

IS THE OLDER PERSON IN YOUR CARE AT RISK OF FALLING?

Ask, assess, act is a process which involves the older person and their family/whānau and other carers. The point is to have a conversation which identifies falls-related problems and risks that are real for the older person, and which leads to shared decisions about actions which will be most helpful and manageable.

The first step is **screening older people by asking three simple questions** related to risk of falling. A positive answer to any one question leads to multifactorial risk assessment and intervention, which involves:

- undertaking a **systematic assessment of risk factors for older people at risk of falls**. A consistent and standardised approach is recommended, to ensure risk factors aren't missed, but every older person is different, and each will have a different risk profile;
- **actioning a plan of individualised care** referring to specialist input as needed, and putting in place interventions and supports to treat, modify or better manage the risk factors identified.

RATIONALE & EVIDENCE

Around a third of community-dwelling older people (those aged 65 years and over) fall at least once each year, and the rate of fall-related injuries increases with age.¹

While having had a fall increases the likelihood of further falls,² falling again is not inevitable. Older people can have several risk factors needing intervention – and systematic reviews have found that multifactorial assessment and interventions reduce the rate of falls in community-dwellers and hospital inpatients.^{1,3}

ASK

Three questions can quickly cover several important points in screening for falls risk:

1 Have you slipped, tripped or fallen in the last year?

Having fallen previously is predictive of falling again.

2 Can you get out of a chair without using your hands?

Balance problems and lower-limb weakness increase the risk of falling.

3 Have you avoided some activities because you might lose your balance? Do you worry about falling?

A fear of falling can cause unnecessary restriction of activity, loss of function and diminish quality of life.

- The assessment tools available to you may cover these risk factors, for example, the new care planning component for falls prevention in the TrendCare workload management system.
- Implementing a set package of interventions for older people at 'high risk' is not recommended because some interventions may not apply, and some risk factors could be missed.
- Critical thinking and clinical judgement are needed to create an individualised plan of care that meets the risk factors identified for each person.

One study of inpatients' preferences for falls prevention strategies while in hospital found that a multifactorial approach targetting their risk factors was most valued.⁴

In the hospital setting, it's especially worthwhile asking all older inpatients whether they've fallen, as about 50 percent who fall have fallen before.⁵

Asking about whether an older person uses their hands to push up out of a chair is an abbreviated form of the 'sit to stand' test,⁶ and indicates further investigation of lower limb weakness and balance problems is required.

Restricting activities because of a fear of falling also causes a loss of condition, which further increases the risk of falling.⁷

ASSESS

Assess falls risk factors related to:

Address identified risk factors with specific actions		
PHYSICAL ACTIVITY	Balance, strength and gait	▶ Enhance balance and strength
	Mobility	▶ Improve or assist mobility
	Muscle strength (especially lower limb)	▶ Prescribe vitamin D supplements if at risk of deficiency
	Feet and/or shoes	▶ Address foot problems and ensure safe footwear
UNDERLYING CONDITIONS	Medicines (especially psychotropics)	▶ Review and optimise medicine use
	Dizziness or postural hypotension	▶ Manage and monitor hypotension
	Cognition	▶ Put in place measures for orienting the person and reducing delirium risk
	Vision	▶ Optimise vision
	Continence problems	▶ Manage continence problems
	Any other health problems that may increase the risk of falling	▶ Address other health problems
	Home safety	▶ Optimise home safety

ACT

Refer for specialist input as needed. Put interventions and supports in place to:

AFTER A FALL

Reassess risk factors, and add or modify individualised interventions

RESOURCES

Ask, Asses, Act pocket cards and posters available from:

www.livestronger.org.nz/home/resources

Help sheet, patient letter and related online learning activities available from:

www.hqsc.govt.nz/our-programmes/reducing-harm-from-falls