TOPIC 2

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

Which older person is at risk of falling? Ask, assess and act

How you can use **Topic 2**

Use Topic 2 as:

- an information resource that explains the evidence and reasons for asking an older person about falls in order to conduct a multifactorial risk assessment and interventions in those at risk
- a 60-minute professional development exercise (see 60 minutes of professional development in this resource).

LIVE STRONGER FOR LONGER
PREVENT FALLS & FRACTURES

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Key messages in **Topic 2**

- Identifying which older people risk falling is key to reducing harm from falls. This means **asking** older people whether they:
  - have slipped, tripped or fallen in the last year
  - can get out of a chair without using their hands
  - fear falling or are limited in doing activities they previously could because of this fear.
- If you ask an older person about falls and their reply indicates they may be at risk of falling, offer to arrange them a more in-depth **assessment** of their risk factors. Then an individualised plan can be developed and put into **action** with the older person and their family/whānau that focuses on any identified risk factors.
- The overall message is to **ask**, **assess** and **act** to reduce the risk of an older person falling or being harmed should they fall.
- We should always frame conversations about falls positively, with a focus on the older person's independence. Remember that older people do not often see falls as a problem and therefore may underestimate the risk.
- Ensure the older person, their carers and/or family and whānau understand the reasons why falls need to be avoided, why asking about falls is important and why interventions might be needed.
- We can learn from an older person and their family's/whānau's experiences and take a partnership approach to help them stay independent.

What **Topic 2** covers

The overall approach to reducing harm from falls is captured by the phrase ask, assess and act. The Health Quality & Safety Commission endorses this approach and Topic 2 begins by explaining how to ask about falls to identify older people at risk of falling. Topic 3 then explains how to assess an older person to identify their risk factors. Topic 4 outlines how to take action by addressing identified risk factors in an individualised care plan. These three topics go together.

The National Institute for Health and Care Excellence has issued clinical guidelines on preventing falls in older people. Those guidelines recommend regularly asking older people if they have fallen in the last year.

A few simple screening questions can identify which older people to target for multifactorial risk factor assessment and interventions that are tailored to their personal risk factors.

Why we should ask older people about falls

Clinical guidelines for assessing and preventing falls by older people recommend that health care providers make it routine practice to ask whether an older person has fallen in the past year. This can include opportunistic approaches, for example in the community pharmacy, at a GP visit, or outpatient clinic. That conversation should include questions about the frequency, context and characteristics of any falls (Kenny et al 2011; National Institute for Health and Care Excellence 2013).

If health professionals don't ask about falls, and patients don't mention they've fallen, it's a lost opportunity.

A systematic review identified 50 risk factors for falls (Sousa et al 2016). Another large review confirmed that the major risk factors for falls are impaired balance and gait, polypharmacy and history of previous falls (Ambrose et al 2015). Since we can modify or manage these and other risk factors for falls, it's important to screen older people for risk of falling.

The first step is to ask about falls. Then assess the gait, strength and balance. Recent guidelines support this process of asking about falls, assessing risk factors and acting to manage risks (Crandall et al 2016; Jung et al 2014; Kim et al 2017). Older people who screen positive when asked about falls should have further assessment to establish their individual risk factors for falling so an individualised management plan can then be implemented to address those risk factors (Centers for Disease Control and Prevention 2019).

The Health Quality & Safety Commission has published guidance about screening for falls risk, and an algorithm you can follow. See the consumer brochure including self-assessment questions and the Stay Independent Toolkit for clinicians.

Also available is a pocketcard, explaining simply the ask, assess, act approach. You can use it as a checklist in daily practice. It shows how asking about falls should always be accompanied by assessment (see Topic 3) and action (see Topic 4) when a risk of falling is identified.

Even if an older person does not appear to be at risk of falls, or has no risk factors for falls, they may still benefit from a strength and balance exercise programme (see Topic 9). This can be discussed with them. ◆

What are the important reasons for asking an older person about falls?

Falls – and their causes – can go without clinical attention simply because clinicians don't ask and older people don't mention they have fallen, particularly if they haven't suffered an injury. Older people may not mention falling if they are anxious that doing so might lead to them having to leave their home.

Apart from a history of falling being a strong predictor of further falls, here are three important reasons to ask an older person about falls.

1. Falls are the leading cause of injuries in older people and a significant factor contributing to why they lose independence. Even if older people aren't injured physically, a fall can cause them to lose confidence and result in a downward spiral of unnecessary restriction of activity, causing a loss of physical conditioning. This, in turn, increases the risk of falling.
2. One in every three older people falls at least once a year. Rates of falling increase with advancing age.
3. Underlying conditions or age-related decline in function (such as problems with balance, strength or mobility) increase the risk of an older person falling. Yet we can treat or modify many risk factors (Ambrose et al 2015; Rubenstein 2006).

Further, because a fall can signal a decline in an older person's functioning or health, an acute presentation or the person's description of an earlier fall are opportunities to identify and address underlying problems that we might not otherwise have noticed (Healey and Darowski 2012; Rubenstein 2006). ◆

Which three questions we should ask

Three questions quickly cover important points in screening for risk of falling.

1. If a person has fallen before, this is a sign an older person will fall again. A person who falls often is an important indicator.
   Ask: Have you slipped, tripped or fallen in the last year?
2. If a person has a problem with their balance or their lower limbs are weak, this might increase the risk of them falling.
   Ask: Can you get out of a chair without using your hands?
3. If a person fears they will fall, this can cause them to needlessly limit their activities and lose function, and so diminish their overall quality of life.
   Ask: Have you stopped doing some activities because you're afraid you might lose your balance? Do you worry about falling?

Why regularly asking older people about their risk of falling is important

Routinely asking an older person about falls doesn't mean everyone needs to ask the same questions. That's why we capture (and refer to) a good falls history in the shared record. Any door is the right door for falls prevention. Each context has a different angle of interest.

- In the community, the emphasis is on managing underlying conditions, exercise, and maintaining independence and safety at home.
- Falls and falls injuries are a leading cause of older people's presentations to emergency departments. This means we need to proactively make the most of every teachable moment or opportunity for assessment and referral so as to help reduce how often the older person is admitted to the emergency department (Carpenter et al 2009).
- In hospital, the emphasis is on preventing an inpatient fall, as well as addressing risk factors related to underlying conditions (Healey and Darowski 2012).

Looking and listening as a skilled professional... What do you see? What is not being said?

An appreciation of an older person's readiness to address their risk factors is important.

They may feel increasingly vulnerable, anxious and defensive after a fall. This is particularly so if the fall results in an injury that needs treating (to the point of the older person being hospitalised). Some 80 percent of falls in hospital are by people aged 65 and older (Healey and Darowski 2012).

In contrast, the older person may have 'unrealistic optimism' (that falls are a potential problem for other people but not for them) that is diminished by having had a fall within the last year, or having had multiple falls. So continuing to ask about falls is viewed as relevant (Dollard et al 2013).

The older person may also not want to be a bother to others and therefore take risks rather than seek help.

What you observe about the older person's general condition and the way they move may prompt further enquiry. And you can learn much, if not more, in what the older person doesn't say than in what they do say.

Ask family/whānau

Family/whānau will have useful perspectives on what causes an older person to fall and what helps keep them safe. They are a critical source of information and insight if the older person is cognitively impaired or otherwise unable to answer fully. People with cognitive impairment are more likely to fall. ◆

Why it is important to ask, assess and act

The Prevention of Falls Network Europe (ProFaNE) and Outcomes Consensus Group sought a simple, comprehensive and inclusive definition of a fall to guide their research programmes. They recommended defining 'a fall' as:

'an unexpected event in which the participant comes to rest on the ground, floor, or lower level' (Skelton 2012).

What words to use

ProFaNE recommended you ask about falls in a way that the older person can reliably understand the question. One example is, 'Have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?' (Lamb et al 2005). It's critical that we use terms such as 'slip, trip, stumble, losing balance', as older people may use these less harmful expressions as a verbal strategy when talking about falls (Skelton 2012). Consider asking whether the person has ever broken a bone, because fragility fractures are a good indication that someone might have fallen. Overall, it is important the right questions get asked to bring to the surface the risks for each older person.

Keep the conversation positive

With reason, both older people and professionals view falls as a threat to an older person's identity and independence. For instance, in one study 80 percent of younger participants said they would rather be dead than have a 'bad hip fracture and subsequent admission to a rest home' (Salkeld et al 2000). Although many older people fear falling, asking about falls need not reinforce negative assumptions about old age. Setting goals to preserve or restore an older person's function and independence is positive and enabling (Kingston 2000). Overemphasising risks and focusing only on safety may inadvertently stigmatise falls or cause older people to limit their activities (Boltz et al 2014; Hanson et al 2009). We note several strategies for approaching conversations about falls.

Acknowledge the older person's insights and preferences

Taking a falls history includes asking why the older person and their family/whānau believe the person fell, and probing further when they say the fall was 'an accident' (Rubenstein 2006). The goal is to help older people identify risks and management options, and choose actions they can realistically do alone (McInnes and Askie 2004; Schepens et al 2012; Wong and Hogan 2013).

Learning from an older person's experiences and taking a partnership approach with them, their families/whānau and others involved in their care means:

- understanding what they see as their major health problems and the main reasons why they fall (the risk factors) or referring them on to someone who can assess these factors
- prioritising and limiting the number of recommendations for preventing a fall (as the older person may already feel overwhelmed by their situation)
- checking the acceptability of recommendations and 'trade-offs', in light of what changes the older person is prepared to make
- identifying the older person's strengths (McInnes and Askie 2004; Tinetti and Kumar 2010; Wong and Hogan 2013). ◆

60 MINUTES OF PROFESSIONAL DEVELOPMENT

This learning activity equals 60 minutes of your professional development.

You can add it to the personal professional record you keep to check off your competence framework requirements.

To complete this learning activity, first read the whole topic and the four required readings, then assess your learning with the 10 self-test questions.

Learning objectives

Reading and reflecting on Topic 2 and the materials in this teaching and learning package will enable you to:

- describe a consensus definition of a fall
- understand the basis for screening questions and clinical guidelines
- choose methods for talking with older people and their families/whānau about falls and managing falls risks
- reflect on the capability of you and your team for screening for risk of falling and identifying older people who need a risk factor assessment and individualised care plan for falls.

Teaching and learning package

Gather up the resources you'll need. Use the hyperlinks in this topic, or download or print the reference material.

Required reading

These three readings will help you form evidence-informed perspectives about how to assess a person who is at risk of falling, and what actions to take when they fall.

1. Staying Independent Toolkit algorithm for falls risk assessment and action.
2. *NICE Clinical Guideline CG161 Falls: assessment and prevention of falls in older people*. 2013. Your best option for reading the recommendations is here, and the guideline also has a useful interactive overview of the pathway here.
3. Phelan EA, Mahoney JE, Voit JC, et al. 2015. Assessment and management of fall risk in primary care settings. *Med Clin North Am* 99(2): 281–93. You'll find it here.

ADDITIONAL RESOURCES

Promotional posters (A2): Ask, assess, act

Pocketcard: Ask, assess, act resource for health professionals

NICE CG161 Falls: baseline audit tool

Audiovisual Staying safe on your feet at home (12 minutes 30 seconds)

10 QUESTIONS

TOPIC 2

Professional development: questions to test your knowledge

PROFESSIONAL DEVELOPMENT ACTIVITY

ANSWER these questions to check you have retained the knowledge reviewed in this topic and readings

ANSWER

1 A fall can be investigated as a diagnostic signal that an older person's functioning or health is declining.
☐ true ☐ false

2 Your older patient had answered 'no' to all the self-assessment questions in the consumer brochure. What would you do next?
☐ nothing – there is no problem to address ☐ consider a conversation exploring ways to prevent falls and 'stay independent'

ASSESS your capability to ask older people about falls. Assess that capability (1) personally and (2) as a team

ASSESS

3 Outline the skills needed for your role.

4 What is your plan for upskilling to meet any gaps in your skillset?

5 Review your team's approach to screening older people who risk falling by referring to the NICE baseline audit tool.
Does your team meet recommendation 1.1.1?
☐ yes ☐ no
For preventing falls in hospital does your team meet recommendation 1.2.1?
☐ yes ☐ no

6 What would need to change to improve your team's processes around asking older people about falls?

7 How would you know that processes around asking older people about falls had improved?

Outline three learnings or insights and how you will APPLY them in your practice

APPLY

8 My first learning/insight is:

I will apply it in practice by:

9 My second learning/insight is:

I will apply it in practice by:

10 My third learning/insight is:

I will apply it in practice by:

LEARNER	NAME:	PROFESSION:	DESIGNATION:
DATE:		REGISTRATION ID:	WORKPLACE:

Validation that learner has completed this professional development activity		Signature:
NAME:	PROFESSION:	CONTACT:
DATE:	REGISTRATION ID:	WORKPLACE:

For answers to the above self-assessment questions click here.

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