

A retrospective audit of falls assessment in a front door frailty service

S Stewart. T Anjum. J Braga

Older Persons Assessment & Liaison Team, Good Hope Hospital

Falls and fall related injury are a common problem within our older adult population and are associated with an impact on quality of life and functional independence.

The first phase for reducing adverse effects from falls is to identify risk factors that can cause or exacerbate the risk of falling and then act to minimise these risk factors.

Method

A retrospective audit was undertaken to review how falls are assessed in a front door frailty service within the emergency department (ED) and acute medical units (AMU).

The notes of each patient who had attended following a fall and was assessed by the OPAL team were reviewed.

NICE guidelines on how to assess falls in older adults and the risk factors identified were used as a benchmark for the audit.

Results

The audit identified that there is a multidisciplinary approach to falls assessments and that the majority of the risk factors were identified on assessment.

There were two domains that were not frequently identified on review - footwear and completion of lying and standing blood pressure measurements.

Following completion of the audit, teaching was undertaken to the team and the results distributed with production of a crib sheet for staff to aid future falls assessments to ensure all domains are assessed.

Falls risk factor	% Of patients where each was assessed
Vision	76
Continence	68
Footwear	17
Range Of Movement	69
Strength	69
Balance	71
Gait	71
Functional Abilities	68
Lying standing blood pressure	37
Cognition	79

OPAL Falls Assessment Crib Sheet

Number of falls in the last 12 months

- Mechanism of fall
- Injuries
- Fear of falling
- Any previous interventions

Risk Factor	Consideration
Vision	Glasses - reading/bifocal Cataracts/Glaucoma/Macular degeneration Last optician visit?
Footwear	Shoes/Slippers/Shoes Diabetic Chiropodist visit
Balance/Postural Sx/Mobility	Hearing/Tinnitus/Dizziness Fluid intake, tea/coffee/alcohol Walking aids - condition & usage L&S bp pressure & symptoms
Continence	Urinary - urge, stress or functional Bowel movements
Polypharmacy	More than 5 medications? Anti-hypertensives Anti-cholinergics Sedatives Prescribing cascade
Cognition	AMT 4 - Age, DOB, Year, Place AMT 10 - see PICS Collateral history

References:

NICE Clinical Guideline CG161