

Preventing falls in hospitals

Australian Fall Prevention Guidelines

The *Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Hospitals (Falls Guidelines)* has been updated to incorporate current best practice.

The Falls Guidelines is for health professionals and health services providing care in Australian hospitals, including emergency departments, acute and subacute settings and specialised units.

Partnering with older people in their health care is central to safe, high-quality and person-centred care. Good clinical care can optimise an older person's quality of life.

Actions to prevent falls and harm from falls are part of Comprehensive Care in the National Safety and Quality Health Service (NSQHS) Standards.

Recommendations in the Falls Guidelines

1. Education: Provide education about fall prevention tailored to the needs of older people to them and their families and provide all staff with education. (Level 1B)

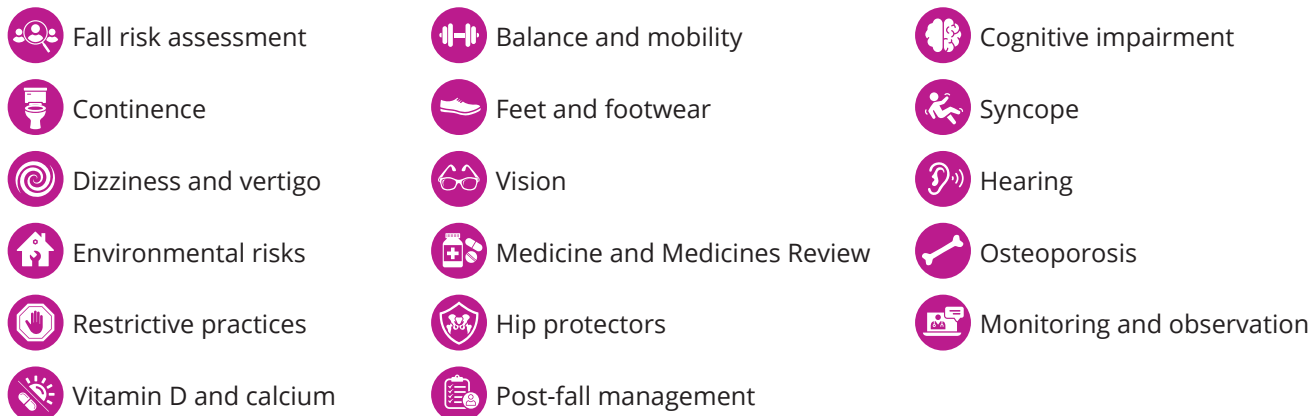
2. Tailored interventions: Provide tailored fall prevention interventions for all older people based on an assessment of individual risk factors. (Level 2B)
Calculating a fall risk score is not necessary. (Level 2B)

3. Hip fracture care: Following a hip fracture in an older person, provide post-operative care in a geriatric orthopaedic service with multidisciplinary comprehensive geriatric assessment, management and rehabilitation. (Level 1B)

4. Home safety after discharge: As part of discharge planning, arrange home safety interventions for older people at increased risk of falls at home, delivered by an occupational therapist. (Level 1A)

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

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



Why is fall prevention important?

Falls in hospitals are common and increasing. Falls can occur in patients of all ages, with older people and people with mobility or cognitive impairment at increased risk of falling.

Successful fall prevention involves a multifactorial approach using a combination of fall prevention interventions tailored to the individual's fall risk. Engaging multidisciplinary teams, the older person, their carers and family is crucial to falls prevention.

What has changed?

The key differences in the 2025 Falls Guidelines for hospitals include:

- an emphasis on the importance of implementing appropriate fall prevention interventions to address fall risk rather than assessing fall risk
- no longer needing to calculate a numerical fall risk score
- advice that hospitals consider all older people are at risk of falling
- specific recommendations on care after hip fracture and post-discharge occupational therapy
- expanded good practice points on all aspects of care of older people in hospitals relevant to falls and fall injury prevention.

What has stayed the same?

The NSQHS Standards require health service organisations to have systems in place that are consistent with best-practice guidelines for preventing falls and harm from falls.

How were these guidelines developed?

The 2025 Falls Guidelines builds on previous Falls Guidelines published in 2009 and informed by evidence from a systematic review and meta-analysis based on a Cochrane Review. The strength of evidence for each recommendation is indicated through the use of the modified GRADE approach used by the 2022 World Falls Guidelines.

References

1. Cameron ID, Dyer SM, Panagoda CE, et al. Interventions for preventing falls in older people in care facilities and hospitals. Cochrane Database of Systematic Reviews. 2018(9).
2. Montero-Odasso M, van der Velde N, Martin FC, et al. World guidelines for falls prevention and management for older adults: a global initiative. Age Ageing. 2022;51(9).

Questions?

For more information about the Falls Guidelines, please visit safetyandquality.gov.au.

You can also contact the project team at AdviceCentre@safetyandquality.gov.au

