Submission

Draft Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Residential Aged Care Facilities, Community Care and Hospitals

Submission by the **Australian Physiotherapy Association**

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Authorised by:

Rob LoPresti
Chief Executive Officer
Australian Physiotherapy Association
Level 1, 1175 Toorak Rd Camberwell VIC 3124
Phone: (03) 9092 0888
Fax: (03) 9092 0899
www.australian.physio

Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

1. Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Australian Commission on Safety and Quality in Health Care on the updated draft Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Residential Aged Care Facilities (RACs), Community Care and Hospitals (Fall Prevention Guidelines).

The APA provided substantial feedback on the guidelines during the consultation process undertaken by the Australian and New Zealand Falls Prevention Society and we are pleased that much of our feedback has been included in this draft.

Falls are a leading cause of preventable death in older people. Physiotherapy has a critical role in improving function and mobility and preventing falls in older people and we are pleased to see this recognised throughout the guidelines.

Strong evidence for physiotherapy-led falls prevention assessment, programs and care cited – demonstrating efficacy and benefit in maintaining and improving strength and balance and reducing the number of falls across cohorts including in those with cognitive impairment.

Importantly, the APA's recommendations to recognise a lifespan and preventive approach, particularly in relation to bone density management, is significant in improving outcomes for older people. The recognition of vestibular physiotherapy's central role in treating dizziness and vertigo is also an important addition to the guidelines.

We welcome the adoption of other key APA recommendations, including to:

- identify and specify physiotherapists' role in delivering falls prevention and management;
- outline the role of GPs in care planning and referral to healthcare professionals;
- provide guidance on alcohol consumption;
- recommend consideration be given to how an older person navigates their environment, as part of environmental assessments and interventions.
- reporting of staffing levels at the time of falls in residential aged care facilities;
- increase focus on environment, and
- improve specificity in the guidance on vestibular assessment.

The Guidelines are, on the whole, very clear and thorough with excellent use of case studies, particularly in the RACs guide.

In the context of an ageing population and strained health and care services, it has never been more important to embrace digital technology in disseminating critical resources such as these guidelines to support healthcare professionals in delivering evidence-based falls prevention and support older people to make informed decisions.

The APA has provided feedback to this consultation via an online survey. This document captures our proposed further refinements to ensure outmost clarity in the interpretation of evidence, recommendations, principles and good practice points.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

2. APA's response to the consultation questions

Evidence informing Falls Guidelines

Which guidelines did you review?

- [x] Residential Aged Care Services (RACS)
- [x] Hospitals
- [x] Community

Which chapters did you review?*

- [x] Falls and falls injuries in Australia
- [x] Involving older people in fall prevention
- [x] Fall prevention interventions
- [x] Fall risk assessment / multifactorial intervention / education
- [x] Balance and mobility limitations
- [x] Cognitive impairment
- [x] Continence
- [x] Feet and footwear
- [ ] Syncope
- [x] Dizziness and vertigo
- [x] Medicines safety
- [x] Vision
- [ ] Hearing
- [x] Environmental considerations
- [x] Monitoring

- [x] Minimising restrictive practices
- [x] Hip protectors
- [ ] Vitamin D and calcium
- [x] Osteoporosis management
- [x] Post-fall management

Did you understand the recommendations?*

- (•) Yes
- ( ) Mostly
- ( ) No

Are the good practice points appropriate?*

- (•) Strongly Agree
- ( ) Agree
- ( ) Disagree
- ( ) Strongly Disagree

APA comments

RAC recommendations

2. Ensure health professionals (e.g. physiotherapists or exercise physiologists) or appropriately trained instructors design and deliver the exercise programs.

Suggested amendment: Ensure programs are designed by health professionals (e.g. physiotherapists or exercise physiologists) who may also deliver them along with appropriately trained instructors.

Rationale: All programs must be designed based on clinical assessment undertaken by qualified health professionals to ensure capacity, capability and co-morbidity are considered, and adjustments made accordingly.

3. Provide continued exercise for fall prevention as the effect of structured exercise programs diminishes over time once the program had ended.

Suggested amendment: Provide continued exercise for fall prevention designed by health professionals (e.g. physiotherapists or exercise physiologists) as the effect of structured exercise programs diminishes over time once the program had ended.

RAC Minimum dataset for reporting and recording falls

The dataset is comprehensive in capturing the fall incident but would benefit from the inclusion of detail on what falls prevention strength and balance program had been undertaken, its frequency, when it ceased and which member of the care team designed and delivered the interventions.

Community recommendations

1. Ensure health professionals (e.g. physiotherapists or exercise physiologists) or appropriately trained instructors design and deliver the exercise programs.

Suggested amendment: Ensure programs are designed by health professionals (e.g. physiotherapists or exercise physiologists) who may also deliver them along with appropriately trained instructors.

Rationale: Programs must be designed based on clinical assessment undertaken by qualified health professionals only to ensure capacity, capability and co-morbidity are considered, and adjustments made accordingly and as the older person's condition changes. Further, risk assessment and home safety assessment must be conducted by a health professional (e.g. physiotherapist or occupational therapist).

4. Provide older people at increased risk of falls (e.g. 1+ falls per year) with individualised programs. Supervision or assistance from a health professional (e.g. physiotherapist or exercise physiologist) or appropriately trained instructor may be required to exercise safely and effectively.

Suggested amendment: Provide older people at increased risk of falls (e.g. 1+ falls per year) with individualised programs designed by health professionals (e.g. physiotherapists or exercise physiologists). Supervision or assistance from a health professional (e.g. physiotherapist or exercise physiologist) or appropriately trained instructor may be required to exercise safely and effectively.

7. Following home safety assessments, provide individualised home safety interventions, delivered by an occupational therapist, for older people at increased risk of falls

Suggested amendments: Following home safety assessments by a health professional (eg physiotherapist or occupational therapist), provide individualised home safety interventions, delivered by an occupational therapist, for older people at increased risk of falls.
Rationale: Physiotherapists are qualified to conduct home safety assessments.

Hospital good practice points

The Hospital Guide would benefit from greater specificity about the role of physiotherapy aligning it more thoroughly with the RACs and Community guides.

Good practice point 1: Assess balance, mobility and strength using validated tests to:

- quantify the extent of balance and mobility limitations and muscle weakness
- guide exercise prescription
- measure improvements in balance, mobility and strength.
- determine and provide the level of hands-on assistance required for safe mobility.

Suggested amendment: assessment by a physiotherapist of balance, mobility and strength using validated tests …

Principles – Community

Target functional mobility: All older people should undertake exercise that targets balance and functional mobility to prevent falls.

Suggested amendment: All older people should undertake exercise that targets balance and functional mobility to prevent falls based upon clinical assessment.

Home safety visits are beneficial: Home safety visits from an occupational therapist can prevent falls in older people at high-risk.

Suggested amendment: Home safety visits from an occupational therapist or physiotherapist can prevent falls in older people at high-risk.

Role of general practitioners

We acknowledge the APA's feedback to clarify the role of general practitioners in care planning and referral to healthcare professionals has been incorporated in the RACs guide. However, we suggest further refinement to clarify the good practice points further.

Good practice point: Facilitate the involvement of the older person's general practitioner in care planning to maintain function and mobility, support reablement and ensure multidisciplinary care

Suggested amendment: Facilitate the involvement of the older person's general practitioner in care planning and multidisciplinary including referral to appropriate health professionals (physiotherapists) to maintain function and mobility, support reablement

Should any other evidence be considered?

- ○ Evidence is sufficient - no further evidence required
- ◉ Evidence is missing/misinterpreted - Please describe.
- ○ No opinion

The APA commends the Commission on the inclusion of thorough and strong evidence underpinning falls prevention best practice. The Sunbeam trial research is the strongest evidence of its kind in residential aged care and is adaptable as a basis for falls prevention across settings and therefore would be appropriate in other guides.

We suggest for your consideration an amendment to the interpretation of the evidence cited in the Hospitals guide (Exercise, page 30). We note the Guide points out that the evidence is limited but contend it's the focus of the interpretation is misplaced.

The trials cited demonstrate a positive impact of physiotherapy falls prevention – specifically, the reduction in the number of people falling. The number of falls this reduced cohort experienced did not decrease in the hospital setting indicating the importance of ongoing physiotherapy-led falls prevention – a recommendation highlighted in the RACs Guide but not in the Hospital Guide.

The APA contends this is a point to further expand upon in the Hospital Guide to ensure older people are referred to appropriate ongoing falls prevention programs upon discharge.

Dizziness and Vertigo- RACs, hospital and community -evidence for consideration:

Assessment:

- A Dix-Hallpike manouvre should be completed routinely for all older adults (in the absence of contraindications), given the increased prevalence of BPPV and underreporting of symptoms.
- In addition to the Dix-Hallpike test patients should also undergo supine roll testing to assess for horizontal canal BPPV and be treated/referred to a vestibular physiotherapist for further treatment if required.
- The Clinical Test on Sensory Integration for Balance should be used to identify if there is a deficit in the vestibular system that is contributing to balance impairment- it should be noted however this is not a diagnostic tool for vestibular disorders.
- A physiotherapist should consider assessments of gait speed, dual tasking and motion sensitivity testing.
- Consider other causes of dizziness if symptoms are not improving- migraine, Persistent Postural Perceptive Dizziness and refer onwards where appropriate to a neurologist or vestibular physiotherapist as indicated.

Treatment:

- Older people with horizontal canal BPPV should be treated with appropriate manoeuvres including a BBQ Roll or Gufoni manoeuvre by a vestibular physiotherapist.
- Older people with symptoms on a Dix-Hallpike or Roll test in the absence of nystagmus should be treated sparingly using the appropriate manoeuvre. If there is a continued absence of nystagmus and no improvement in symptoms over the course of two sessions, the client should be referred onwards to a neurologist as central vestibular impairments can present as BPPV.
- If the older person is not improving after two-three treatments for BPPV, the clinician should refer to a vestibular physiotherapist.
- If the older person is presenting with dizziness post fall concussion should be considered. The concussion guidelines should guide assessment and treatment if concussion is diagnosed.

Hip protectors

The APA believes there is an inconsistency in language and evidence relating to hip protectors across guides, noting that evidence relating to adherence and costs of hip protectors acting as barrier to adherence in the Hospital and Community guides is not included in the RACs guide.

Hospital guide 19.1.5/Community guide 18.1.4 adherence: Adherence to the use of hip protectors: Providing hip protectors at no cost can increase initial acceptance and adherence of hip protector use in community-dwelling older people at high risk of hip fractures

Community guide18.2.5 Cost of hip protectors: Cost of hip protectors appears to be a factor influencing uptake. Reimbursement by private health funds or by appliance supply schemes may improve this problem. It is unclear to what degree cost affects adherence to the longer-term use of hip protectors.

RACs good practice points

- Consider hip protectors for older people who fall frequently, have osteoporosis and /or a low body mass index.

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- Provide information to support informed decision-making about the use of hip protectors with older people, carers and representatives.

Costs are a barrier in RACs. These are provided at a cost to the resident, which can be difficult to arrange for the resident and family to pay and for them to accept/use them. Given the vulnerability of those with dementia and communication difficulties, the clinician may be recommend the hip protectors are trialled.

Provision of hip protectors must occur as soon as the need is recognised (possibly after assessment of risk factors by a physiotherapist or registered nurse). Delays in discussion with family, ordering and arranging payment result in delays to the uptake and hence increased risk of fracture while waiting for the hip protectors.

3. Person-centred approach

Please describe any improvements you would suggest:

Improving the health literacy of older people with education across all settings about prevention of declining function and impact of co-morbidities on falls risk, along with the need for regular clinical assessment, review and adjustment to intervention is critical. Education on health professions and interventions is essential to supporting informed decision-making and choice of care.

The APA welcomes the opportunity to assist the Commission in the development of consumer and provider facing education and communications relating to falls prevention.

4. Context for the Guidelines

Are the case studies useful?

- [ ] They could be more specific
- [ ] There are too many
- [ ] They need to be more person-centred
- [x] They're useful as they are
- [ ] Other comments - Please describe

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Which audiences or roles should be prioritised for resources that support the use of the Guidelines?

Residential aged care, home care providers and local area health services such as Primary Health Networks should be prioritised to encourage adoption of good practice guides and recommendations as quickly as possible.

The APA has seen a decline in the health profession workforce in residential aged care raising concerns about the potential impact on the provision of falls prevention for residents designed and delivered by appropriately qualified clinicians and the comprehensive guide is a key tool to assist aged care providers ensure adequate staffing levels and the right mix of staff to support falls prevention.

Do you have any ideas for the format of the supporting resources?

The APA recommends resources be made available in a range of formats to meet different needs across settings. Individual practitioners may benefit from digital resources while larger facilities may benefit from more tradition formats for display in facilities.

The APA recommends the development of digital tools to guide care, ensure thorough clinical and risk assessments, post-fall assessment and risk mitigation, post-fall follow up, reporting and recording falls and clinical record documentation and sharing to support collaborative multidisciplinary care.

These may include inbuilt, user-friendly tools such as checklists and referral pathways to ensure appropriate healthcare professionals such as physiotherapists are engaged for diagnosis, assessment, individualised falls prevention program design, delivery and review.

The APA would welcome the opportunity to be involved in the development of resources to embed the guidelines.