal health professional support. Therefore, Injury Matters recommends that Recommendation 4 is broadened to all older adults, not only those with an increased falls risk.
- Recommendation 5 - Injury Matters recommend the need to specify how frequently the falls assessment should occur. Currently it may be interpreted as a once-off assessment rather than an ongoing measure to track changes in an individual's falls risk.
- Recommendation 5 - consideration should be given relating to the inclusion of eyesight, cognition and diet as tailored interventions that should be informed by the results of the falls assessment.
- Recommendation 6 should specify that a home safety assessment is needed to inform the interventions.
- Injury Matters supports the value of occupational therapists delivering tailored home safety interventions to the high-risk groups outlined in the document. However, given the low availability of occupational therapists in Western Australia, the high incidence of falls and the ageing population, it is highly unlikely that this Recommendation would be met based on current resourcing.

Hospital Setting Recommendations:

- Clarity is needed within Recommendation 1 regarding what type of education is provided. Given the context of the document it is assumed that it is education regarding preventing falls in hospital. However the hospital is also a valuable setting to educate high-risk patients on how to prevent falls upon discharge.
- Injury Matters supports the recognition that a falls risk score is not necessary in order to provide personalised multifactorial fall prevention interventions.

Good Practice Points

Fall risk assessment / multifactorial intervention:

- Within the Aged Care Good Practice Points Injury Matters suggests the inclusion of additional details regarding the frequency that falls risk screening and assessments should be undertaken and the responsibilities of various health professionals to complete these tasks. This would then match the level of detail included within the Community Setting's Good Practice Points.
- Given that mobility and impaired cognition can increase an individual's falls risk in any setting, Injury Matters is unsure why "consider risk of falls in younger people with mobility or cognitive problems" is only mentioned within the Hospital Setting's Good Practice Points.

- Injury Matters suggests that General Practitioners and allied health professionals should undertake multidisciplinary case conferencing for high-risk patients through the already established Chronic Disease review process. The Medicare Benefits Schedule supports multidisciplinary case conferencing for GP's and most allied health professionals.

Balance and mobility limitations:

- Within the Aged Care Good Practice Point regarding effective exercise programs (pg. 7), Injury Matters recommends the need to highlight the need for the programs to be feasible for the aged care centre to implement and accessible to all residents.
- Similar to that of the Hospital Setting, an Aged Care Good Practice Point is needed regarding "safe mobility and assessment of the need for walking aids".
- Within the Community Setting, per recommendation above, Injury Matters believes there is benefit in more specificity relating to the dose, intensity and frequency of balance, mobility and strength required to prevent falls among general physical activity requirements for good health.
- Injury Matters recommends that an additional Community Setting assessment tools subpoint is added regarding "assess whether the older person has a high risk of falling", to align to the Aged Care and Hospital Setting.

Cognitive impairment:

- There appears to be some repetition within the Aged Care Good Practice Point 3 and 5.

Feet and footwear:

- Within the list of features to be encouraged within a safe shoe, it would be valuable to include a sub-point regarding the ability to fasten the shoe with laces, straps, elastic, velcro or a buckle.

Medications:

- Within the Aged Care and Community Setting Good Practice Point regarding the review of an older person's medication, consideration should be given to the addition of a subpoint regarding reviewing the medications after a change in the older adult's health status.

Vitamin D and calcium:

- Recommendation 4 in the Aged Care Setting is to administer daily or weekly vitamin D supplements, however a Good Practice Point is to assess whether residents are receiving adequate sunlight for vitamin D production. Editing Recommendation 4 to acknowledge that the supplements should only be administered to those with low levels of vitamin D would better support the Good Practice Point.
- Within the Community Setting Good Practice Points it states the need to consider weekly dose preparation of vitamin D for older adults with cognitive impairment. However, Recommendation 7g already states that daily or weekly vitamin D supplements should be given to older adults that are deficient in vitamin D. If the optimal frequency is daily, then perhaps daily should be stated as the Recommendation and then the Good Practice Point should mention the weekly option for individuals who have problems with medication adherence.

Post fall management:

- Within the Aged Care Setting, Good Practice Point 4 and 5 are very similar. Our interpretation is that Number 4 is focused on the individual's care plan whilst Number 5 is on the aged care centre's approach to fall prevention. However, a clear distinction between the two points would be beneficial.
- Within the Community Setting Good Practice Point Number 1, specificity is required about whose responsibility it is to review the fall and implement the corresponding prevention actions.

Overall Comments

- Additional information regarding the purpose and intended outcome of this document would have been beneficial to understanding the scope of the consultation process. Injury Matters have provided the above feedback under the assumption that the proposed Recommendations and Good Practice Points will be used to provide the Australian Commission on Quality and Safety in Health Care with direction regarding updating the 2009 Guidelines.
- The current Australian Commission on Quality and Safety in Health Care Guidelines are specifically for older adults, therefore Injury Matters have provided feedback under the assumption that the Recommendations and Good Practice Points are focused on non-Aboriginal people aged 60+ and Aboriginal people aged 45+.
- Throughout the document there are some points conveying why the protective factor is valuable (i.e. page 21 “strengthening and protecting bones will reduce injuries from falls) and how the protective behaviour has broader health benefits (i.e. page 22 “managing many risk factors for falls.... will have benefits beyond fall prevention). For consistency, these points should be included regarding every risk factor or collated into an introduction.
- Some Recommendations and Good Practice Points include ‘unless contraindicated’ but not all. For consistency it would be beneficial to have a statement at the top of the document outlining that the Recommendations and Good Practice Points are not a whole community approach and there is still the need for individualised assessments.
- Within the Aged Care Setting there is a Recommendation regarding staff education. Given the role of various health professionals in falls prevention, Injury Matters recommends the addition of a Good Practice Point regarding all health professionals receiving ongoing education about their role in falls risk screening and falls prevention activities, regardless of the setting that they work in.
- The document gives appropriate acknowledgement of the role of vitamin D and calcium in falls prevention. However, it would be strengthened by acknowledging the role of nutritional assessments and a balanced diet in reducing the risk of malnutrition.
- In order to increase older adult’s engagement in falls prevention initiatives, there first needs to be knowledge of the benefits of engaging in the falls prevention initiatives. As a result, awareness-raising and education activities are central to the successful implementation and participation in all initiatives listed in this document and therefore should be included within the scope of the Recommendations and Good Practice Points.
- Despite the focus on older adults there is value in the document referring to the value of a life-course approach to physical activity, particularly regarding promoting activities that build strength and balance amongst middle-aged individuals.