



Falls Prevention: Strengthening the collaborative approach to rural community-based falls prevention

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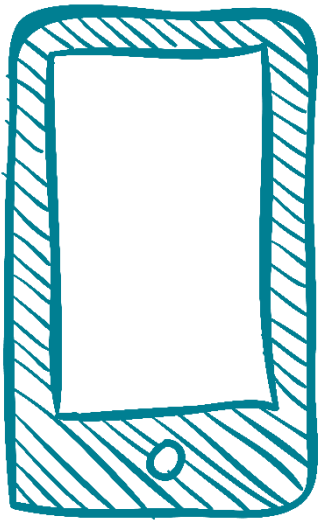
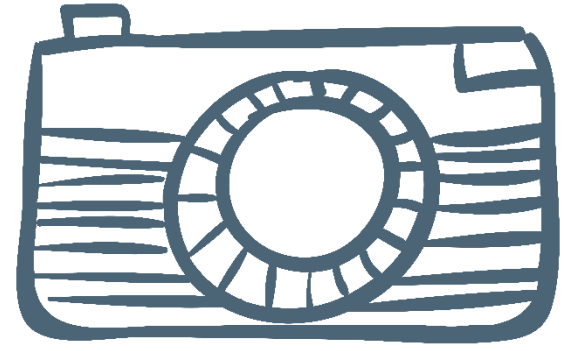
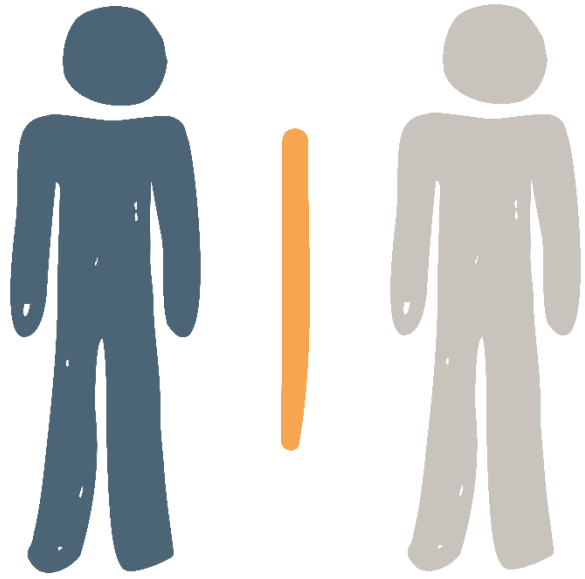


Injury Matters acknowledge the Whadjuk Noongar people as the traditional custodians of the land on which we live and work, and recognises Aboriginal and Torres Strait Islander peoples continuing connection to land, waters and community across Western Australia.

Our Reconciliation Action Plan can be found at www.injurymatters.org.au

Artwork by Mel Spillman (Woods) of Maarakool Art





Workshop Overview

- ✓ Falls and the impact of falls
- ✓ National Falls Guidelines – Community Care
- ✓ Interprofessional Collaboration
- ✓ Community based falls pathways
- ✓ Stay On Your Feet® program



ABOUT INJURY MATTERS

who are we?

**Helping people recover from injuries.
Or, better still, avoid them altogether.**

We're Injury Matters, WA's injury prevention and recovery specialists.

At Injury Matters, we innovate and deliver injury prevention and recovery programs and solutions that empower people, organisations and policymakers across WA to make informed, safer choices.



STAY ON YOUR FEET®

Move

Improve

Remove

Stay On Your Feet® provides information and strategies for older adults, their friends and family and health professionals to prevent slips, trips and falls.

The Stay On Your Feet® program is provided by Injury Matters and funded by the Department of Health Western Australia.



Falls in Western Australia



Every 17 hours
someone died
due to a fall
in 2022



Every 16 minutes
someone was
admitted to hospital
due to a fall in 2023



Every 12 minutes
someone attended the
ED due to a fall
in 2023

2025 WESTERN AUSTRALIAN FALLS REPORT

OUT NOW



**33,506 falls
hospitalisations
in 2023**



People aged 65+ accounted
for **over two-thirds of falls**
hospitalisations in 2023



**500 falls
fatalities
in 2022**



Impact of a fall



Older person falls

Loss of confidence & fear of falling

Reduce and avoid activity

Reduced strength and balance

Decreased social contacts

Isolation and depression

Increased frailty and falls

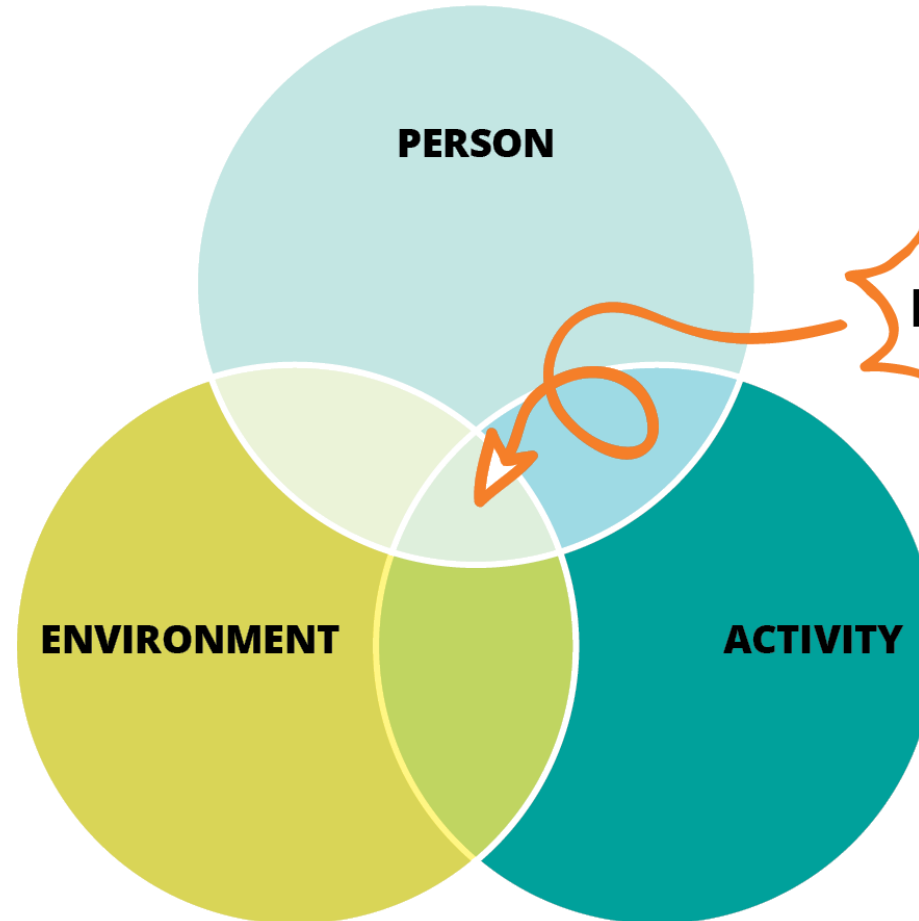
**Reduced quality of life
and independence**



Falls risk factors

Environmental Risk Factors

- Poor lighting
- Loose rugs
- Slippery surfaces
- Poor building design
- Cracked or uneven surfaces
- Stairs, curbs, and steps



Personal/Biological Risk Factors

- Age, gender
- History of falls
- Fear of falling
- Medical conditions
- Low physical ability
- Low cognitive capacity
- Low emotional status
- Gait or balance issues
- Muscle weakness
- Dizziness or blood pressure issues
- Vision impairment
- Continence

Activity/Behavioural Risk Factors

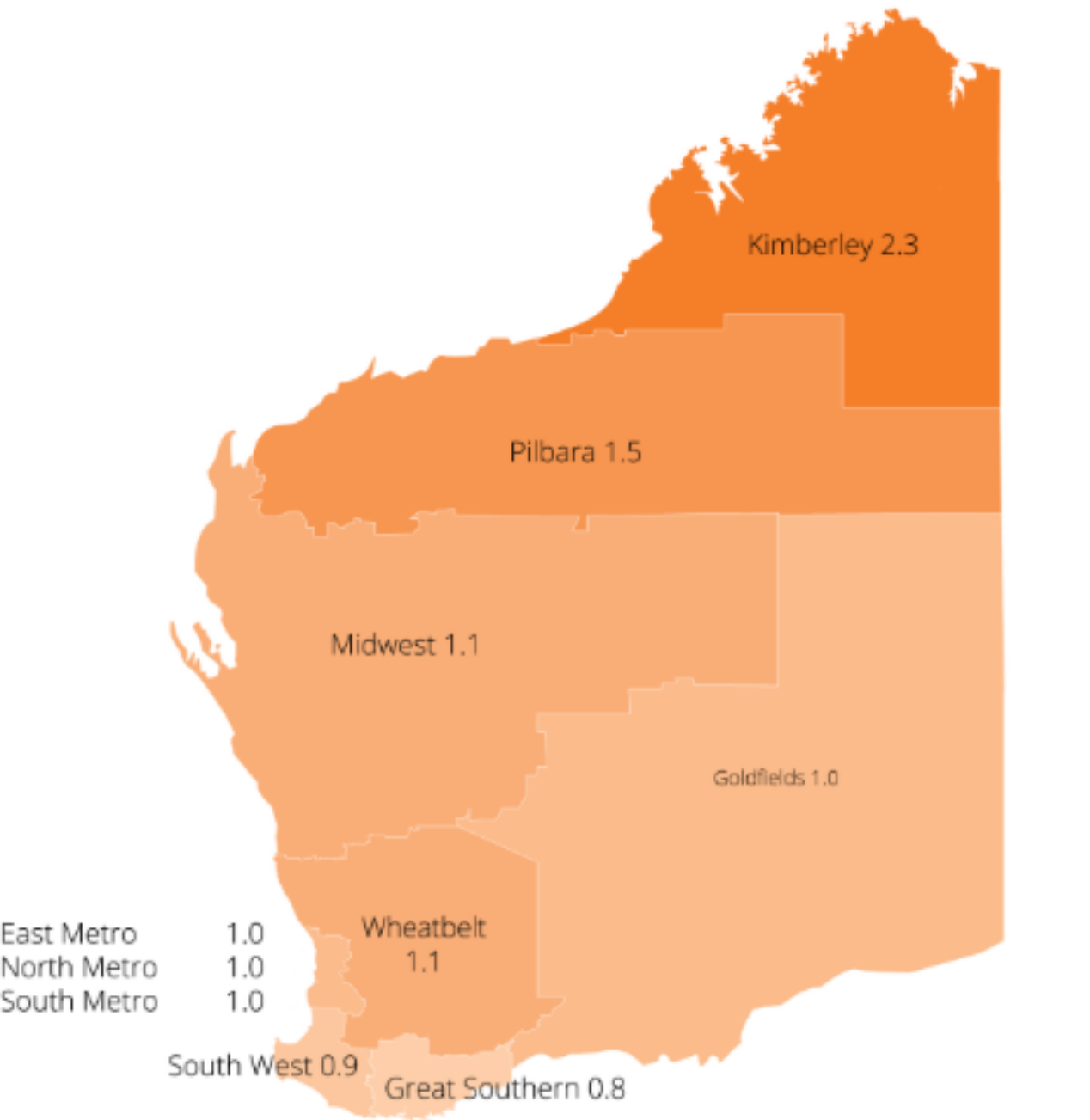
- Inappropriate footwear
- Multiple medication use
- Inactivity or low physical activity
- Excessive alcohol intake

Falls in Western Australia

	Fatalities (2022)	Hospital Admissions (2023)	ED Attendances (2023)
East Metro	131	8,424	12,262
North Metro	144	8,935	16,822
South Metro	137	9,096	12,584
Goldfields	8	549	79
Great Southern	12	812	83
Kimberley	<6	609	108
Midwest	10	929	187
Pilbara	<6	477	95
South West	35	2,392	209
Wheatbelt	17	1,283	608
All WA	500	33,506	43,225

Falls in Regional WA

The Kimberley, followed by Pilbara, Wheatbelt and the Midwest recorded the highest rate of falls hospitalisations in WA in 2023.



Standardised rate ratio (SRR) of falls hospitalisations by health region, WA, 2023.

Place of Occurrence



**OUTDOOR
AREAS**
(n=2,077)



BATHROOM
(n=1,881)



BEDROOM
(n=1,719)



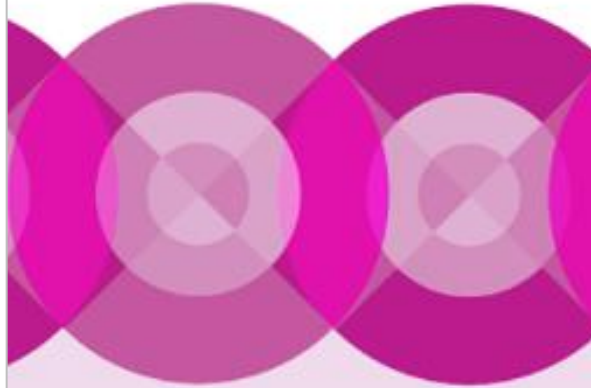
**2,483 falls
within aged
care facilities
resulted in
hospitalisations
in 2023.**

Place of Occurrence

PLACE OF OCCURRENCE	NUMBER OF HOSPITALISATIONS		
	FEMALE	MALE	TOTAL
Home	8,853	5,920	14,783
Health service areas	2,059	2,356	4,415
Residential institution	1,574	977	2,588
Trade and service area	524	468	992
Public street / transport path	527	374	901
Sports and athletics areas	280	511	828
Other specified institutions, places and public administration areas	335	312	647
School	165	249	414
Countryside	178	193	371
Car park	155	92	247
Industrial and construction area	8	32	98
Farm	16	33	49
Unspecified place of occurrence / not reported	3,749	3,566	7,173
All	18,423	15,083	33,506

Table 7. Number of falls hospitalisations by place of occurrence and gender, WA, 2023.⁶

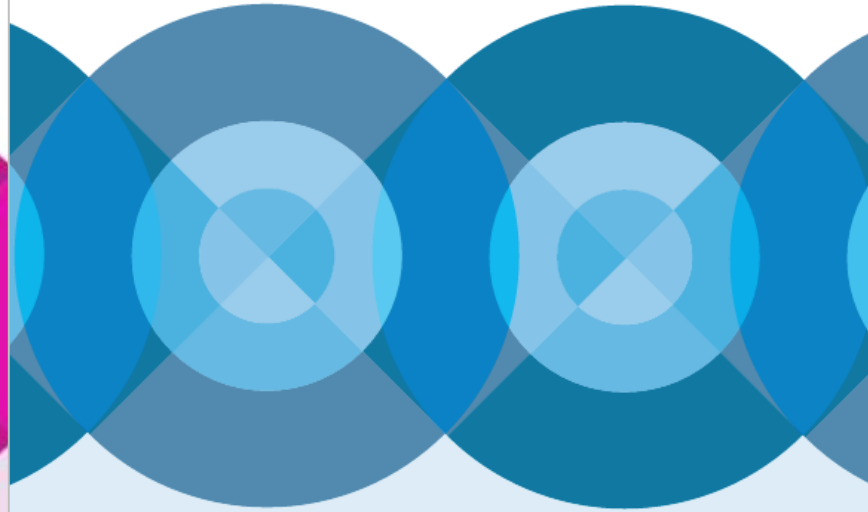
AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE



Preventing falls and harm from falls in Older People

Best Practice Guidelines for
Australian Hospitals

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Preventing falls and harm from falls in Older People

Best Practice Guidelines for
Community Care in Australia

AUSTRALIAN COMMISSION
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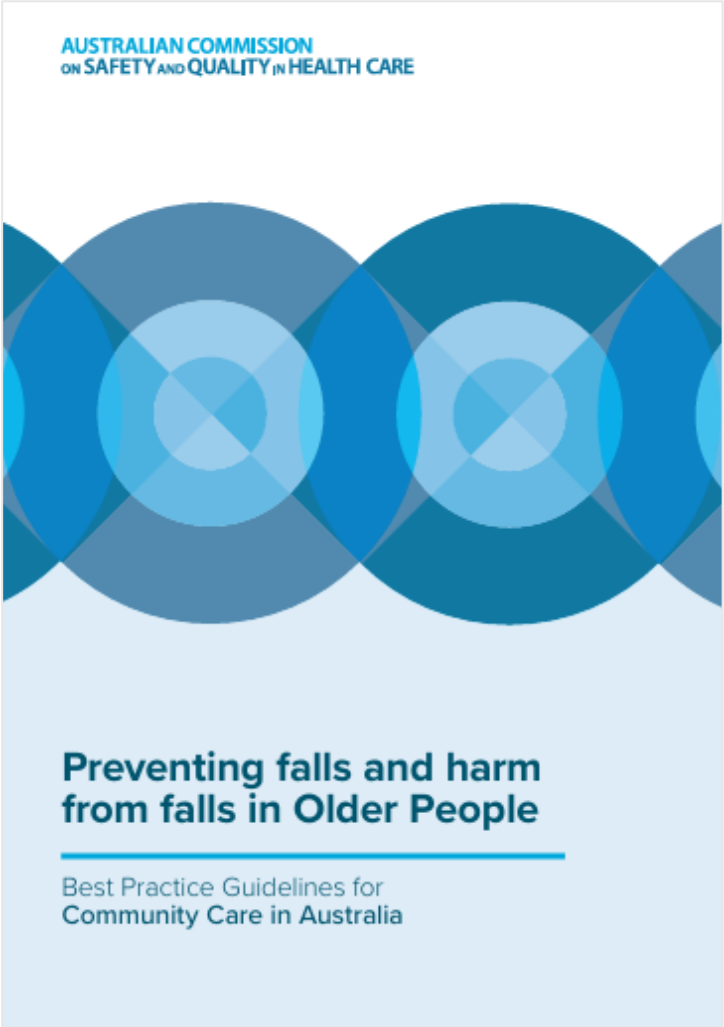
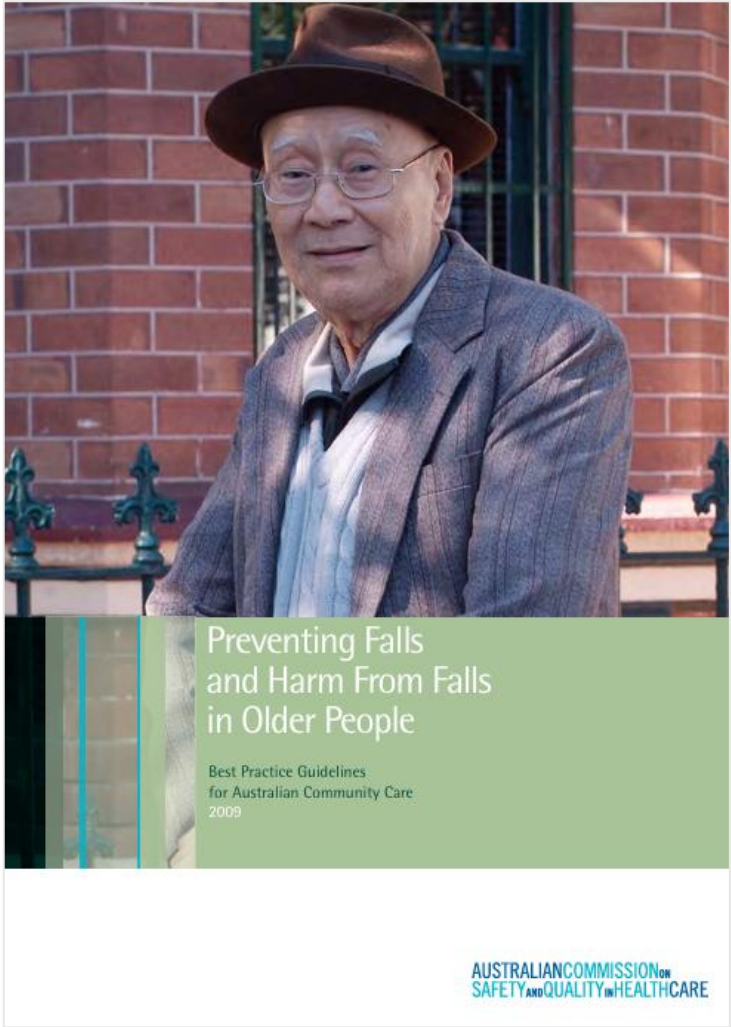


Preventing falls and harm from falls in Older People

Best Practice Guidelines for
Australian Residential Aged Care Services



National Guidelines



National Falls Guidelines and World Falls Guidelines

World Falls Guidelines (2022)

- Global consensus (100+ experts, 30+ countries)
- Applies across community, hospital & aged care
- Emphasis on frailty, geriatric syndromes & integrated care
- Strong focus on exercise dosage & fidelity
- Comprehensive risk factors, global applicability
- Provides broad principles, less operational detail



National Falls Guidelines – Community (2025)

- Australian-specific
- Built on latest evidence and Australian service context
- Guidance on screening → assessment → intervention
- Aligns with primary care, community health & Australian funding models
- Detailed recommendations for practice
- More prescriptive & implementation-ready for Australian services

Falls risk:

Australian Guidelines (2025) vs World Guidelines (2022)

	Aus	Recommendation	World	Recommendation
Low risk of falls	<1 fall/year	Support to attend community exercise or safely undertake home exercise	Older adult No falls/ 1 non-severe No balance/gait problems	Should be offered education about falls prevention and exercise for general health +/- fall prevention if interested.
Intermediate/ Increased risk of falls	1+ falls/year	Tailored, supervised exercise programs from health professional or appropriately trained instructor. Home and community safety education	Older adult 1 non-severe fall + balance/gait problems	In addition to the above, should be offered targeted exercise or a referral to a physiotherapist to improve balance and muscle strength and reduce their falls risk.
High risk for falls or are frail	2+ falls/year	Falls risk assessment by health professional to inform tailored fall prevention interventions.	Older adult 1 or more fall + injury, frailty, unable to get up without help, loss of consciousness	Should be offered a multifactorial assessment to inform individualised tailored falls interventions.

Three Key Questions

**Aim to embed these 3 key questions
as part of your usual working with older adults**

“Have you had a fall in the past year?”

*“Do you feel unsteady when
standing or walking?”*

“Do you worry about falling?”

“An event, which results in a person coming to rest unintentionally on the ground or other lower level”.

Is a slip, trip or collapse a fall?
Yes!



National Guidelines

Strength of Recommendation

- Strong (1)
- Weak/Conditional (2)

Quality of Evidence

- High (A)
- Intermediate (B)
- Low (C)

Preventing falls in community care

Australian Fall Prevention Guidelines

The *Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Community Care in Australia* (Falls Guidelines) has been updated to incorporate current best practice. It offers a nationally consistent approach to preventing falls and harm from falls in older people.

Why is fall prevention important?

Falls are a significant cause of harm to older people. Successful fall prevention involves using a combination of interventions tailored to the person's needs and based on an individual's falls risk. Engaging multidisciplinary teams, the older person and their carers and family is crucial to fall prevention. Good clinical care can optimise an older person's quality of life.

Recommendations in the Falls Guidelines

Exercise to prevent falls

- 1. Ongoing exercise for all:** Support all older people to undertake 2 to 3 hours of exercise per week on an ongoing basis. Primarily target balance, mobility and strength training. Ensure health professionals (including physiotherapists or exercise physiologists) or appropriately trained instructors design and deliver exercise programs. (Level 1A)
- 2. Cognitive impairment:** Support older people with mild cognitive impairment or mild to moderate dementia to undertake exercise if they choose to. (Level 1B)
- 3. Low risk of falls:** Support older people at low risk of falls (less than one fall a year) to attend community exercise or safely undertake home exercise. (Level 1A)
- 4. Increased risk of falls:** Provide older people at increased risk of falls (1+ falls per year) with tailored exercise programs. Supervision or assistance from an appropriately trained health professional or trained instructor may be required to ensure the older person exercises safely and effectively. (Level 1A)

Home safety interventions

- 5. Home safety:** For older people at increased risk of falls, undertake a home safety assessment and provide tailored home safety interventions delivered by an occupational therapist. People at increased falls risk include those with severe visual impairment, who have fallen in the past year, need help with everyday activities, have mobility impairment or use a mobility aid, or who have recently been discharged from hospital. (Level 1A)

Multi component interventions


















- 6. Education and exercise:** Provide older people who have had one or more falls in a year with home and community safety education in addition to exercise. (Level 1A)
- 7. Tailored interventions:** Provide older people at high risk of falls (who have two or more falls per year) with a fall risk assessment from a health professional to inform tailored fall prevention interventions. Interventions include exercise, home safety, assistive devices, medication reviews, interventions to maximise vision, podiatry, and strategies to address concerns about falling, anxiety, depression and cognitive impairments. (Level 1B)

Recommendation and good practice points

Areas of focus for best practice in fall prevention

The Falls Guidelines provides recommendations and good practice points to address personal and environmental risk factors for falls.

A tailored, multifaceted approach to preventing falls and harm will consider the following risk factors:

-  Fall risk assessment
-  Contenance
-  Dizziness and vertigo
-  Environmental risks
-  Restrictive practices
-  Vitamin D and calcium
-  Balance and mobility
-  Feet and footwear
-  Vision
-  Medicine and Medicines Review
-  Hip protectors
-  Post-fall management
-  Cognitive impairment
-  Syncope
-  Hearing
-  Osteoporosis
-  Monitoring and observation

Recommendations


Exercise to prevent falls

1. Support all older people to undertake 2 to 3 hours of exercise per week on an ongoing basis. (Level 1A)
2. Support older people with mild cognitive impairment or mild to moderate dementia to undertake exercise if they choose to. (Level 1B)
3. Support older people at low risk of falls (less than one fall a year) to attend community exercise or safely undertake home exercise. (Level 1A)
4. Provide older people at increased risk of falls (1+ falls per year) with tailored exercise programs. (Level 1A)

Home Safety Interventions


5. For older people at increased risk of falls, undertake a home safety assessment and provide tailored home safety interventions delivered by an occupational therapist. (Level 1A)

Multicomponent interventions

6. Provide older people who have had one or more falls in a year with home and community safety education in addition to exercise. (Level 1A)
 7. Provide older people at high risk of falls (who have two or more falls per year) with a fall risk assessment from a health professional to inform tailored fall prevention interventions. Exercise, home safety, assistive devices, medication reviews, interventions to maximise vision, podiatry, and strategies to address concerns about falling, anxiety, depression and cognitive impairments. (Level 1B)
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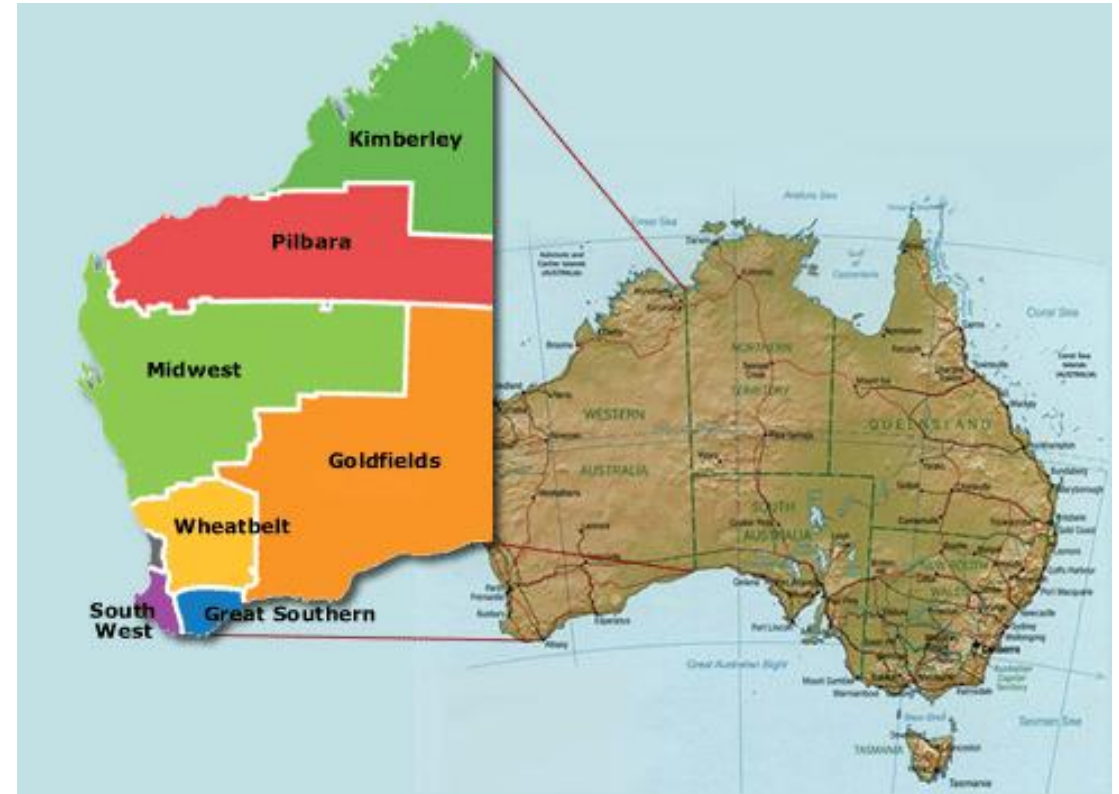
Recommendations

Single Interventions for specific risk factors

8. Provide older people with foot problems or disabling foot pain with access to podiatry interventions. (Level 1A)
 9. For older people with clinically significant visual impairment primarily due to cataracts, timely referral to a medical practitioner for cataract surgery in both eyes (unless contraindicated). (Level 1A).
 10. Facilitate medication reviews by a general practitioner in collaboration with a credentialed pharmacist, in partnership with the older person to minimise use of psychotropic medicines and other medicines that increase the risk of falls. (Level 2B)
 11. Facilitate access to a medical practitioner to treat older people diagnosed with the cardio-inhibitory form of carotid sinus hypersensitivity with fitting of a dual-chamber cardiac pacemaker. (Level 2B)
 12. Advise active older people to use single-lens distance glasses (rather than bifocal, multifocal or progressive lenses) when active outdoors. (Level 2B). When updating the older person's glasses prescription, limit the change in prescription where possible. (Level 2B)
 13. Support access to recommended doses of daily or weekly vitamin D supplements for older people deficient in vitamin D or with little sunlight exposure (i.e. less than 5-15 min exposure, four to six times per week) unless contraindicated. (Level 1B). Avoid high monthly or yearly mega doses of vitamin D, as these can increase the risk of falls. (Level 1A)
 14. Facilitate access to prescribed osteoporosis medicines for older people with diagnosed osteoporosis or a history of minimal trauma fractures, unless contraindicated. (Level 1A)
- 

Applying a WA Lens

- WA's ageing population & regional distribution
- Variation in service access and workforce availability
- Strong prevention foundations already in place
- Guidelines support alignment, consistency & referral clarity
- Practical tool to guide everyday decision-making in WA contexts
- Need for stronger, clearer referral pathways
- Guidelines support consistent, scalable practice across WA



How You Can Use the Guidelines

- Clarify your role in the screening → assessment → intervention pathway
- Know when to screen, assess, refer & follow up
- Use consistent, evidence-aligned tools
- Strengthen communication & referral between providers
- Adapt best practice to your local context
- Support planning, service quality & workforce development
- Limitations



Interprofessional collaboration



Collaborative practice happens when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care.



Good interprofessional collaboration **improves care, continuity, relationship improvement, saves time, and facilitates ongoing learning.**



To achieve interprofessional collaboration, care must be **organised and coordinated across different settings and among various providers** to address the falls risk factors present.



To enhance interprofessional collaboration in falls prevention, it is **essential to comprehend the factors that influence interprofessional collaboration.**



Workshop activity: Rural community-based falls pathways

Instructions:

- Review case study.
- Use the discussion points and town map to guide your group discussion.
- Use the butchers paper provided to capture your discussions around falls prevention pathways, collaboration with health professionals, and strategies for communication and collaboration.
- Each table will report back to the group.


Remember!

Consider the scenario from your own role and organisational perspective.

Discussion points:

- What is the pathway of falls prevention care that would need to occur to support the older adult?
 - What challenges or gaps do you see in this occurring in the current sector and health services?
 - Is this pathway of falls prevention healthcare optimal for the older adult? Why? Why not?
- Which health services and professionals need to be collaborated with to support the older adult?
 - How would you connect and communicate with these professionals? Would this differ between health services and disciplines?
 - What are the challenges or barriers you experience within your role in connecting, communicating, or working collaboratively?
- What strategies could you implement for improving communication and collaboration in falls prevention pathways?

Action Plan

<h2>Action Plan</h2>	<p>Falls Prevention: Strengthening the collaborative approach to rural community-based falls prevention</p>	
<h3>Workshop takeaways</h3>		
<p>What are your key takeaways from today's workshop?</p>		
<p>How will you apply the principles learned today within your day-to-day work?</p>		

<h3>Interprofessional collaboration</h3>
<p>Who and which health professionals will you connect with in your falls prevention work moving forward?</p>
<p>How can you help to establish effective falls prevention pathways in your work?</p>
<p>Which communication methods and strategies will you embed into your work?</p>



Connect with the falls prevention sector



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Community Falls Network

Express your interest via info@stayonyourfeet.com.au



Evaluation



FREE Stay On Your Feet[®] eLearning modules

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<https://www.injurymatters.org.au/programs/stay-on-your-feet/training-and-development/elearning-modules/>

Introduction to Falls Prevention

Cost: FREE

Duration: Approx. 20 minutes

Suitable for: Exercise and Activity Coordinators, Fitness Trainers, Peer Exercise Leaders, and Allied Health Assistants.

[Find out more or enrol now](#)



Exercise Strategies and Screening for Falls Prevention

Cost: FREE

Duration: Approx. 30 minutes

Suitable for: Exercise and Activity Coordinators, Fitness Trainers, Peer Exercise Leaders, and Allied Health Assistants.

[Find out more or enrol now](#)



Falls Prevention for Community Aged Care Workers

Cost: FREE

Duration: Approx. 45 minutes

Suitable for: Community Support Workers, Home Care Support Workers, Personal Carers, Personal Support Workers and Home Companions

[Find out more or enrol now](#)



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