Bridging Surgical and Geriatric Care: Improving Key Elements of Falls Assessment for Older Adults Admitted Under General Surgery

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Background

- This was a quality improvement project undertaken in a district general hospital in England, where people with head injuries and rib fractures are admitted under the **general surgery** department.
- A significant proportion of the patients who sustain their injuries due to a fall are over 65 years old.
- This population has a **high burden of comorbidity**[1] Patients often receive no routine investigation or management of the cause of their admission and injury: the fact that they had a fall. This represents a **gap in their care**.

Aims

- To **assess** and **improve** the quality of falls-related assessment and management in patients aged ≥65 admitted under General Surgery with head injuries and/or rib fractures.
- To reduce missed opportunities for identifying underlying causes of falls and prevent recurrent falls through improved adherence to **NICE** and **World Guidelines for Falls Prevention.**
- To implement **pragmatic interventions**, instead of service restructuring, to achieve this.

Methods

- This was a **two-cycle** quality improvement project, registered with the quality improvement department.
- **Key post-fall assessments** and **investigations** relevant to foundation doctors were distilled from NICE guideline NG249[2]*, and World Guidelines for Falls Prevention and Management for Older Adults[3]: a **falls history**, **cardiovascular examination**, **ECG**, and **lying-standing blood pressure (LSBP).**
- We collected data retrospectively from the electronic patient record system, identifying 20 patients admitted between Nov 2024 and Feb 2025 for the first cycle, and 20 patients admitted between Oct 2025 and Dec 2025 for the second cycle.
- We included patients aged 65 or older who sustained a head injury or rib fracture after a fall and were admitted under General Surgery.
- We implemented a **poster** and **multiple teaching sessions** to the department over two cycles.

*Consistent with to the previous NICE CG161 during cycle 1

Results

	Age (mean)	% Women	Length of stay (days)	Head injuries/ rib fractures/ both
Cycle 1	82	60	12.4	11/8/1
Cycle 2	80.1	60	8.1	8/11/1

Table 1: comparison of demographic and clinical features of two cohorts

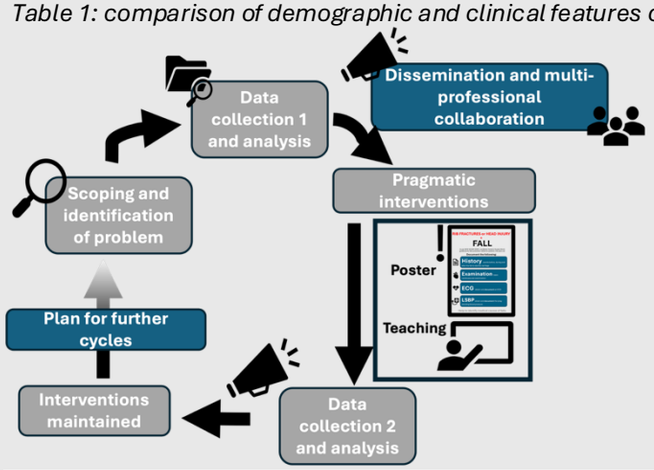

Figure 1: methodology and intervention implementation

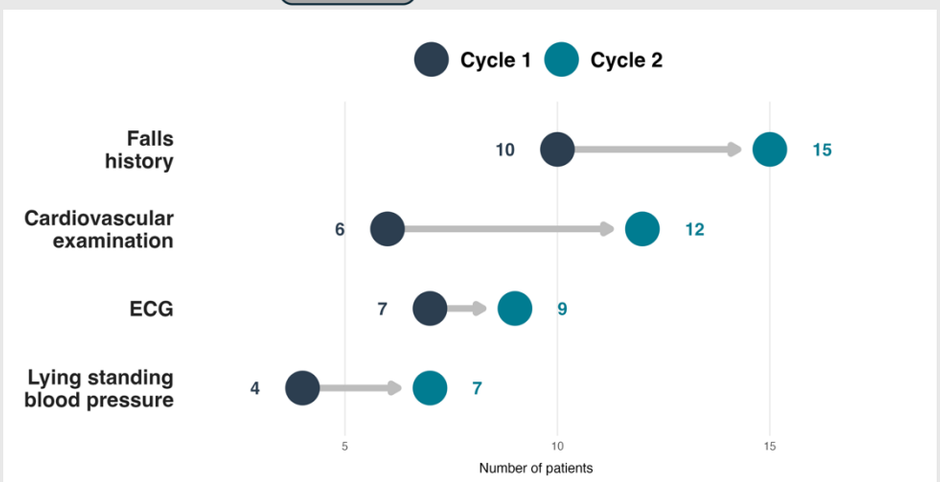

Figure 2: completion rates for the four assessed categories. N=20 per cycle.

	Cycle 1	Cycle 2	% change
History	50%	75%	+50%
Examination	30%	60%	+100%
ECG	35%	45%	+29%
LSBP	20%	35%	+75%

Table 2: completion rates of the assessment elements for cycle 1 and cycle 2 with percentage increase.

Key findings

- Initial completion rates were poor. Implementation of a poster and multiple teaching sessions to raise awareness was associated with an **improvement in the completion rates of all four assessments**.
- The teaching sessions included raising awareness of a **geriatric referral pathway** for patients who are identified as needing geriatric input.
- Completion of LSBP and a cardiovascular examination saw the largest increases, although LSBP started from a low baseline, and completion of both ECG and LSBP remained suboptimal.

Discussion

- These results suggest that **pragmatic and targeted interventions** are associated with an improvement in the completion of basic post-fall assessments. The aim of this distilled assessment is to act as a **scaffold** for identification of further problems and a referral for a geriatric review if indicated. In a setting where there is no blanket geriatric in-reach service, promoting completion of a basic assessment by the surgical team is a starting point for further assessment.
- **Limitations** include the relatively small sample size, lack of formal statistical comparison, the retrospective nature of the study, and the reliance on documentation limiting full capture of current practice. The latter may particularly have influenced ECG and LSBP results. The durability of posters and teaching, given staff rotation, is also uncertain.

Conclusion

- **Pragmatic** interventions are a feasible option for bridging the gap between surgical and geriatric teams by promoting in-house completion of basic assessments.
- **Next steps** include building a case for a more formal review pathway through stakeholder engagement.

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2. Overview | Falls: assessment and prevention in older people and in people 50 and over at higher risk | Guidance | NICE. April 29, 2025. Accessed September 19, 2026. https://www.nice.org.uk/guidance/ng249
3. 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 and Ageing. 2022;51(9):afac205. doi:10.1093/ageing/afac205