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SERVIZIO SANITARIO REGIONALE  
EMILIA-ROMAGNA



Agenzia  
sanitaria  
e sociale  
regionale

# Falls prevention in older people

## Policies and actions in Emilia-Romagna Region



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## Cover image

*Laura and her grandmother Ivonne*

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# INTRODUCTION AND BURDEN

*A fall is defined as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level. Fall-related injuries may be fatal or non-fatal though most are non-fatal. (WHO 2012)*

*... sudden, unintentional, unexpected displacement onto the ground or lower level from the orthostatic or seated or clinostatic position. Testimony of falls is based on patient's memory and/or on the description by witnesses. This definition includes patients that, while sleeping on a chair, fall to the ground, patients that are found lying on the ground surface, falls occurred notwithstanding the use of safety devices. (Ministero della salute 2011)*

The World Health Organization has defined falls in elderly people as one of the “four giants of geriatrics” together with instability/depression, incontinence and impaired intellect/memory. The issue is particularly relevant not only for its frequency but also for the consequences on the person's psychological and physical wellbeing (post-fall syndrome): even the mere unsureness connected to the fear of falling can heavily limit normal activities in everyday life and influence interpersonal relations, thus provoking increasing social loneliness.

To prevent falls in older people, specific interventions are required to reduce the main risk factors for fall (such as inappropriate use of drugs), to create a safer living environment for elderly and to promote physical activity.

Since 2008 Italy has started PASSI d'Argento, a national surveillance system on health status, risk factors and social and healthcare needs of population

aged 65 and above, in particular of people with disabilities or at risk of disability. The system allows to monitor both individual factors and the most important care interventions.

After an experimentation period between 2009 and 2010 that involved 17 Italian Regions and Autonomous Provinces, in 2012 Emilia-Romagna also joined the national system.

Data from PASSI d'Argento referring to elderly living in Emilia-Romagna (1,043,665 people over 65 as of December 31, 2014) reveal that in the 2012-2013 period **10% population aged over 64 has fallen in the 30 days preceding the interview, counting about 100,000 persons** (in the previous survey held in 2009, the value was 7%). Prevalence is significantly higher in people with disabilities or at risk of disability, in people aged 74 and more, in people with serious economic difficulties (Regione Emilia-Romagna 2015a).

**6** **About 6,000 fallen people (6%) declare that they were hospitalized for more than one day as a consequence of falling;** this value has much improved since 2009 (14%) (Regione Emilia-Romagna 2015a).

**Fear of falling involves 41% interviewees aged over 64.** This attitude increases with age and is more widespread among women (53%), people with low educational level and/or with economic difficulties, people with disabilities or at risk of disability (66%). 63% people already fallen declare to be afraid of falling again (Regione Emilia-Romagna 2015a).

## Elderly at home

Environmental risks, in particular in the household setting - such as slippery floors and steps, poor lighting, carpets -, are among the main risk factors for falling.

Considering 10% population aged over 64 that had fallen in the 30 days preceding the interview, **nearly half falls (48%) occurred inside the house in kitchen, bathroom, bedroom, entrance hall and stairs;** 30% happened walking on the street and 10% in the garden. **Falls at home involve more often people aged 74 and above;** people aged 65 to 74 fall more frequently on the street and in the garden (Regione Emilia-Romagna 2015a).

## Elderly in nursing homes

The regional project “Falls prevention and promotion of general wellbeing for people living in nursing homes”, conducted in 2013, revealed that an average **7% people in the studied residential facilities for non self-sufficient elderly people and daytime care centers had fallen, and that 25% hosts had fallen more than once during the observation period.**

As for falls outcomes, 73% cases resulted in no injury or minor injury, 18% had moderate consequences and 9% falls provoked serious injuries (fracture, traumatic brain injury).

By the first available data from statistical analysis of falls registration cards, most falls happened while walking (36%), rising from the chair (20%) and getting up from bed (14%); the majority of falls occurred in the bedroom (26%) and dining room (17%).

## Elderly in hospital

The issue of falls in hospitals was studied also as nursing sensitive outcome.

In the February-May 2014 period a study was carried out in some wards in nearly all Local Health Units in Emilia-Romagna, in particular general medicine, geriatrics, orthopedics/traumatology, long-term care, rehabilitation. The goals of the study were:

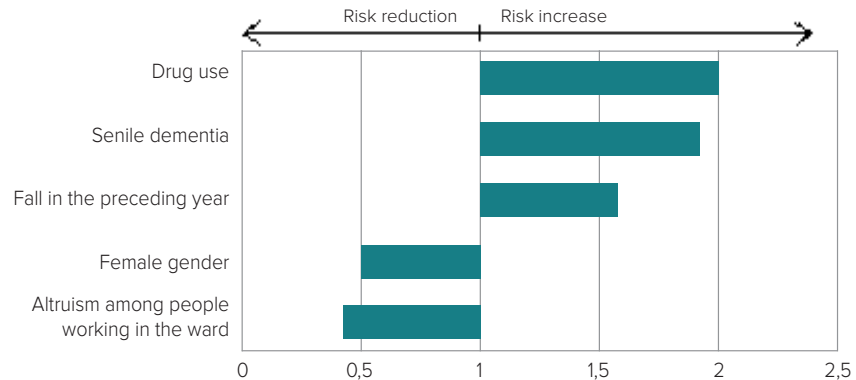
- to describe NSO incidence - including falls - in hospital wards, in order to improve the impact of nursing care on care quality
- to describe organization-care models in these wards
- to identify potential risk factors related to NSO (fall).

The study enrolled 10,489 patients. **Falls incidence is 1.5%; the ward with higher fall frequency is rehabilitation (4.1%), while lower frequency is registered in orthopedics/traumatology (0.6%).**

Protective factors to falls are female gender and the high level of altruism among people working in the ward; significantly associated risk factors are on the contrary drug use, a fall in the preceding year and senile dementia (see Figure).

**More than 50% falls occur during the night and one third in the morning;** in most cases (80.5%) events happen in the room; in 23.6% cases bed are equipped with bedrails while in 71.8% accidents no safety devices are used to prevent falls.

**Odds ratios for falls by patient's and organizational characteristics (multilevel analysis, variables with statistically significant association)**



# GENERAL REGIONAL ACTIONS

## Regional Plan for prevention

Emilia-Romagna Region is concerned about elderly issues and prevention of falls and household accidents since 2006: in that year a number of programs for falls prevention in people aged over 65 were started, initially as experimental projects and then extended to the whole region. This concern is confirmed also by the new 2015-2018 Regional Plan for prevention (Regione Emilia-Romagna 2015b), that promotes:

- implementation of “falls outpatient spaces” at the Proximity outpatient clinics
- physical activity program for elderly at risk of falling, offered by the Proximity outpatient clinics through personalized sessions at home (as defined by the New Zealand Otago Protocol - ACC 2003) and exercises for small groups
- education for general practice physicians specifically on the theme of falls in older people

## Accreditation criteria

The definition of additional quality and safety requirements for health matter - other than those indicated at national level (Presidential Decree January 14, 1997) - is one of the functions assigned to Regions.

**Emilia-Romagna Region itself is long since engaged in the accreditation process of public and private health structures** and in the identification of the necessary requirements to evaluate and accredit facilities that offer healthcare and social services to population.

Particular attention has always been paid to safety issue in order to prevent undesired events such as “falls in elderly”, that often cause further complications and possible disabilities.

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## Social-health accreditation

The Emilia-Romagna Region social-health accreditation (Regional Resolution no. 514/2009) is an institutional accreditation to provide services in the name and on behalf of the Municipality and of the Local Health Trust: at local level, the Municipality collects population needs, plans adequate answers and necessary resources, monitors, evaluates and controls, in collaboration with the Local Health Trust as for health activities.



The social-health accreditation concerns services offered through the Regional Fund for non self-sufficient people: in-home care, nursing homes for non self-sufficient elderly, day centers for elderly, rehabilitation and social residential centers and day centers for disabled.

As for falls prevention, some **quality requirements** have to be guaranteed in all accredited facilities, in particular:

- **actions and interventions specifically meant at preventing falls**
- elaboration, control and update of specific **weekly programs for physical and reactivation activity** to improve muscle tone, balance, motor function and overall wellbeing
- **physiotherapist's training to social care workers** on how to do simple activities to maintain residual abilities and to reactivate capacities connected to everyday needs (to dress and undress, to walk, to sit, to stand up).

One of the indicators for controlling and evaluating services in an integrated way, that can be used also for self-evaluation, is “**monitoring the percentage of guests that receive personalised interventions for falls prevention**”.

As of December 31, 2014 accredited nursing homes for non self-sufficient elderly in Emilia-Romagna amounted to 341, with 16,487 beds that hosted 25,771 people during the year. At the same date, accredited day centers for elderly were 218, with 3,384 total places that were attended by 5,334 elderly.

## Hospital care and in community hospitals

Accreditation requirements for health facilities that host elderly specifically deal with falls issue and with prevention activities/actions to be implemented.

Main attention is paid to **training health professionals, that are seen as education vehicles for prevention actions**: all personnel working in hospitals - nurses, social care workers, specialized auxiliary personnel - and in community hospitals have to offer education and training to patients and caregivers on self aid and self care to reduce potential risks (for example due to wrong shoes) once the patient is discharged and returns at home (Regional Resolution no. 221/2015).

Some specific requirements are issued for **hospital wards that typically admit older people**, such as geriatrics (Regional Resolution no. 1095/2010) and internal medicine (Regional Resolution no. 419/2012); they deal with different aspects:

- **instruments**: no barriers; grab bars and handrails
- **organization**: procedures/protocols and product standards on prevention of falls risk
- **technology**: mobility aids
- **quality of patient's assessment process**: the multidimensional evaluation has to consider also the risk of falling
- **monitoring** the “fall of the patient hospitalized in the health structure” undesired event.

## 10 Environmental interventions

### Centers for home adaptation

Since 2005 Emilia-Romagna Region - in collaboration with the main Municipalities - implemented some **Centers specialised in home adaptation**. They work at two levels:

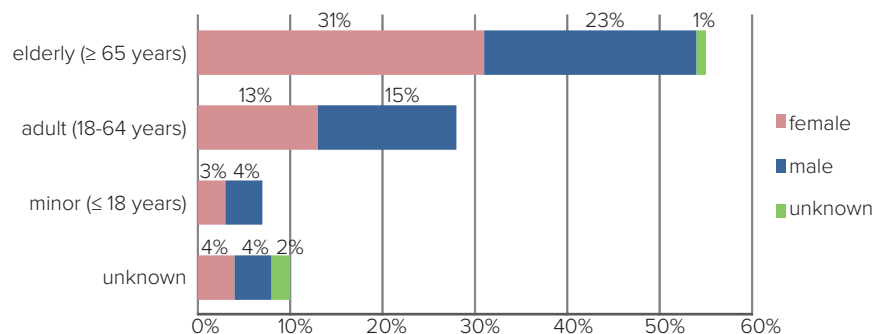
- provincial level: **interdisciplinary and multi-professional teams** (physiotherapists, social workers, health professionals with experience in aids for mobility and everyday life, expert technicians on accessibility issues and elimination of architectural barriers) **offer information and advice; they can also propose personalised solutions** to increase personal autonomy and permanence of elderly and disabled in their homes, while improving accessibility and usability of their living environments
- regional level: the Regional Center for aids in Bologna and the Regional Information Center on environmental wellbeing in Reggio Emilia offer support, coordination and advice to provincial Centers.

In 2014 more than 2,500 elderly and disabled people turned to the service, counting 7,058 total accesses. Nearly further 6,000 accesses were registered by 1,931 social workers, family members and volunteers, all people involved in caregiving for older and disabled people, that are in most cases the final users of the intervention (see Figure).

The Region contributes for specific interventions aimed at:

- getting over and removing architectural barriers in private housing and in public and private buildings used as centers or residential care facilities for disabled
- favoring personal autonomy of people with serious disability at home
- adapting home environment for non self-sufficient people
- promoting information and advice activities.

**People addressing to the Centers for home adaptation in 2014, by age and gender**



## At home

A new **project for people aged over 65** was promoted within the Regional Plan for preventing household accidents. Activities begin in places where older and retired people usually gather, organizing **meetings on health education and risk prevention**. Following an ad hoc training, some **elderly volunteers offer to visit the houses of their friends of the same age** to control and identify together possible risks and to suggest solutions and simple tips to prevent household accidents.

Data from PASSI d'Argento 2012-2013 reveal that nearly **two-thirds (65%) of the elderly over 64 adopted some kinds of bath and shower aids**, in particular 56% of them use safety tub mat, 26% use bath safety grab bars and 19% have bath chairs. Main users of shower and bath aids are women (73% vs 54% men), people over 74 (74% vs 55% people aged 65-74) and people in poor health conditions. Among elderly over 64 that have fallen in the 30 days preceding the interview, 25% do not use any safety aid for shower or bath, accounting for nearly 25,000 people in the region (Regione Emilia-Romagna 2015a).

Within the project "Reducing falls risk for frail older people at home", Emilia-Romagna Region has prepared a **checklist that can be easily used to evaluate possible risks in elderly people's homes** (see References).

## Nursing homes for elderly

In collaboration with the Regional Information Center on environmental wellbeing in Reggio Emilia, a **checklist to identify risk factors for falls in different settings** was worked out (see References). It is meant at describing and assessing:

- structural, environmental and ergonomic risk elements
- how these elements represent falls risk for users
- possible preventive interventions to guarantee safety, confort and usability conditions.

The checklist is a detailed technical tool that offers organizational solutions - sometimes with structural interventions - regarding all possible dangers in a residential facility, such as floors, walls, doors, stairs, lighting and switches, furniture, bathroom.

### Example of checklist to evaluate possible risks in the bathroom in a private home

Risk	Check		Suggestion	done	not done
	yes	no			
Lack of safety mats in shower or bath tub			Provide for appropriate mats to be used during bathing or showering		
Mats and mobile platforms near sanitary fittings			Eliminate or remove mats and mobile platforms soon after use		
Lack of safety grab bars in the shower or bath tub			Install safety grab bars		

## 12 Information and education

### Programs for caregivers in household

Safety and wellbeing for frail elderly people and/or people with particular care needs deeply involve anyone taking care for them in everyday life, both family members and private family assistants.

Within the Regional Fund for non self-sufficient people (Regional Resolution no. 509/2007), Emilia-Romagna Region promotes some **programs for regularizing and qualifying work in homecare, favoring the emersion of the role of family assistants** that are very often used for care to elderly. Through these programs, both families and assistants can receive personalized advice, support, training for their specific needs.

**A series of information booklets was produced and translated in the most common foreign languages spoken by family assistants**, to help them to acquire some initial technical-professional skills. In particular, the booklet *Ensuring personal and household hygiene and safety* gives hints for prevention of falls and household accidents (Regione Emilia-Romagna 2004).

Moreover, Local Health Trusts, Municipalities and the Third sector (associations, volunteers) organize many **information/education initiatives for family caregivers**, in particular on dealing with people with specific pathologies such as dementia, amyotrophic lateral sclerosis and others.

### Information and updating

Data from PASSI d'Argento 2012-2013 reveal that in the last 12 months only very few elderly (9%) were given some advice by physicians or health professionals on how to prevent falls, even among those who had already experienced falling (23%).

Emilia-Romagna Region is therefore carrying on the regional communication campaign “Casa salvi tutti” [Home, all safe] started in 2010.

Even if household accidents involve many people, **children and elderly are the most frequently and most seriously affected categories**. Interventions detailed in the Regional Plan for preventing household accidents and the **campaign “Casa salvi tutti” are thus specifically for them, to increase knowledge on possible risks and to promote the adoption of safe behaviours**. **Booklets, posters, short videos with plasticine characters** were issued to teach how to reduce risk factors with simple precautions and home adaptations (Regione Emilia-Romagna 2010).

#### Logo of the regional campaign “Home, all safe”



# REGIONAL ACTIONS IN SPECIFIC SETTINGS

## At home

The 2015-2018 Regional Plan for prevention promotes a project to reduce the risk of falling at home for frail elderly people. **Inspired by the New Zealand Otago Protocol (ACC 2003), rehabilitation therapists of Local Health Trusts in collaboration with physiatrists, geriatricians, orthopaedics and graduates in Physical Activity and Sports Science offer a personalized program of physical activity and physiotherapy to people over 80 who have fallen in the last year.** The goal is to improve balance, posture and muscle tone.

The program includes gymnastics sessions at home, followed by home visits and telephone calls for the following 12 months. A weekly walking program is also encouraged throughout the whole program. The results were very reassuring: among the 606 people recruited since 2012, only a third of the expected falls actually occurred: 147 falls in total, of which 84 without consequences, 48 with some consequences and 15 with outcomes in lower limbs.

## In nursing homes

In order to promote the actual implementation of some requirements on falls prevention and improvement of people's wellbeing set by the accreditation of social-health services (Regional Resolution no. 514/2009), Emilia-Romagna Region has released the specific document *Falls prevention and promotion of general wellbeing of people living in nursing homes for elderly. Improving the environment, the organization of life and care and provision of physical activity in residential settings* (Regione Emilia-Romagna 2015c). These guidelines are intended to encourage the creation of conditions for elderly in residential facilities to move freely, with great autonomy, in a safe environment, making the most of their residual functional abilities. In particular, the document focuses on:

- **comprehensive approach aimed at improving patients' wellbeing**, not only at reducing the incidence of falls
- **awareness raising** in all professionals and caregivers on the environmental risk factors that can possibly lead to falls

## 14

- promotion of **physical activity** in residential settings, involving also non self-sufficient guests with reduced autonomy and functional limitations, to prevent functional deterioration while improving their residual functional capacity and autonomy
- definition of a **multifactorial intervention plan** (drugs, environment, care procedures, etc.) by a multi-professional team
- **in the medium run, promotion of an organizational and professional growth** within the accredited facilities, enhancing the development of a “routine system of falls monitoring and falls risk management”.

A pre-post study demonstrated the effectiveness of this approach. Comparing the two observation periods - at the start of the project before issuing the regional guidelines and after the implementation of preventive actions (concerning environment, organization, multifactorial falls risk assessment) and of personalized interventions - a decrease of repeated falls (-3%) and of falls with serious outcomes (-1%) can be noticed.

## In hospital

At national level, in November 2011 the Italian Ministry of Health issued the *Recommendation for the prevention and management of patient falls in health facilities* (Ministero della salute 2011): falls are among the most frequent adverse events and might result in serious immediate and delayed consequences, in some cases leading to death. The implementation of recommendations on prevention of sentinel events represents a fulfilment of the essential levels of care (the Italian positive list of health benefits provided by the National Health Service).

Emilia-Romagna Region has adopted the Ministerial directives and has included the implementation of the key recommendations as strategic objectives for the Directors General of the Local Health Trusts.

In particular in 2014 the Region provided **indications to Local Health Trusts to prepare local Plans for falls prevention in health facilities** which have to account for:

- definition of a **reporting information system** for falls
- identification of falls **risk assessment** tools
- definition of a fall **risk profile**
- implementation of **prevention measures**
- implementation of an appropriate **management of the fallen patient**
- **monitoring and assessment of results** to guarantee a continuous quality improvement
- promotion of **information/training programs** for professionals, patients, family members and visitors.

The survey conducted in 2015 revealed that all regional Local Health Trusts have developed specific procedures, and the Region is currently engaged in drawing up a regional strategy document.

# ROLE OF REGIONAL RESEARCH PROGRAMS

Health research is fundamental to ensure both efficient public health services targeted to citizens and coherence with healthcare and assistance needs. To that end, the Regional government adopted in 2004 the Regional Law no. 29/2004, a broad strategy aimed to enhance and support health research within its Health Service.

From then on, research and innovation became key areas of focus for regional researchers and for the Health Service as a whole. As a matter of fact, policy action has been concretely backed by **two funding programs - the Regional Fund for Modernisation and the Research Programs between Emilia-Romagna Region and its Universities (PrRU)**.

Research themes proposed by regional research programs (particularly within PrRU) are in line with social and health needs, account for existing excellence centres and challenge to be addressed.

In order to keep research themes even more coherent with needs, in 2013 the PrRU - after completing a priority setting process - launched a call for proposals with six research questions focusing on Geriatrics. As a result, **geriatrics was the most selected theme** (up to 40%).

As **Reference Site of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)**, Emilia-Romagna Region pays particular attention to elderly and their wellbeing.

Indeed, since the inception of EIP on AHA, the Region took the opportunity to further enhance regional synergies and linkages on issues related to the ageing population, in particular frailty and falls prevention. Both are tackled and investigated through EU projects and actions.

**Frailty is deeply inquired in SUNFRAIL** (Reference Site Network for Prevention and Care of Frailty and Chronic Conditions in community dwelling persons of EU Countries) funded by the European Health Programme 2014-2020.

Falls prevention is both a regional EIP on AHA Commitment (PROFITER) and a regional priority in health research. A number of projects specifically dedicated to this issue have been carried out and are being developed within the Regional Health Service; those listed in the following table are given for information purposes only.

## 16 Some research projects developed in Emilia-Romagna Health Trusts

### LOCAL HEALTH TRUST OF PIACENZA

- Initiative medicine for the prevention of fragility fractures: educational intervention on population at risk of falling  
PI [Carlo Cagnoni](mailto:c.cagnoni@ausl.pc.it) - c.cagnoni@ausl.pc.it

### LOCAL HEALTH TRUST OF PARMA

- Older people may not fall  
PI [Bruno Agnetti](mailto:agnettib@libero.it) - agnettib@libero.it

### LOCAL HEALTH TRUST OF REGGIO EMILIA

- Predicting the first fall in the older person  
PI [Isabella Campanini](mailto:isabella.campanini@ausl.re.it)  
isabella.campanini@ausl.re.it

### HOSPITAL TRUST OF REGGIO EMILIA AND UNIVERSITY HOSPITAL TRUST OF BOLOGNA

- Adapted physical activity as a tool for the prevention of falls in people with stroke outcomes: results of the Modernization Project no. EFG/2009 of Emilia-Romagna Region  
PI [Stefania Fugazzaro](mailto:stefania.fugazzaro@asmn.re.it)  
stefania.fugazzaro@asmn.re.it

### LOCAL HEALTH TRUST OF MODENA

- Effectiveness of a multifactorial and customized program for falls prevention in the elderly living at home compared to conventional treatment: a randomized controlled trial  
PI [Fabio La Porta](mailto:fabiolaporta.dr@gmail.com) - fabiolaporta.dr@gmail.com

### UNIVERSITY HOSPITAL TRUST OF BOLOGNA

- Stepped wedge cluster randomised trial to evaluate effectiveness of the implementation of a care bundle to prevent accidental falls in hospitalized elderly patients  
PI [Daniela Mosci](mailto:daniela.mosci@aosp.bo.it) - daniela.mosci@aosp.bo.it
- Study of falls risk assessment in people with stroke outcomes hospitalised in a rehabilitation ward. Prospective cohort study  
PI [Mauro Giacobazzi](mailto:mauro.giacobazzi@unibo.it) - mauro.giacobazzi@unibo.it

### RIZZOLI ORTHOPAEDIC INSTITUTE RESEARCH HOSPITAL OF BOLOGNA

- Safety and efficacy of vertebral augmentation in the treatment of osteoporotic vertebral fractures in the elderly  
PI [Alessandro Gasbarrini](mailto:alessandro.gasbarrini@ior.it)  
alessandro.gasbarrini@ior.it
- Multifactorial program for prevention of accidental falls in hospital at the Rizzoli Orthopaedic Institute of Bologna  
PI [Maurizia Rolli](mailto:maurizia.rolli@ior.it) - maurizia.rolli@ior.it
- Preventing instability and fall risk in the elderly with a painful foot through customized orthotic insoles with 3D printing  
PI [Nicola Baldini](mailto:nicola.baldini@ior.it) - nicola.baldini@ior.it

### LOCAL HEALTH TRUST OF IMOLA

- Prevention of falls in elderly people with hip fracture outcomes - Physical activity program at home for the prevention of falls  
PI [Serena Lanzarini](mailto:s.lanzarini@ausl.imola.bo.it) - s.lanzarini@ausl.imola.bo.it



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- Decreto del Presidente della Repubblica 14 gennaio 1997  
Approvazione dell'atto di indirizzo e coordinamento alle Regioni e alle Province autonome di Trento e di Bolzano, in materia di requisiti strutturali, tecnologici ed organizzativi minimi per l'esercizio delle attività sanitarie da parte delle strutture pubbliche e private

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Norme generali sull'organizzazione ed il funzionamento del Servizio sanitario regionale
- Delibera di Giunta regionale n. 509/2007  
Fondo regionale per la non autosufficienza. Programma per l'avvio nel 2007 e per lo sviluppo nel triennio 2007-2009
- Delibera di Giunta regionale n. 514/2009  
Primo provvedimento della Giunta regionale attuativo dell'art. 23 della L.R. 4/08 in materia di accreditamento dei servizi socio-sanitari
- Delibera di Giunta regionale n. 1095/2010  
Requisiti specifici per l'accreditamento delle strutture di geriatria ospedaliera per acuti
- Delibera di Giunta regionale n. 419/2012  
Requisiti specifici per l'accreditamento delle strutture di medicina interna
- Delibera di Giunta regionale n. 221/2015  
Requisiti specifici per l'accreditamento del Dipartimento di Cure primarie

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