Falls facts for doctors

Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Residential Aged Care Facilities 2009

Doctors have an important role to play in preventing falls and harm from falls in residents of residential aged care facilities. You are well positioned to prevent falls through a team approach to planning, implementing and evaluating a falls prevention program. You are also well placed to recognise changes in a resident’s risk of falling and to ensure appropriate, multidisciplinary responses.

The Australian Commission on Safety and Quality in Health Care has produced national guidelines to inform clinical practice and assist residential aged care facilities to develop and implement practices to prevent falls and injuries from falls. Successful falls prevention programs in residential aged care facilities use a combination of:

• tailored, multiple interventions for all residents as part of routine care
• a targeted and individualised falls care plan based on screening or assessment.

What can you do to help?

• Check that targeted and individualised falls prevention care plans for residents are in place and are based on screening or assessment.
• Ensure that preventing falls is part of routine care for all residents.

Recommendations from the guidelines

Preventing Falls and Harm From Falls: Best Practice Guidelines for Australian Residential Aged Care Facilities 2009 recommends falls prevention interventions based on the latest evidence and practice. The following standard falls prevention interventions have been included as interventions in successful trials in residential aged care facilities, and should be included in routine practice.

Recommendations specifically for doctors

• Review medications, especially high-risk medications, such as sedatives, antidepressants, antipsychotics and centrally acting pain relief.
• Assess and manage bone health in residents who have, or who are at risk of, low-trauma fractures. This includes use of vitamin D and calcium, as well as formal treatments for osteoporosis.
• Check lying and standing blood pressure in residents at risk of falls.
• Ensure that residents residents with cognitive impairment are appropriately managed with behavioural strategies — avoid using physical and chemical restraints, where possible.

Other recommendations relevant to all staff of residential aged care facilities include the following:

• Check that targeted and individualised falls prevention care plans are in place for residents and are based on screening or assessment.
• Ensure that preventing falls is part of routine care for all residents.
• Encourage all residents to participate in exercise classes.
• Ensure that mobile residents can walk around safely.
• Assess and develop a care plan for residents with urinary incontinence.
• Arrange supervision and assistance for residents with delirium or cognitive impairment (and who are not capable of standing and walking safely) during transfers.

This fact sheet has been adapted from Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Residential Aged Care Facilities 2009, developed by the Australian Commission on Safety and Quality in Health Care.
1. Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Residential Aged Care Facilities 2009.

The following resources have been developed to assist implementation of the Falls Guidelines:


3. I Want to Stay Independent: Slips, Trips and Broken Hips Are Not For Me — Consumer Guide.

4. Fact sheets:
   - Falls facts for support staff
   - Falls facts for allied health professionals
   - Falls facts for health managers
   - Falls facts for nurses
   - Falls facts for doctors.

All publications are available from the Australian Commission on Safety and Quality in Health Care website www.safetyandquality.gov.au

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