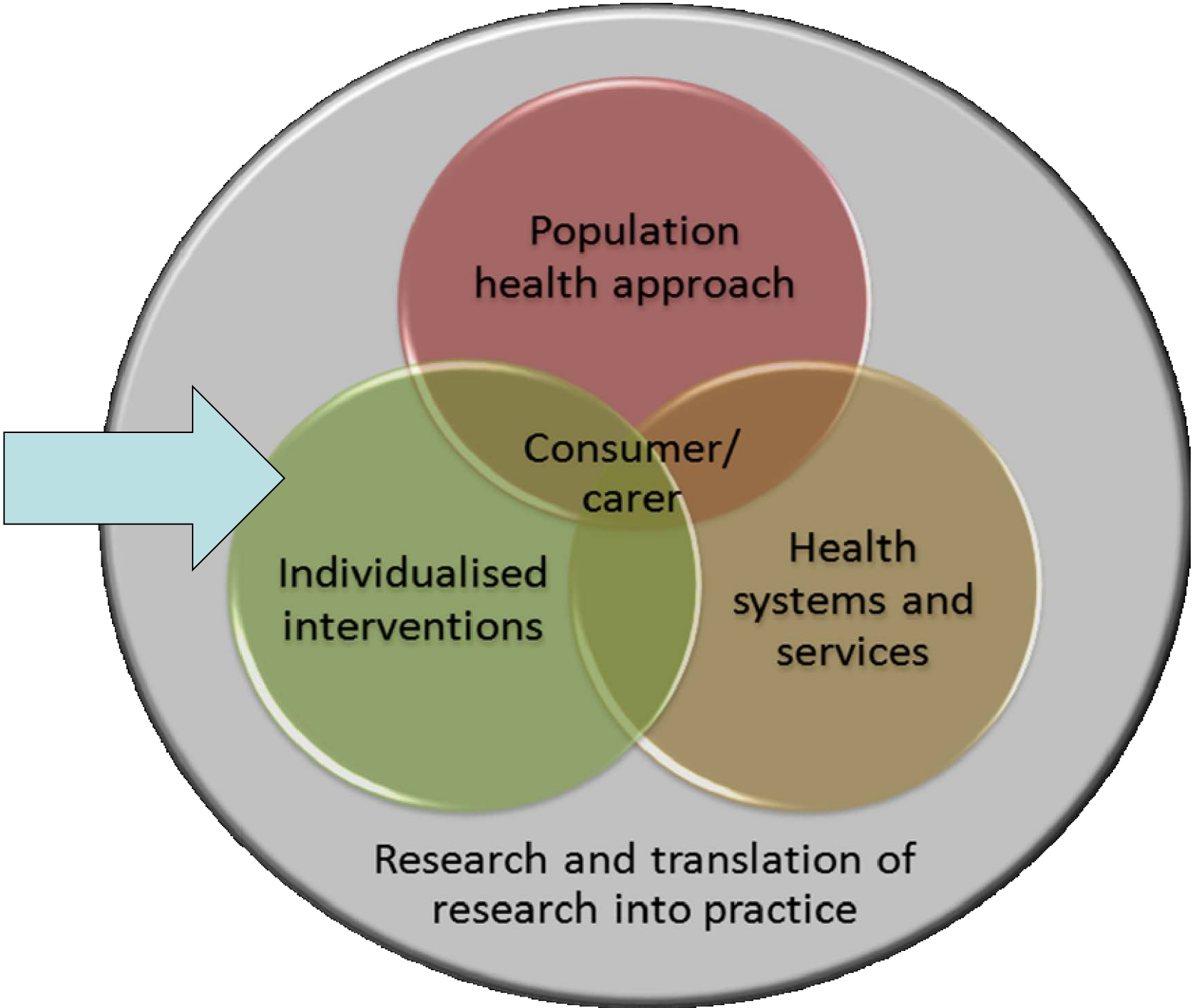
Falls Prevention
WA MOC 2014


Population health approach
Consumer/ carer
Individualised interventions
Health systems and services
Research and translation of research into practice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RESIDENTIAL CARE – page 34

Table 2. Evidence for fall prevention strategies in the community and residential care settings[96]

Strategy	Rating	Residents who benefit	Practice points
Vitamin D in high dose		All, unless known hypercalcaemia.	Cholecalciferol > 800 IU/day, Serum Vitamin D monitoring not required.
Medication review by pharmacist		All residents.	Comprises multiple changes to regime and increasing tests for monitoring.
Multifactorial assessment with targeted Interventions		High-risk patients such as those with recurrent unexplained falls or those who have suffered a fall injury.	Effective if interventions provided or arranged directly by assessment team.
Hip Protectors	Good practice point	Mobile residents who will be compliant.	Acceptability and adherence a major challenge, but effective in preventing fractures if worn.
Exercise	Good practice point	Less frail residents assessed by physiotherapy as suitable (exercise may increase falls in some residents)	Balance program should weigh up exercise intensity versus safety taking into account resident's cognitive status.

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Strategy	Rating	Individuals who benefit	Practice points
Exercise		Effective for both high falls risk and general older adult populations. Adaptation may be required if cognitive impairment present.	May be home or group program, requires balance component. Needs to be performed for 2 hrs/week on an ongoing basis.
Psychoactive medication withdrawal		Those taking benzodiazepine or other psychoactive medication.	GP supported, stepped withdrawal, average 5 visits.
Vitamin D in high dose		Those with low Vitamin D level (<60 nmol per litre).	Cholecalciferol > 800 IU/day, prevents fractures and falls.
Restricted multifocal spectacle use		Active older people using multifocal lenses (caution - may harm inactive older adults).	Use an additional pair of single-lens spectacles when outside. Provide falls education.
Expedited cataract surgery		First cataract appropriate for surgery.	Wait time less than 4 weeks.
Occupational therapy home visit		High-risk individuals especially those with visual impairment or recent hospitalisation.	Hazard reduction, training and education. Best as part of a multifactorial strategy.
Podiatry intervention		Disabling foot pain attending podiatry clinic.	May include orthoses, footwear advice, foot and ankle exercises, falls education.
Multifactorial assessment with targeted interventions		High-risk individuals such as those with recurrent unexplained falls or those who have suffered a fall injury.	Effective if interventions provided or arranged directly by assessment team.

 Strongly recommended, NHMRC level A, relevant to most older adults, easily implementable.

 Strongly recommended, NHMRC level A, relevant to sub-population of older adults, implementation dependent on service availability.

 Recommended, NHMRC level B, relevant to sub-population, requires application of practice points.

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Table 3. Evidence for fall prevention strategies in hospitals[96]

Older people in hospitals			
Strategy	**Rating**	**Patients who benefit**	**Practice points**
Risk assessment and targeted management plan (multifactorial intervention)		All older hospital patients	Address each risk factor identified with an individualised plan. Consider environmental modification, education, exercise, medication changes, delirium and continence management.
Theoretically-driven patient education with health professional follow-up		Older adults with normal cognition	Educators require training, uses DVD lead education and goal setting 4-5 visits required.
 = Strongly recommended based on high quality evidence (NHMRC level A), relevant to sub-population of			