

# Preventing Falls and Harm from Falls

## Standard 10



### FACTSHEET



Clinical leaders and senior managers of a health service organisation implement systems to prevent patient falls and minimise harm from falls. Clinicians and other members of the workforce use the falls prevention and harm minimisation systems.

Fall injuries within hospitals have steadily increased. The impact of falls on individuals is far reaching. The social impact of reduced independence through fear, the potential for loss of independence and the increased burden on families can be significant.

While the risk of falls is well documented for the elderly, falls can occur in all age groups. Therefore, strategies such as screening to reduce falls and harm from falls should not be limited to older Australians. Policies, procedures and protocols for all age-groups need to be based on the available evidence and best practice.

The risk of falls and harm from falls is higher for people with impaired vision, poor balance, muscle weakness, reduced bone density and taking some medications. The more risk factors an individual has the greater the risk of falls and harm from falls. Older people, in particular, are at increased risk of falls when they enter health care facilities.

The aim of this Standard is to reduce the incidence, or number, of patients' falls and minimise harm from falls when they occur.



### Facts and Figures

Research shows that, in the face of an ageing population, if nothing is done to prevent falls injuries by 2051:

- a) The total estimated cost of falls-related injury will increase almost threefold from \$498.2 million per year in 2001 to \$1,375 million per year in 2051.
- b) In hospitals, 886,000 additional bed days per year, the equivalent of 2,500 additional beds, will be permanently allocated to treating falls-related injuries.

To maintain the current health costs associated with falls, there will need to be approximately a 66% reduction in the incidence of falls-related hospitalisations by 2051.<sup>1</sup>

### In brief, this Standard requires that:

- Health service organisations have governance structures and systems in place to reduce falls and minimise harm from falls.
- Patients on presentation, during admission and when clinically indicated, are screened for risk of a fall and the potential to be harmed from falls.
- Prevention strategies are in place for patients at risk of falling.
- Patients and carers are informed of the identified risks from falls and are engaged in the development of a falls prevention plan.

### Resources and Tools

The Commission has the following tools and resources to assist with the implementation of this Standard:

- Preventing Falls and Harm From Falls in Older People: Best Practice Guidelines for Australian Hospitals, Residential Aged Care Facilities and Community Care 2009.

### Further Information

A full copy of the Preventing Falls and Harm from Falls Standard is contained in the *National Safety and Quality Health Service Standards*. It describes the criteria, items and actions required for health services to meet this Standard and is available on the Commission's website at [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au).

### References:

1. Department of Health and Ageing (DoHA) (2003). *Projected Costs of Fall Related Injury to Older Persons Due to Demographic Change in Australia*, Department of Health and Ageing, Australian Government, Canberra.

### Australian Commission on Safety and Quality in Health Care

Level 7, 1 Oxford Street, Darlinghurst NSW 2010  
GPO Box 5480, Sydney NSW 2001  
Phone: (02) 9126 3600  
Fax: (02) 9126 3613  
Email: [mail@safetyandquality.gov.au](mailto:mail@safetyandquality.gov.au)  
[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

The Commission gratefully acknowledges the kind permission of St Vincents and Mater Health Sydney to reproduce the image for this fact sheet.