

Falls Prevention –
‘Stand Tall, Don’t Fall’

NSW Department of Health

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Executive Summary

Slips, trips and falls can happen to anyone but they are more common and more significant the older we get. They are one of the leading causes of morbidity and mortality in older Australians and consequently a major threat to the wellbeing and quality of life of older people. They are often a crucial determinant in the placement of an older person in institutional care. Falls have been identified as the single highest cost injury, including road trauma, in NSW (NSW Health, 2006). Estimates of the costs associated with falls in Australia exceed \$1 billion per year (Moller, 1998) and they are expected to escalate as the Australian population ages.

A systematic and multifaceted approach is needed to help reduce fall and injury and improve the quality of life of older people. Research indicates that multidisciplinary approaches encompassing comprehensive identification of falls risks, assessment and targeted intervention can reduce falls and fall injury rates.

The Bega Valley 'Stand Tall, Don't Fall' program aims to reduce the burden of falls and related injuries to the community. A comprehensive and collaborative program, integrated across the acute and community care sectors has been established. Processes are in place for screening, assessment of risks and referral to falls prevention programs for older people across the continuum of care. Implementation strategies have been established and training provided to raise general awareness and provide specific skills to support program implementation. An effective comprehensive falls prevention exercise program has been established. It is characterised by collaboration and integration between the acute and community care settings to reduce falls and prevent fall related injuries.

Falls are the single highest injury cost including road trauma in NSW.

Falls costs exceed \$1 billion per year in Australia.

Falls are a major contributor to loss of function and reduced quality of life for older people.

The Need for Change

Beryl's Story

Beryl's Story before 'Stand Tall, Don't Fall'

Beryl is 65 years old, has high cholesterol and high blood sugar and is overweight. Over the last six months she has found that she falls over quite often. Luckily Beryl hasn't seriously injured herself in the falls but they have made her very nervous and worried about falling. Beryl and her husband have been around the house and made sure that there are no lumps or bumps in the floor and have cleared the walk areas so that she is less likely to trip. Beryl doesn't think she is falling because of things in her home but because her legs are so weak that they just give way on her.

Beryl has been experiencing a significantly reduced quality of life because she falls frequently.

Beryl's GP has advised her to lose weight and exercise more.

This is a real story, only the names have been changed.

Beryl is too frightened to go to the supermarket or to walk around the shops or even go for a walk in case her legs give out. Beryl misses going to the shops and meeting up with her friends. She feels quite housebound but the thought of falling is very distressing so she has decided to stay at home.

Beryl had another fall last week, so she visited her GP to have a check up. Beryl felt anxious about going but her husband walked with her from the carpark to the surgery. She felt less anxious about falling having someone to hold onto. Beryl's doctor says that her cholesterol and blood sugar levels are quite high. He advises Beryl that she needs to modify her diet and to do a bit more exercise to help keep her weight under control. He says that some walking might help her with this. Beryl feels too nervous to do that - she knows if she goes out by herself she is likely to fall again.

Beryl's Journey



Beryl is 65 years old, is overweight, has high blood cholesterol and blood sugar.



Beryl is very house bound as her legs are very shaky and weak and she falls frequently. Beryl is too frightened to go outside by herself in case she falls.



Beryl misses going to the shops and meeting with her friends. She is very depressed and feels unwell all the time.



Beryl has another fall and visits her GP for a check up. She is anxious about going outside but her husband walked with her from the car park to the surgery. Fortunately she didn't fall over.

What is wrong about this story?

- Beryl's health and quality of life are reduced because she is frightened of falling.
- Although Beryl's GP advises her to exercise, there is no active support to achieve this.
- Beryl is becoming increasingly isolated as she restricts her outings because of her fear of falling.
- Beryl is at a high risk of falling and seriously injuring herself.



Beryl tells her GP that she feels unwell all the time. He advises her to modify her diet and to exercise more to keep her weight under control.



Beryl feels too anxious to exercise – she is very frightened of falling. Beryl has no one to support her in any exercise program. She continues to feel very depressed and to have trouble controlling her cholesterol and blood sugars.



Beryl's health continues to deteriorate and she continues to fall frequently. Beryl visits her GP again. She is advised to moderate her diet and to exercise more.

Background to the Model



Frequent falls and the fear of falling presented a major threat to Beryl's wellbeing and her quality of life. Apart from injuries sustained in a fall, any fall can trigger a fear of falling resulting in a downward spiral of reduced mobility leading to loss of function and a higher risk of falling. Beryl's story will become even more common as the Australian population ages.

Health care costs for falls related injury are expected to escalate dramatically as older people have higher rates of falls and falls injuries than other age groups. Estimates of the costs associated with falls in Australia exceed \$1 billion per year (Moller, 1998). In NSW falls have been identified as the single highest cost injury, including road trauma (NSW Health, 2006).

In the United Kingdom it is estimated that if every Strategic Health Authority invested £2m in falls and bone health early intervention services they could each save £5m in reduced costs by preventing 400 hip fractures. This would directly translate nationally to saving 800 lives, at least 2,000 more people being able to walk unaided, 2400 being able to dress themselves, 3,600 could continue shopping and a further 1400 being able to sleep through the night without pain (Philp, 2007).

Recognising the significantly reduced quality of life resulting from falls we need to successfully reconfigure services for older people to reduce falls. Educating patients, staff, carers, family and the community about falls risk and providing opportunities for assessment, training and participation in easily accessible and low cost programs are essential tools to manage the risk of falls. Substantial research indicates that the most common falls risk factors are:

- poorer eyesight
- the use of four or more prescription medications
- impaired balance
- weaker muscles and stiffer joints
- slower reaction times
- impaired cognition.

Research also shows that the risk of falling increases as the number of risk factors increase (Tinetti, 2003). One or more of these risk factors therefore signals the need to screen the older person's falls risk. Tests of standing, leaning, reaching, stepping and walking can help

identify a person's falls risk. Easily used risk screening tools such as the *'Get up and Go'* test, and other screening assessment tools such as *Quickscreen* can help to screen people and identify their falls risk level.

Once identified as being at 'risk of falling', preventing a person from falling is the next challenge. Cumming (2002) in a review of 21 randomised trials of fall intervention studies, concluded that multifactorial interventions are the most consistent and effective. Many components of these interventions are relatively straight forward although some such as medication reviews can be more complex.

In 2004 the Bega Valley Community Health Centre established a project team to implement the *'Stand Tall, Don't Fall'* strategy. Its aim is to reduce falls and fall related injury amongst older people in the Bega Valley. Processes are in place for screening and falls risk assessment in the acute, primary health and community settings. Education and training programs and intervention strategies are established. The key characteristic of the *'Stand Tall, Don't Fall'* strategy is its collaborative approach that integrates falls risk assessment and prevention programs across the continuum from acute care, primary health, and community health care and beyond these into the community setting. This means that falls prevention strategies are able to be utilised effectively beyond the immediate health care setting and become a whole of community strategy to improve the well being of older people.



Falls Prevention

Beryl's New Story

Beryl's Story with the Falls Prevention Program

Beryl is 65 years old, has high cholesterol and blood sugars and is overweight. Beryl had started to average about 2-3 falls per month. This is her story.....

Beryl has started having frequent falls.

Beryl knows she should lose weight and exercise more but she is frightened of falling.

This is based on a true story. Only the names have been changed.

I am unsure about why I used to fall over - it just seemed to happen. I had got quite frightened about going out by myself because I couldn't trust my legs. They had got very weak. After one particularly bad fall, I went to see my GP. He decided we should try and find out the reasons for my falls. Initially he referred me to a dietician to help me try and get my cholesterol and diabetes under some sort of control. The dietician said walking a lot would help me to control these. I looked at her as though she was silly and told her 'I can't walk far, I have weak legs and I just drop fall. I don't have the confidence to go out and walk like I should'.

After some discussions the dietician said that a special exercise program for people who fall a lot might help me. She referred me to this low profile exercise program to strengthen my legs. I was very unsure about attending but thought, 'I've got nothing to lose'.

The dietician spoke to my GP, who wrote me a referral and gave me a medical certificate to say I could participate in the program. The next week I went down to the Community Health Centre and had an assessment done. The assessment found that both my legs were very weak and that I had poor muscle strength. A program was worked out for me to deal with my specific needs and then I was ready to start the exercise program.

In the beginning it was very difficult to do the exercises. I was really surprised when a couple of weeks later I realised that my legs were getting stronger. The more I exercised at home the more confidence I gained and my self esteem just seemed to rise along with it. As the strength in my legs improved and the more exercises I did, the easier they became.

Beryl's New Story



Beryl has high cholesterol and blood sugars and averages 2-3 falls each month. Beryl has stopped going out in case she falls - her legs are very weak.



Beryl's GP says that if her diabetes and cholesterol are controlled it might help to identify the reason for her falls. He sends her to a dietician.



The dietician recommends regular walking but Beryl is too frightened to walk in case she falls. The dietician talks to Beryl and the GP about a special low exercise program to help strengthen Beryl's legs.



Beryl has an assessment done at the Community Health Centre and is told that her legs are weak and she has poor muscle tone. A program is developed for Beryl.

What I really liked about the program was that I didn't feel pressured into doing exercises that I found really difficult. Alice, the program presenter, would be very encouraging when she could see me struggling and would encourage me to 'take a breath and come back to that one'. That gave me an opportunity to watch how everyone else was doing the exercise and think 'I can do that'. It was all about going at the pace I felt comfortable with.

The falls prevention exercise program wasn't just exercising though. Other health workers came to talk to the class - like the dietician and the podiatrist. I picked up a lot of information from the dietician that encouraged me to change my diet. After the podiatrist talked to the exercise class, I started to wear shoes that suited me better while I was walking. After a few weeks I really started to feel so much better and I had even started to lose some weight.

Twelve months after finishing the program, I still haven't had a fall. My weight has gone down to a good level, I recently had a blood test and all the results were fine. Best of all I am exercising every day now. My family are used to me doing my exercises all around the house and going out for long walks. Often I run into old friends down town and they all say "OOOOhh Beryl, you look so good, how did you do it". It didn't just happen, I had to work hard for it but it was worth it. I can't believe what I have achieved. My physical and mental health has turned around. I was never much for exercise before, but it is so good to have your health and your legs back.

What's good about this story?

- Beryl was quickly identified as being at 'risk of falling'
- Beryl's care providers collaborated to reduce her risk of falling.
- Beryl has been able to maintain the interventions at home without supervision.
- Beryl's quality of life, mental and physical well-being have improved.
- Beryl has not had a fall in the last 12 months.



Beryl finds the exercises difficult at first but as her legs got stronger her confidence increased and her self esteem rose. The program presenter gave her lots of encouragement.



Other health workers such as the podiatrist and optometrist visited the Falls Prevention class to talk to them about how to prevent falls. Beryl got some better walking shoes and started to change her diet.



Beryl's now exercises every day and goes for long walks. Beryl's blood sugars and cholesterol are under control. Beryl's mental and physical health have improved dramatically and she has not fallen in twelve months..

Getting Started

Establishing and Maintaining 'Stand Tall, Don't Fall' across the continuum

The key factor in the success of the 'Stand Tall, Don't Fall' program is the integration of falls prevention strategies across the continuum of care. The program focuses on reorienting work practices and implement falls prevention initiatives within existing resources. Success factors include:

- High levels of collaboration and integration between a committed group of clinicians and managers across the health and community sectors.
- Multifactorial strategies across the continuum of care.
- Consumer participation in planning, implementing and evaluating the program.
- Sustained communication strategy targeting the continuum of care.
- Includes stakeholders from acute, primary health and community.

Establish a falls management team

A project team with multidisciplinary representation from the acute and primary care sectors guides the implementation of 'Stand Tall, Don't Fall'. The team includes a mix of allied health, nursing clinicians and managers. Senior management within the area health service supported and encouraged the model. Existing strategies and policies such as the NSW and the Commonwealth Falls Prevention policies were translated into local implementation strategies. See the ARCHI website:

http://www.archi.net.au/e-library/build/moc/falls_prevention/Implementing/review_tools

An action plan guided implementation across the continuum of care.

Training

Training clinicians in the standardised screening and assessment tools to identify and manage falls is essential. At Bega, the team utilise a range of appropriate screening, assessment and intervention tools that are both standardised and locally developed.

Key clinicians attended the Active Ageing and Monash University Accident Research Centre Train the Trainer No Falls exercise program. This has helped to build expertise in the train the trainer program and has been paramount in transferring skills to a wider group of community providers.

Establish a continuum wide falls risk identification and management program

Community Health

Referrals

All disciplines across the continuum of care can make referrals to the Bega Valley Balance and Falls Prevention Assessment Clinic for falls risk assessments. Referrals can be made from:

- community health care services
- community nurses
- residential aged care facilities
- general practitioners
- community based allied health care providers
- self referral.

Identification: The *QuickScreen*[®] screening tool is completed as part of the standard screening assessment for all community patients.

Assessment and management: If patients are identified at risk they are referred to the Balance and Falls Prevention Assessment Clinic for assessment and development of a management plan. This clinic is based in the Community Health Centre. It offers:

- Multidisciplinary assessment from occupational therapy, physiotherapy and nursing staff.
- Functional assessment is also done using tools such as the:
 - Berg Balance test to assess functional balance using multiple static and dynamic activities.
 - Timed up and Go test that assesses walking speed during several balance manoeuvres.
 - A home environment review.

Following assessment, an individualised falls prevention management plan is developed with the client.

- Referrals are made to services as required, such as:
 - The patient's GP for a medication review.
 - A community health or private podiatrist for a foot assessment.
 - A continence nurse for continence management.
 - An optometrist for eye review.
 - The exercise and education program to improve strength and mobility.
- The eight-week exercise and education program includes:
 - Education sessions from a variety of health professionals.
 - Development of a home program.
 - Liaison and feedback with the client's GP.



What is the QuickScreen®

- QuickScreen® is a multifactorial tool designed for use in a clinical setting.
- QuickScreen® requires minimal equipment and can be completed within 5-10 minutes.

See QuickScreen® at the Prince of Wales Medical Research Institute at:

http://www.powmri.edu.au/research/hbf/fall_inj.htm

Exercise program includes:

- Introduction to falls prevention issues.
- Consumer presentation.
- Being wise with medications.
- Continence issues.
- Podiatry.
- 'Don't fall for food'.
- Balance and ears.
- Where to from here?.
- Home program to support exercise initiatives.

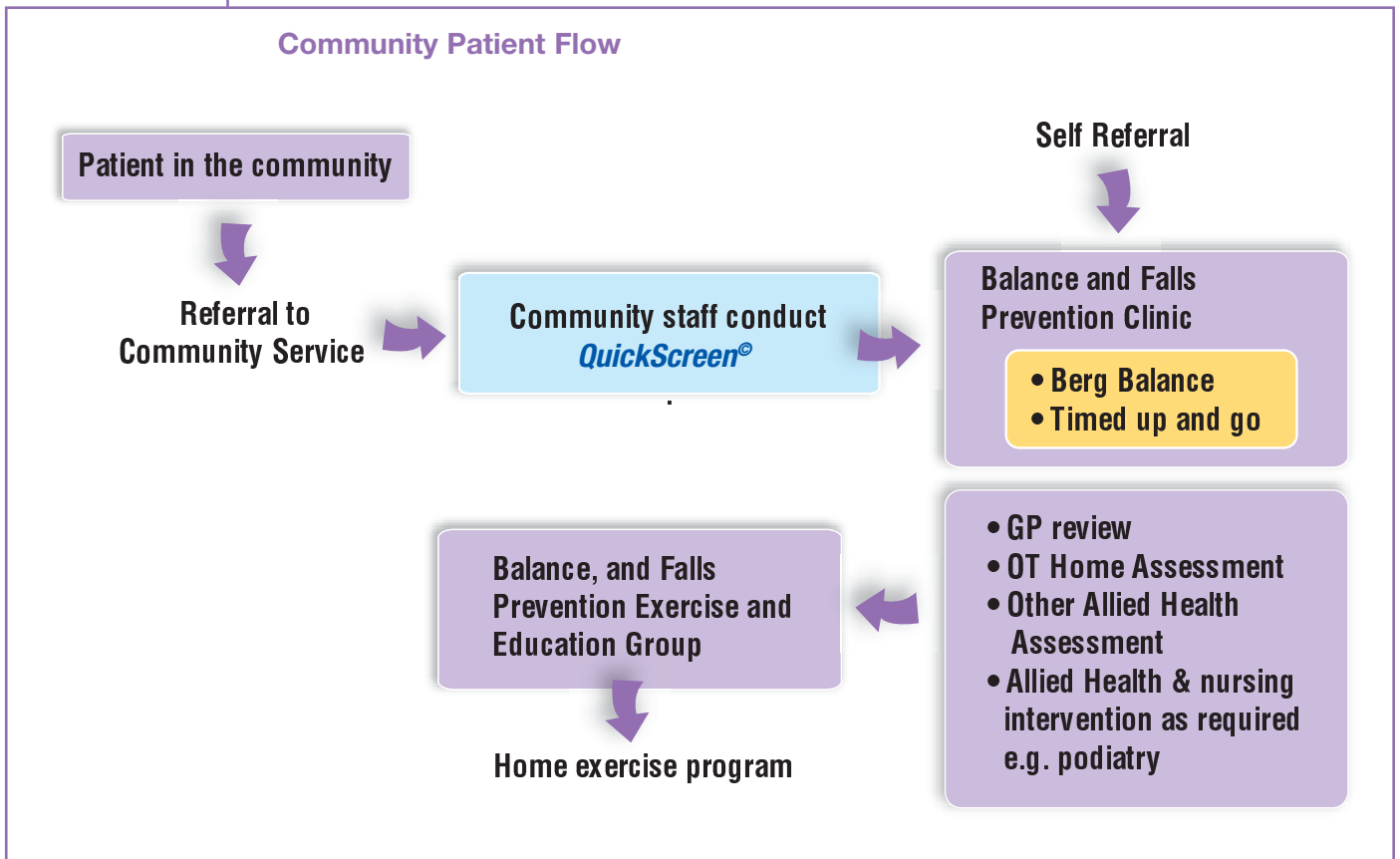
The program offers education and an opportunity for participants to develop an exercise regime in a safe and supported environment.

Exercise occurs in structured classes and outings into the community i.e. walking to the local shops. Most participants have been found to sustain their exercise involvement 12 months post the completion of the 8-week education and exercise program.

Future Directions:

Development of personalised exercise DVD's combined with phone linked monitoring.

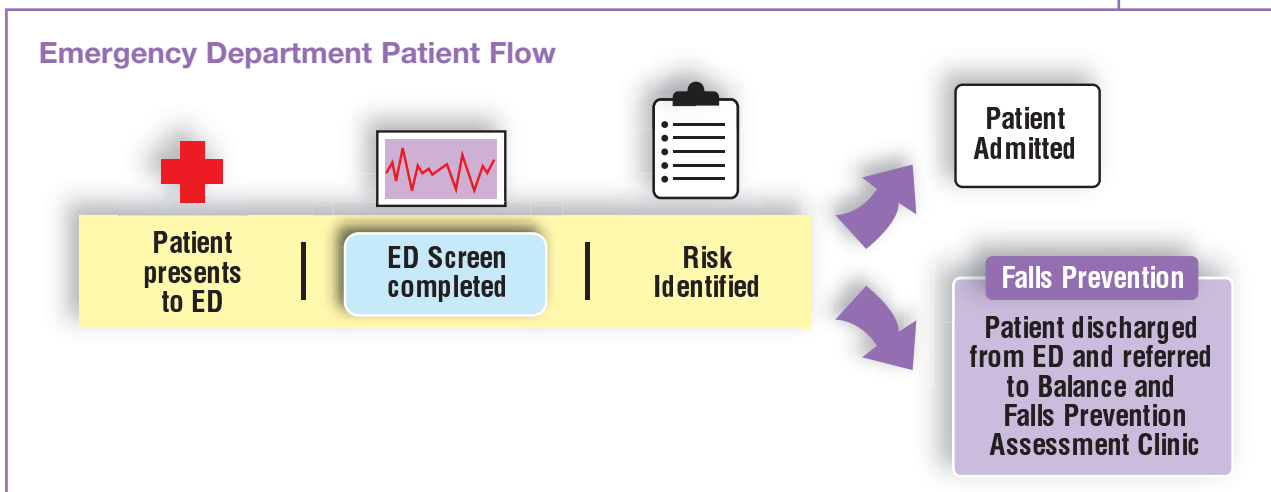
Community Patient Flow



Emergency Department

Identification: Nursing staff conduct a screen in the Emergency Department (six questions to identify risk).

Management: Clients who present at the Emergency Department and who are not admitted, but are identified as at risk of falls are referred to the Balance and Falls Prevention Assessment Clinic.



Acute Care

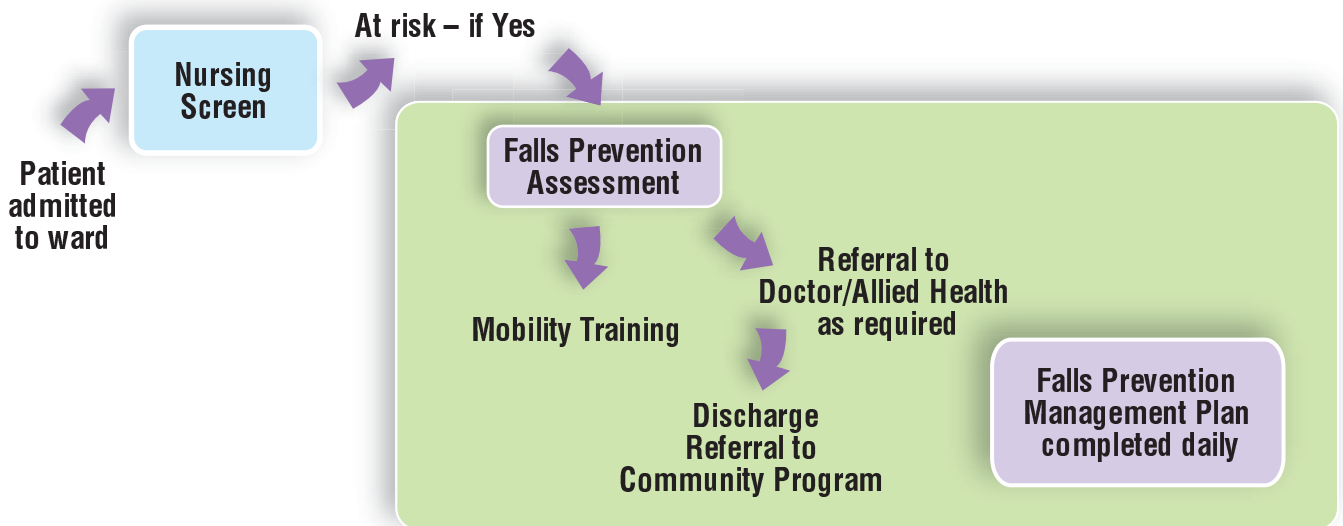
Identification: Falls risk assessment completed on admission as part of the Nursing Care Plan

Assessment and Management:

- Orange wristbands are used to flag 'falls risk' patients.
- Orange alert strip is placed in the medical record
- Falls Prevention Intervention tool completed including:
 - Functional assessment including evidence of postural drop, report of dizziness, and difficulty with bed mobility.
 - Assessment of delirium/confusion.
 - Review of the number of medications.
 - Footwear assessment.
 - Environmental check to remove potential hazards i.e. trip hazards, reach of call bell etc.
 - Referral to Allied Health services as required.
 - Patient education about falls, including providing an information brochure.
- Implementation of the Falls Prevention Daily Management Plan. This tool assists staff to actively manage each patient's falls risk on a daily basis.

- Clinical assessment and review.
- Use of falls screening tool.
- Environmental modifications i.e. use of low beds.
- Review of medication.
- Injury minimisation i.e. hip protectors.
- Education that actively engages patients and family.
- Strategies to ensure compliance i.e. incorporate risk assessment into existing admission forms.

Acute Care Falls Prevention



Other inpatient initiatives

- When due, all beds are replaced with low-beds and height adjustable chairs purchased.
- Hip protectors have been purchased, trialed and promoted with staff training and consumer information made available.

Future directions

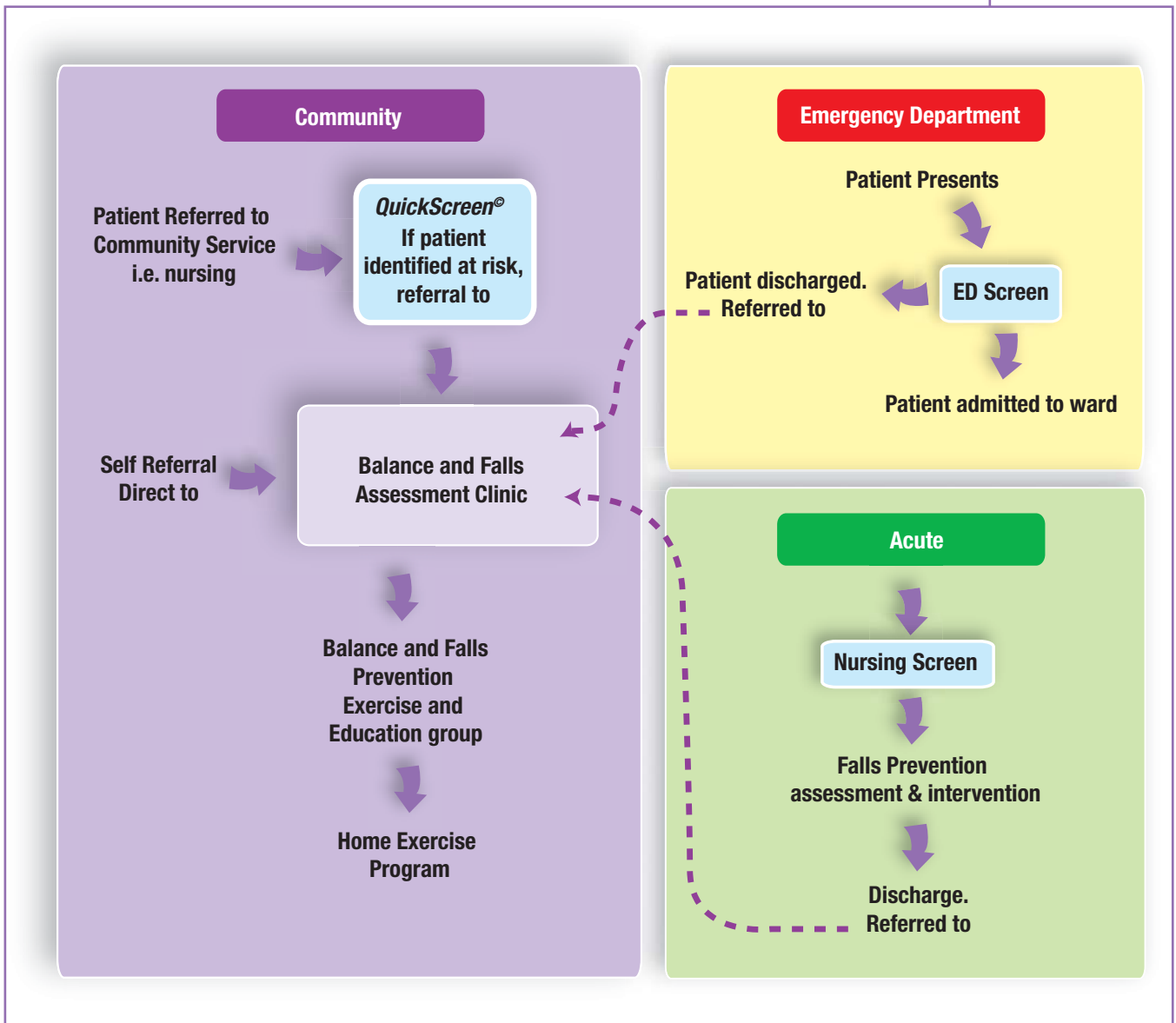
- Implementation of a sitter service.

What is a sitter program?

A sitter program uses volunteers, families or paid staff to sit with patients at a high risk of falling. The sitter provides company for the patient and notifies staff when the person wants to undertake a task where they may be at risk of falling i.e. transferring from chair to bed.



Patient Journey



Monitoring and Evaluation

- Assessment processes and documentation tools regularly reviewed and updated.
- Exercise and education interventions continuously monitored with functional pre and post assessments and client evaluations.
- Clients report increased independence, reduced falls and fall related injury and a return to meaningful activities.

Maintenance of the Program

- Ongoing staff training for both acute and community staff, provided by the falls team.
- Provision of Train the Trainer (exercise leaders) on a regular basis to community service providers.

Linkages with community service providers

The Bega Valley team have developed effective partnerships with local community service providers to help ensure that every one is responsible for falls prevention strategies. For example the '*Stand Tall, Don't Fall*' program has:

- Provided resources and advice to support community service providers such as residential aged care facilities to establish targeted falls prevention programs.
- Established partnerships with community providers such as the Merimbula Home Nursing Service to deliver exercise programs.
- Provided "train the trainer" courses in falls prevention.
- Developed joint funding applications to support innovative community based initiatives.

These initiatives are essential in developing sustainable falls prevention programs that are not solely reliant on delivery from a small community health team.

Communication

- Regular media articles in local print and radio media.
- Presentations to community groups.
- Presentations at relevant conferences and seminars.

Benefits

The benefits of *'Stand Tall, Don't Fall'* are:

- Helps older people in the community to actively manage their own fall injury risk and achieve the highest level of sustainable activity.
- Helps to build partnerships between with communities and consumers.
- Reduces the frequency and severity of fall related injury amongst people in acute care settings.
- Improves falls injury prevention in acute care facilities.
- Generates a low risk population.
- Improves the effectiveness of health and other systems.
- Prevents injury in high risk groups.
- Minimises costs and optimises quality of life.
- Strengthens links with quality improvement and accreditation standards.

Future Directions

Further collaboration with community providers to:

- Deliver affordable exercise opportunities for at risk target group, close to where people live.
- Encourage fitness industry providers to incorporate falls prevention strategies in their programs.
- Increase awareness and prevention strategies targeting younger people.
- Ongoing monitoring and evaluation of the local program.
- Develop partnerships with NSW Ambulance.

Partnership with Ambulance - examples from other states

In the ACT an effective partnership has been developed between Health and the Ambulance Service. Ambulance officers have been trained in falls identification and pathways for referral to falls clinics have been established. Similar processes are being established in NSW.

Implementation Plan

Process Map

Visit the online version of this process map on the ARCHI website at www.archi.net.au/elibrary/build/moc

Here you will be able to access more information on each of the steps in implementing the model. You will have access to tools and templates as well as hints and lessons learned by others who have implemented the model.

	Planning
<p>Governance</p>	<ul style="list-style-type: none"> • Identify leaders. • Develop a process map. • Establish the steering committee.
<p>Patient Journey How do patients flow through the model</p>	<ul style="list-style-type: none"> • Map the patient journey
<p>Policies and Protocols</p>	<ul style="list-style-type: none"> • Identify policies, protocols and guidelines • Review Falls Prevention Literature • Review Falls Prevention Assessment Tools • See the NSW Health Falls Management Policy 2003-2007
<p>People Understand who the staff are, how they function and what role they play in the patient journey</p>	<ul style="list-style-type: none"> • Stakeholder analysis. • Stakeholder engagement.
<p>Resources</p>	<ul style="list-style-type: none"> • Survey current resources.
<p>Communication</p>	<ul style="list-style-type: none"> • Develop communication plan. • See SESIAHS Lessons Summary - Communication.

<ul style="list-style-type: none"> • Develop a Governance Plan. • Establish a reference group. • Recruit a project officer. • Develop Key Performance Indicators (KPIs). • See SESIAHS Lesson Summary - Why Projects Succeed or Fail 	<ul style="list-style-type: none"> • Monitor and evaluate against the KPIs.
<ul style="list-style-type: none"> • Involve patients and carers 	<ul style="list-style-type: none"> • Monitor and regularly remap the patient journey
<ul style="list-style-type: none"> • Develop policies, protocols and guidelines. • Identify the care pathways. • Agree on the assessment tools. • Develop and establish referral systems. • Develop agreements with other service providers. 	<ul style="list-style-type: none"> • Go Live and refine the process • Monitor compliance with policies and protocols
<ul style="list-style-type: none"> • Engage key stakeholders such as GPs, acute care clinicians and allied health staff. • See the SESIAHS Lessons Summary - Engagement. • Identify the roles of each component of the model. 	<ul style="list-style-type: none"> • Develop a review process • Mentor staff to sustain implementation
<ul style="list-style-type: none"> • Develop education materials for the program. • See the 'Stand Tall, Don't Fall' Fact Sheets. • Deliver required resources. 	<ul style="list-style-type: none"> • Monitor resource use • If necessary reallocate and redesign to sustain implementation • See the SESIAHS Lesson Summary - Sustainability
<ul style="list-style-type: none"> • Implement communication plan. • Talk about the Falls Prevention project at every opportunity. • Identify how results will flow back to the project. 	<ul style="list-style-type: none"> • Review and revise the communication plan as goals are achieved. • Celebrate success.

Resources

Australian Council for Safety and Quality in Health Care, 2005. *Preventing falls and harm from falls in older people. Best practice Guidelines for Australian Hospitals and residential aged care facilities*. Australian Council for Safety and Quality in Health Care, <http://www.safetyandquality.gov.au>. Accessed on 4 May 2007.

Bradley, C. and Harrison, J. 2007. *Fall related hospitalisations among older people: sociocultural and regional aspects*. Injury research statistics 33. AIHW cat.no. INJCAT 97. Adelaide: AIHW.

Close, J. and Lord, S. 2006. How to treat, falls in the elderly. *The Australian Doctor* accessed at <http://www.australiandoctor.com.au> accessed 9 February 2007.

Cumming RG. 2002. Intervention strategies and risk-factor modification for falls prevention, a review of recent intervention studies. *Clinical Geriatric Medicine* 16:175-189.

Day, L. Fildes, B. Gordon, I. Fitzharris, M. Flamer, H. and Lord, S. Randomised factorial trial of falls prevention among older people living in their own homes. *British Medical Journal*. 2002, 325:7536;128-131.

Enloe, M., Wells, T., Mahoney, J., Pak, M., Gangnon, R., Pellino, T., Hughes, S., and Leahy-Gross, K.. 2005. Falls in acute care: An academic medical centre six-year review. *Journal of Patient Safety*. 1:4, 208-214.

Gardner, M., Robertson, M. and Campbell, A. 2000. Exercise in preventing falls and fall related injuries in older people: a review of randomised controlled trials. *British Journal of Sports Medicine*. 34:1.7. 7-17.

Moller, J. 1998 <<http://www.nisu.flinders.edu.au/pubs/injcost/injcost.html> > accessed on 6 June 2007.

National Public Health Partnership 2004, *The National Falls Prevention Plan for Older People Plan: 2004 Onwards*. Department of Health and Ageing.

NSW Health. 2003. *Management Policy to Reduce Fall Injury Among Older People*, Policy in Brief 2003-2007. NSW Department of Health.

NSW Falls Injury Prevention Network available at <http://www.powmri.edu.au/fallsnetwork/links.htm>

National Health Service, 2007. *A Recipe for Care - not a single ingredient*. Report prepared by L Philp. Department of Health, United Kingdom.

Queensland Health Quality Improvement and Enhancement Program, 2003. *Falls Prevention Best Practice Guidelines*. Queensland Government.

Snodgrass, S. and Rivett, D. 2005. Perceptions of older people about falls injury prevention and physical activity. *Australian Journal on Ageing*. 24:2, 114-118.

Tinetti, M. 2003. Preventing falls in Elderly Persons. *The New England Journal of Medicine*. 348:1, 42-49.

