Department of Health
Government of Western Australia

The Falls Policy

FOR OLDER WESTERN AUSTRALIANS | January 2004

Acknowledgements

In 2002, the Deputy Director General Health Care, Dr Brian Lloyd, supported the development of a statewide Falls Policy for Western Australia, through the Rehabilitation, Aged and Continuing Care Directorate, Department of Health (DoH).

In March 2003, a Statewide Falls Policy Group (SFPG) was established to provide input through consultation and review of evidence based best practice. The SFPG comprised of an executive committee to develop and direct the policy, and a larger consultative group of representatives from government and non-government organisations across rehabilitation, aged and disability sectors including rural services, general practice, academia and consumer organisations.

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Foreword

Within the adult population, the risk of falling increases with age, as well as the onset of a variety of medical conditions. With the projected growth in the older Australian population and the increase in life expectancy, it is likely that the number of older people at risk of falls will increase.

The Department of Health has recognised the need to address the issue of falls through the development of the statewide Falls Policy for Western Australia. The Policy will guide the future implementation of action plans and guidelines for the prevention, education and intervention of falls injury among the older population in acute care, residential aged care, home and community, and interface settings.

At a national level, falls in older people has been chosen as a priority for immediate action on the grounds of a strong burden of injury evidence and demonstrated high costs to the health system. A National Injury Prevention Plan has been developed with the objectives of decreasing the incidence, severity mortality and morbidity associated with falls in the acute care, residential aged care and community settings.

As Deputy Director General Health Care, I am pleased to acknowledge the significant progress made towards addressing the impact of falls in Western Australia and extend my thanks to all stakeholders who have contributed to the development of this Policy.

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Introduction

The Nature of Falls

A fall is a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure or overwhelming external force.[1]

Falls in people aged 65 years and over are of particular concern due to their frequency, associated morbidity and mortality, and cost to the health care system and community. Internationally, it is estimated that one in three people over 65 years living in the community will fall each year[2-5] and in half of these cases, falls are recurrent.[2,3] One in two nursing home residents will fall annually.[6] A steep rise in the incidence of falls and fall-related injuries occurs around the age of 75 years.[2,3,7]

Internationally and in Australia, falls account for the largest proportion of all injury-related deaths and hospitalisations in older people.[8] It is reported that 10 per cent of falls cause serious injury, such as hip fracture, or head injury.[9] The remaining 90 per cent of older fallers may experience less severe injuries, some warranting attendance at an Emergency Department or a visit to a general practitioner, while many falls cause no physical injury. Fear of falling, loss of confidence and reduced physical activity may lead to further individual risk and recurrent falls.

In Victoria, falls account for two-thirds of injury-related hospital admissions and Emergency Department presentations for people aged 65 years and older.[11] Fractures are the most common injury, accounting for 66 per cent of hospital admissions, and of fall-related injuries presenting to Emergency Departments, 50 per cent are admitted.[11]

In Western Australia, the rate of hospitalisations in 1998 was 2,017.9 per 100,000 population, significantly higher than other states and territories, whilst the national rate was 1,841.8.[10]

Falls amongst older Australians are therefore a major health problem that will only escalate as the number of older people in our population increases. With the ageing of the Australian population and increasing life expectancy, it is expected that the growth in size of the population at risk of falls will result in increasing case numbers, especially in the oldest (highest risk) age group.[10]

Risk Factors for Falling

Falls are associated with a number of predisposing factors that can be classified as intrinsic (personal) or extrinsic (environmental). A fall is usually the result of the complex interaction of risk factors.

TABLE 1 Risk factors for Falling

Intrinsic Factors (Personal)	Extrinsic Factors (Environmental)
• Impaired strength, flexibility, mobility, gait and balance • Fatigue • Impaired vision (acuity and depth perception) • Dizziness and vertigo • Prior history of falls • Deteriorating health and associated medical conditions • Polypharmacy • Drug and alcohol use affecting balance, vision and alertness • Inadequate nutrition and diet • Impaired cognition and confusion	• Acute illness • Inadequate footwear or spectacles • Inappropriate walking aids • Uneven, loose surfaces, slippery floors, steps, rugs and cords • Inadequate lighting • Inappropriate height of chairs, beds and toilet • Activities of daily living • Rushing tasks or multi-tasking • Time of day • Recent hospitalisation • Crowded or unfamiliar environments • Poor housing design

Source: Adapted from 7, 12 & 13.

Cost of Falls

The cost of falls in older people in Australia and in other countries has not been widely researched or quantified. Where information is available, there appear to be inconsistencies in data and the findings presented.

The Injury Research Centre (School of Population Health, University of Western Australia) in collaboration with the Injury Prevention Unit (Population Health Division, Department of Health) has developed an Injury Cost Database. The database calculates the cost of injury of each injured person who has had any contact with the health system in Western Australia.

Although the database is in its infancy, a preliminary study has been conducted on four main cost categories.[12]

- Costs relating to the health system
- Other resource utilisation
- Productivity losses
- Loss of quality of life

Case records of all people aged 65 years and over were extracted from the Injury Cost Database and used to examine incidence and cost of falls. The case records related to people aged 65 years and over who had died, were admitted to hospital or attended an Emergency Department as a result of a fall.

An interim report based on the findings of the preliminary study was released in October 2003.[14] The costs to the health system were as follows:

- The health system cost of accidental falls for people aged 65 years and over was $83 million in 2001/02, accounting for 1.5 per cent of health expenditure in Western Australia.
- The average health system cost per fall was $6,500. This cost increased from $4,560 for the 65-69 year age group to $7,370 in the 80-84 year age group, then decreased to $6,700 in the 85 and over age group.

The report also contained projected costs based on Australian Bureau of Statistics figures for 2001/02, assuming there were no changes in the current rate of falls or current treatment patterns. These figures showed that the projected health system cost of falls in Western Australia would be $174 million by 2021. This equates to just over double the cost reported in 2001.[14]

Policy Statement

The Department of Health is dedicated to ensuring the best possible health status for all Western Australians.[15]

The Department of Health is therefore committed to promoting a consistent, coordinated and sustainable approach to the reduction of falls and fall-related injuries across the hospital, residential and home and community settings to assist in achieving this aim.

The Need for a Statewide Falls Policy

The Australian Government has recognised falls in older people as a priority in its National Injury Prevention Plan as well as conducting several projects through the National Ageing Institute. Other Australian States, notably Queensland and New South Wales, have developed comprehensive statewide falls prevention plans.

The Department of Health has recognised that it is timely to develop and promote a statewide Falls Policy for Western Australia. The Policy aims to be consistent with the approaches adopted by other States and the Australian Government, and seeks to build on past achievements.

Existing falls management programs have been developed according to the needs of the local community or organisation at a particular point in time. These programs may cover the spectrum of care from health promotion programs to therapy based intervention programs. In some areas, programs are fragmented or non-existent.

In June 2003, a stocktake, based on the National Aging Research Institute Stocktake,[16] was undertaken in Western Australia through a questionnaire and call for public comment. The stocktake elicited a 67 per cent response rate and provided an overview of the agencies involved in falls prevention programs and key issues associated with program implementation. A frequent message from the stocktake indicated that programs designed for older people at risk of falls, or who have fallen, lack coordination and consistency across the State.

Policy Objectives

The primary purpose of the policy is to serve as a platform to guide the future development of action plans and guidelines for the prevention, education and intervention of falls injury among the older population aged 65 years and over in the hospital, residential care and home and community settings in Western Australia.

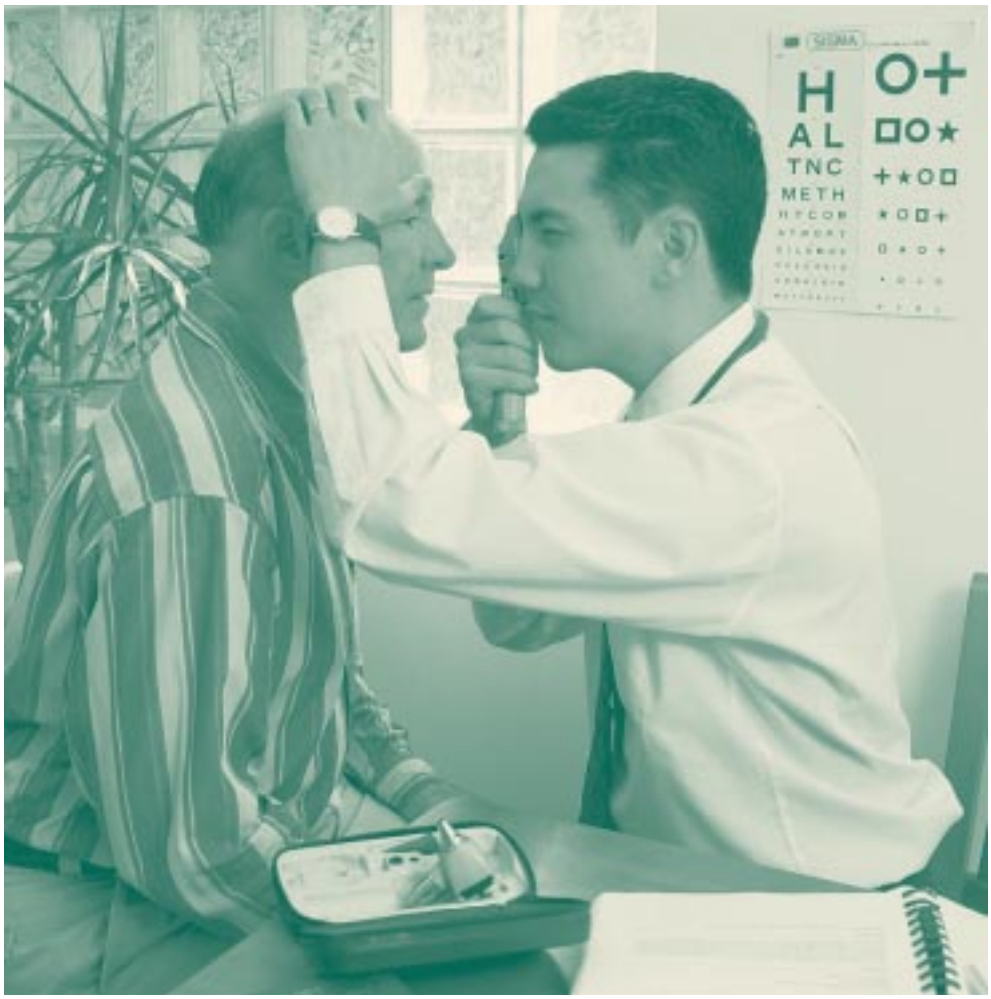
The policy aims to:

- Improve quality of life and maximise independence for older people aged 65 years and over
- Establish best practice principles for hospital, residential care and home and community settings
- Develop strategies to increase awareness of falls and improve interventions
- Minimise duplication through enhanced coordination of services
- Develop partnerships and networks among stakeholders engaged in initiatives to reduce falls
- Support and strengthen collaborative efforts within these partnerships and networks

Guiding Principles

The policy has been developed around the four principles to guide government and non-government organisations in best practice service development and continuous improvement in Western Australia.

- Promotion of independence to empower individuals to embrace positive and healthy ageing so that, wherever possible, they can remain living in the community
- Prevention of falls and reduction of risk factors in the older population
- Education and intervention to reduce falls and fall-related injuries in the older population
- Continuous improvement in service provision across target settings



Target Group

The statewide Falls Policy focuses on people aged 65 years and over who are at risk of falling. The policy may also benefit other people with a balance or mobility problem that predisposes them to falling.

Target Settings

Older people may move around within settings, including home and public places, and between settings, for example people may live in the community and interface with an Emergency Department in the hospital setting. However, it is recognised that the majority of an older person's time is spent within their place of residence.

Falls research and policy development literature has identified key target settings to establish falls prevention, education and intervention strategies. These settings include hospital, residential care, home and community and the interface with hospital and health services.

The aim of the statewide Falls Policy is to target individuals whilst they are in each of the particular settings. The policy is also directed at health professionals and organisations caring for older people, and their families and carers.

1. HOSPITAL

The hospital setting includes acute and sub-acute units such as medical and surgical wards, rehabilitation wards and specialised units such as care awaiting placement and dementia units where older patients are admitted.

Falls in the hospital setting are caused by a combination of personal and environmental factors, and care practices within each ward or unit. Patients may present with cognitive problems, frailty, fluctuating hypotension, balance and mobility problems due to their medical status or medication, and continence problems, which may predispose them to falling.

2. RESIDENTIAL CARE

The residential care setting includes nursing home and hostel facilities that provide low and high level care.

The residential care population is older and frailer than the population living in the community, and may present with balance and mobility problems, diminishing mental capacity, fluctuating medical conditions and continence problems. While maintaining independence in activities of daily living in this population is important, it is the more mobile residents who are at greater risk of falling. Falls in the residential care setting may be caused by a combination of personal and environmental factors and care practices within each facility.

3. HOME AND COMMUNITY

The home setting includes houses, units, apartments, retirement villages, caravan parks and mobile homes where older people live. The community setting includes the physical environment outside the home including roads and footpaths, shopping centres, transport, recreation and leisure centres, and other public places.

The health status of older people living at home or in the community differs. There are well, independent and active older people whose risk of falling is lower than other people who have long-term health conditions requiring multiple medications and who may have had a severe injury as a result of a previous fall.

Preventing falls in older people living in the community involves participation and engagement of groups and organisations involved in health promotion. These groups and organisations have the ability to assist older people to identify any changes in health and well being that may increase the risk of falling and to provide the community with knowledge of falls prevention, education and intervention.

4. INTERFACE WITH HOSPITAL AND HEALTH SERVICES

A fourth setting that must be recognised is the interface between the older person's place of residence and primary health services, hospital Emergency Departments or outpatient clinics, where older people may attend for care following a fall or other illness that may predispose them to falling.

Services at this interface are critical because they provide delivery of care across the above three settings (hospital, residential and home and community) and provide specialist knowledge in falls prevention, education and intervention.

Encouragement and support should be given to continue to develop a culture of falls prevention across all levels of service delivery at this interface.

Primary care

The primary health care sector includes general practitioners, nurse practitioners, allied health providers, community health services, Home and Community Care (HACC) providers and Aged Care Assessment Teams (ACAT). Collaboration between health promotion in the community and the primary health care sector assists older people to identify changes to their risk of falling.

Emergency Departments

Emergency Departments (ED) represent the interface between the community or residential care and the hospital setting. Patients are triaged on entry to ED to assess their medical acuity and the priority for attendance by a nurse or medical officer. Following attendance at ED a patient will either be admitted as an inpatient to the hospital, or discharged to their usual place of residence.

ED may act as a primary health care provider to those who have fallen and are not admitted. Wherever possible this group of patients should be referred to their general practitioner for follow up.

Falls Clinics

Falls clinics are located in metropolitan aged care and rehabilitation departments. They provide specialist medical, nursing and allied health assessment and treatment for those individuals who have fallen and are at high risk of repeated falls.

Day Hospitals and Outpatient Clinics

Day Hospitals in Western Australia are located within metropolitan aged care and rehabilitation departments. They provide short-term hospital-based multidisciplinary rehabilitation services to older people who are disabled, frail or chronically ill. Components of the Day Hospital include day therapy services and some formalised outpatient clinics such as the geriatric medical outpatients, memory, Parkinson Disease and falls clinics.

Other hospital-based outpatient clinics provide a variety of specialist services to people of all ages. Older patients attending general outpatient clinics should be managed holistically and assessed for their falls risk.

Framework for falls prevention, education and intervention strategies

The following framework outlines a range of strategies that have been developed for each setting to support the statewide Falls Policy. The framework is based on best practice evidence, feedback from the 2003 Western Australia stocktake, and other current state and national injury prevention programs and initiatives. The range of strategies is directed at people aged 65 years and over whilst they are in each setting.

It is acknowledged that the introduction of falls prevention, education and intervention strategies across the range of settings may represent a need for a shift in culture in areas of administration, organisational development and risk management amongst health professionals and support staff. Encouragement and support should be given to developing a culture of falls prevention across staff at all levels of service delivery within the setting.

Framework for Strategies by Setting

HOSPITAL SETTING

Strategies in this setting are targeted at people falling or at risk of falling whilst in hospital as an admitted patient. Programs should include: in-service education at the organisational and ward level to increase awareness of staff; introduction of risk assessments; increased surveillance of patients identified at risk of falling; and introduction of prevention and intervention pathways, checklists, environmental modification and bio-mechanical solutions.

Prevention Strategies	Education Strategies	Intervention Strategies
➤ Multifactorial, multidisciplinary approach • Raise awareness of falls risk factors with staff, patients, families & carers • Individual falls risk assessments including visual, neurological & cardiovascular review • Development & implementation of falls risk prevention plans & clinical pathways • Environment, medication & footwear review & modification • Patient exercises to improve strength, mobility & balance • Patient continence management • Patient osteoporosis & dietary status review & management • Encourage use of hip protector garments in high risk group ➤ Referral protocol to other services for ongoing prevention strategies	➤ Staff education & training ➤ Patient/family/carer education ➤ Information packages & poster displays	➤ Multifactorial, multidisciplinary individual approach to intervention • Development & implementation of falls intervention plans & clinical pathways • Implement reduction of individual risk factors for falls • Environment, medication & footwear review & modification • Individually tailored exercises to improve strength, mobility & balance • Patient continence management • Patient osteoporosis & dietary status review and management • Encourage use of hip protector garments in high risk group ➤ Coordinated discharge planning ➤ Referral/transfer protocol to other services for ongoing intervention strategies

RESIDENTIAL SETTING

Strategies in this setting are targeted at people falling or at risk of falling whilst a resident in a hostel or nursing home facility. Programs should include: in-service education at the organisational and facility level to increase the awareness of staff; introduction of risk assessments; increased surveillance of residents identified at risk of falling; and introduction of prevention and intervention pathways, checklists, environmental modification and bio-mechanical solutions.

Prevention Strategies

- Multifactorial, multidisciplinary approach
  - Raise awareness of falls risk factors with staff, residents & their families
  - Individual falls risk assessments including regular visual & cardiovascular review
  - Development & implementation of falls prevention plans & clinical pathways
  - Environment, medication & footwear review & modification
  - Resident exercises to improve strength, mobility & balance
  - Resident continence management
  - Resident osteoporosis & dietary status review & management
  - Introduction of a minimal use of restraints policy
  - Encourage use of hip protector garments in high risk group
- Referral/transfer protocol to other services for ongoing prevention strategies

Education Strategies

- Staff education & training
- Resident/family/carer education
- Information packages & poster displays
- Raise awareness of community falls prevention & intervention service directory

Intervention Strategies

- Multifactorial approach to assessment & intervention
  - Development & implementation of falls intervention plans & clinical pathways
  - Implement reduction of individual risk factors for falls
  - Environment, medication & footwear review & modification
  - Individually tailored exercises to improve strength, mobility & balance
  - Resident continence management
  - Resident osteoporosis & dietary status review & management
  - Introduction of a minimal use of restraints policy
  - Encourage use of hip protector garments in high risk group
- Referral/transfer protocol to other services for ongoing intervention strategies

HOME AND COMMUNITY SETTING

Strategies in this setting are targeted at people themselves who have fallen or are at risk of falling within the home or in the community. Programs should aim to empower the older person, their families and carers to: become more aware of the risk factors of falling; conduct a regular checklist of their medicines, footwear, physical activity, health status and physical environment in which they live; and take action to modify any hazards or risks identified. Encouragement and support should be given to older people to continue to maintain their health and well being in this setting.

Prevention Strategies

- Encourage healthy lifestyle & regular attendance at exercise programs designed for older people
- Encourage client awareness of falls risk factors including:
  - Environment, medication & footwear review & modification
  - Visual review & modification
  - Continence management
  - Osteoporosis & dietary status review & management
  - Deterioration in health status
- Regular client review with a primary care provider including visual & cardiovascular review

Education Strategies

- Individual/family/carer education
- Regular review of information brochures available on falls prevention
- Awareness of community falls prevention & intervention services

Intervention Strategies

- Multifactorial approach to prevention
  - Implement reduction of individual risk factors for falls
  - Environment, medication & footwear review & modification
  - Individually tailored exercises to improve strength, mobility & balance
  - Client continence management
  - Client osteoporosis & dietary status review and management
  - Encourage use of hip protector garments in high risk group
- Regular client review with a primary care provider including visual & cardiovascular review

INTERFACE SETTING (WITH HOSPITAL AND HEALTH SERVICES)

Primary Care

Strategies in this setting are targeted at people who are at risk of falling or have fallen in the community. Programs should be designed to encourage older people, and their families and carers, to become more aware of the risk factors of falling through education programs, modification of risk factors, regular exercise and review with health professionals. Programs should include: in-service education at the organisational and facility level to increase the awareness of staff; and introduction of risk assessments, prevention and intervention pathways, checklists, environmental modification and biomechanical solutions.

Prevention Strategies

- Encourage healthy lifestyle & attendance at exercise programs designed for the older individual
- Multifactorial, multidisciplinary approach
  - Routine enquiry about falls
  - Raise awareness of falls risk factors in the individual, their families & carers, & health professionals
  - Individual falls risk assessments including visual, neurological & cardiovascular review
  - Development & implementation of falls prevention plans
  - Environment, medication & footwear review & modification
  - Individually tailored exercises to improve strength, mobility & balance for those at high risk of falls
  - Client continence management
  - Client osteoporosis & dietary status review and management
  - Encourage use of hip protector garments in high risk group
- Referral protocol to other services within primary care, falls clinic or Day Hospital

Education Strategies

- Education & training for health professionals
- Individual/carer/family education
- Information packages & poster displays
- Establishment of community falls prevention & intervention service directory

Intervention Strategies

- Multifactorial, multidisciplinary approach
  - Development & implementation of falls intervention plans & clinical pathways
  - Implement reduction of individual risk factors for falls
  - Environment, medication & footwear review & modification
  - Individually tailored exercises to improve strength, mobility & balance
  - Client continence management
  - Client osteoporosis & dietary status review & management
  - Encourage use of hip protector garments in high risk group
- Coordinated discharge planning
- Referral/transfer protocol to other services within primary care, falls clinic or Day Hospital

INTERFACE SETTING (WITH HOSPITAL AND HEALTH SERVICES) continued

Emergency Department

Strategies in this setting are targeted at people who have fallen or are at risk of falling who attend the ED. Services should include routine enquiry and brief assessment of falls history, information about falls risk factors and coordinated discharge planning. Programs should include: in-service education at the organisational and department level to increase the awareness of staff, and introduction of prevention and intervention pathways. Encouragement and support should be given to continue to develop a culture of falls prevention across all levels of service delivery.

Prevention Strategies	Education Strategies	Intervention Strategies
➤ Routine enquiry about falls ➤ Brief patient falls risk assessment ➤ Raise awareness of falls risk factors in the individual, their families & health professionals ➤ Patient medication review & modification ➤ Coordinated discharge planning ➤ Referral protocol to falls clinic or primary care for comprehensive assessment	➤ Education & training for health professionals ➤ Individual/carer/family education ➤ Information packages & poster displays ➤ Raise awareness of community falls prevention & intervention service directory	➤ Patient medication review & modification ➤ Development & implementation of falls intervention plans & clinical pathways ➤ Coordinated discharge planning ➤ Referral protocol to falls clinic or primary care for comprehensive assessment

INTERFACE SETTING (WITH HOSPITAL AND HEALTH SERVICES) continued

Falls Clinics

Strategies in this setting are targeted at people living in the community and in hostel accommodation who have been identified at high risk of falling. Services should include comprehensive multidimensional assessment, intervention and a targeted management approach. Programs should include: in-service education at the organisational and department level to increase the awareness of staff, and introduction of prevention and intervention pathways, and environmental modification.

Prevention Strategies	Education Strategies	Intervention Strategies
➤ Multifactorial, multidisciplinary approach • Raise awareness of falls risk factors with patients, their families & carers • Individual comprehensive falls risk assessments including visual, neurological & cardiovascular review • Development & implementation of individual falls risk prevention plans & clinical pathways • Environment, medication & footwear review and modification • Individually tailored exercises to improve strength, mobility & balance • Patient continence management • Patient osteoporosis & dietary status review and management • Encourage use of hip protector garments in high risk group ➤ Referral protocol to other services in primary care or Day Hospital for ongoing prevention strategies	➤ Staff education & training on use of assessment tools ➤ Patient/carer/family education ➤ Information packages & poster displays ➤ Raise awareness of community falls prevention & intervention service directory	➤ Multifactorial, multidisciplinary approach • Individual falls risk assessments • Development & implementation of individual falls intervention plans & clinical pathways • Implement reduction of individual risk factors for falls • Environment, medication & footwear review and modification • Individually tailored exercises to improve strength, mobility & balance • Patient continence management • Patient osteoporosis & dietary status review & management • Encourage use of hip protector garments in high risk group ➤ Coordinated discharge planning ➤ Referral protocol to other services in primary care or Day Hospital for ongoing intervention strategies

INTERFACE SETTING (WITH HOSPITAL AND HEALTH SERVICES) continued

Outpatient Clinics and Day Hospitals

Strategies in this setting are targeted at people who live in the community or in hostel accommodation and are attending day hospital or outpatient clinics. Services should include routine enquiry and brief assessment of falls history, identification of falls risk factors, information about falls risk factors and coordinated discharge planning, followed by referral to a specialist falls service for comprehensive assessment if indicated. Programs should include: in-service education at the organisational and department level to increase the awareness of staff, and introduction of prevention and intervention pathways.

Prevention Strategies

- Encourage healthy lifestyle & attendance at exercise programs for the older individual
- Multifactorial, multidisciplinary approach
  - Routine enquiry about falls & brief assessment including visual & cardiovascular review
  - Raise awareness of falls risk factors in the individual, their families & health professionals
  - Development & implementation of falls prevention plans
  - Environment, medication & footwear review & modification
  - Individually tailored exercises to improve strength, mobility & balance for those at high risk of falls
  - Patient continence management
  - Patient osteoporosis & dietary status review & management
  - Encourage use of hip protector garments in high risk group
- Coordinated discharge planning
- Referral protocol to other services in primary care or falls clinic for ongoing prevention strategies

Education Strategies

- Education & training for health professionals
- Individual/carer/family education
- Information packages & poster displays
- Raise awareness of community falls prevention & intervention service directory

Intervention Strategies

- Multifactorial, multidisciplinary approach
  - Implementation of falls intervention plans & clinical pathways
  - Implement reduction of individual risk factors for falls
  - Environment, medication & footwear review & modification
  - Individually tailored exercises to improve strength, mobility & balance
  - Patient continence management
  - Patient osteoporosis & dietary status review & management
- Coordinated discharge planning
- Referral protocol to other services in primary care, falls clinic or Day Hospital for ongoing intervention strategies

Implementation of the Policy

The statewide Falls Policy provides a framework and recommended strategies for a specific target group in nominated target settings to provide a cohesive and effective response to the reduction in falls and falls related injuries. The policy does not define specific action plans or programs for each setting.

Implementation of the policy will be guided by the Department of Health and the Statewide Falls Policy Group Executive Committee, in collaboration with stakeholder reference groups from each of the target settings.

Falls risk assessments, training and education programs for health professionals, and information packages for the target group and their carers and families will be developed and implemented through pilot projects in a three-phased approach.

Each phase is outlined in Table 2. The first phase of the implementation plan is outlined in more detail in Table 3.

Other strategies and pilot projects will be developed and implemented in priority sequence by the Statewide Falls Policy Group.

It is anticipated that each health provider or organisation in each setting will be responsible for continuation of pilot projects and implementation of the policy. Where appropriate, site-specific standards and procedures that are sustainable in the long term will be developed to support the policy.

Health providers and organisations will be encouraged to develop and implement induction, training and education programs for employees on the scope of the policy, in line with risk management guidelines within their particular setting to reduce the incidence of falls.

Implementation Plan

TABLE 2 **Implementation Phases**

	Year	Implementation
Phase 1 *(see Table 3)*	2003/2004	• Pilot projects in target settings • Evaluation of pilot projects
Phase 2	2004/2005	• Implementation in metropolitan target settings
Phase 3	2005/2006	• Implementation in rural target settings

TABLE 3 Phase 1: Implementation Plan

Setting	Pilot location	Pilot Implementation Plan
Hospital	Medical Ward staff: SCGH	• Develop falls risk assessment tool • Develop falls care pathway • Develop education package • Deliver education package
Interface & Community	Emergency department staff: Fremantle Hospital	• Add falls identification flag into EDIS database • Automated fax to GP providing falls information • Education of RMO – referral to falls clinic
Interface & Community	Metropolitan falls clinics	• Fallscreen analysis[17]
Community	HACC	• Develop education package • Implement education package
Residential Care		• Develop incident reporting system for residential care

Abbreviations

SCGH: Sir Charles Gairdner Hospital
EDIS: Emergency Department Information System
GP: General Practitioner
RMO: Resident Medical Officer
HACC: Home & Community Care

Evaluation and Monitoring

The Statewide Falls Policy Group Executive Committee will evaluate and monitor clinical practice on an annual basis using formative, process, impact and outcome, and economic evaluation methods in collaboration with the Injury Research Centre at the University of Western Australia.

The Executive Committee will comprise representatives from the Department of Health Rehabilitation, Aged and Continuing Care Directorate; Office of the Chief Nursing Officer; Population Health Injury Prevention Unit; Office of Safety and Quality; the hospital / interface and residential care setting.

Glossary of terms

Allied Health: Health professionals including physiotherapists, occupational therapists, social workers, speech pathologists, dieticians, podiatrists and clinical psychologists.

Best Practice: In the health sector, best practice is the highest standard of performance in delivering safe, high quality care, as determined on the basis of available evidence and by comparison among health care providers.[18] Best practice represents current best evidence based on expert opinion.

Carer: A family member, parent, partner, significant other, friend or neighbour who provides care on an unpaid basis. The person they support may have a chronic illness, disability, mental illness or may be frail.[19]

Education: The application of principles, techniques and more effective instruction to improve a person's knowledge base.

Fall: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure or overwhelming external force.[1]

Health promotion: The planned and managed process of encouraging and assisting improvement in the health of a population as distinct from the provision of health care services.[20] Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Participation is essential to sustain health promotion action.[21]

Health service: Any service which can contribute to improved health or the diagnosis, treatment and rehabilitation of sick people and not necessarily limited to medical or health-care services.[20]

Hip Protector Garment: A specially designed stretchy undergarment consisting of two protector pads inserted into a pocket on each side at the level of the greater trochanter and covering the proximal end of the femur, the bone of the upper thigh.[22]

Intervention: Any act performed to prevent harm from occurring to a person or to improve the mental, physical or emotional function of a person – in this policy it includes treatment and rehabilitation[23]. Intervention can also be defined as an activity or set of activities aimed at modifying a process, course of action or sequence of events, in order to change one or several of their characteristics such as performance or expected outcome.[20]

Multifactorial: Having several different factors, or pertaining to the interaction of many factors.

Multidisciplinary: The involvement of two or more professionals from different areas of training in providing services – in this policy these services include prevention, intervention and education.

Prevention: The principle of avoiding a negative consequence – in this policy it refers to avoiding an injury due to a fall. Its focus can be on preventing the fall from happening or on preventing or minimising an injury if a fall occurs.[24]

Primary Care: The first level of contact with people taking action to improve health in a community. Primary Health Care is essential health care made accessible at a cost, which the country and community can afford, with methods that are practical, scientifically sound and socially acceptable.[20]

Setting: The place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing.[12]

Stakeholder: An individual or group that has an interest in the organisation and delivery of health care, and who either conducts, sponsors, or are consumers of health care research, such as patients, payers and health care practitioners.[20]

Abbreviations

ACAT: Aged Care Assessment Team
DoH: Department of Health
ED: Emergency Department
EDIS: Emergency Department Information System
GP: General Practitioner
HACC: Home and Community Care
RMO: Resident Medical Officer
SCGH: Sir Charles Gairdner Hospital
SFPG: Statewide Falls Policy Group

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