

Falls Risk Assessments for Long-Term Care

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Question:	Are there examples of best practices in falls risk assessments for LTC?
Request Type:	Evidence Summaries; Resources and practice tools; and Evaluated practices, programs
Summary:	- Limited evidence exists for a best choice of FRA Tools use in long-term care. - Recent systematic reviews examine evidence of 'best-practice' in fall risk assessment, and ask is it the predictive accuracy of the tool that is key, or how it is used and implemented? - Due to a multitude of factors two assessment tools used together or combining practices can better evaluate the characteristics of falls - In 2016, the Bruyère Continuing Care rapid review found that four tools could be used for both screening and falls risk assessment. Consistent with RNAO and NICE guidelines, the Bruyère review recommended that local implementation teams with clinical expertise and knowledge should select the most appropriate tool for their setting, and method of implementing it.

Rapid Reviews from Bruyère Research Institute on fall risk assessment in LTC

Welch V, Ghogomu E, Shea B. **Falls prevention in continuing care.** A Bruyère rapid review. Bruyère Reports No. 5, Aug 2016. [Full report](#) and [Summary](#)

Recommendations from Bruyère Continuing Care - three strategies to reduce fall rates:

- Implement a comprehensive risk assessment tool, tailored for the clinical setting, for use at admission to design individualized, multifactorial falls prevention plans
- Implement post-fall huddles to foster team learning and continuously improve the risk assessment process.
- Engage staff and clients in implementing falls prevention, fostering a culture of ongoing learning and continuous monitoring and improvement of individual falls prevention plans.

Welch V, Ghogomu E, Shea B. **Evidence-based screening tools and fall risk assessment in continuing care.** A Bruyère rapid review. Bruyère Reports No. 6, Aug 2016. [Full Report](#). [Summary](#)

Summary: This review identified 4 high quality clinical guidelines and 6 systematic reviews to assess the effectiveness of fall risk screening tools and fall risk assessment tools for falls prevention intervention in continuing care settings. Four tools could be used for both screening and falls risk assessment: the Fall assessment questionnaire, Falls Risk Assessment Tool (FRAT), the Peter James Centre Fall Risk Assessment Tool (PJC-FRAT) and the Resident Assessment instrument (MDS-RAI). Consistent with clinical practice guidelines, the Bruyère review recommended that local implementation teams with clinical expertise and knowledge are best placed to select the most appropriate tool for their setting, and method of implementing it using a combination of staff and client awareness and education.

RNAO Best Practices: Evidence Booster. **The Perley and Rideau Veterans' Health Centre: Impact of Best Practices on Fall Rates.** Ottawa. 2017 https://rnao.ca/sites/rnao-ca/files/Evidence_Boosters_-_Autumn_2017_PRVHC_FINAL.pdf

Summary: Several practice changes including introducing comfort care rounding contributed to a 50% decrease in falls.

Guidelines and Best Practices

1. Agency for Healthcare Research and Quality. **Preventing falls in hospitals. a toolkit for improving quality of care.** 2013 (updated 2018). Rockville, MD.

<http://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html>

2. Registered Nurses Association of Ontario (RNAO). **Preventing Falls and Reducing Injury from Falls (4th ed.).** 2017. Toronto, ON. <http://rnao.ca/bpg/guidelines/prevention-falls-and-fall-injuries>

Summary: The revised best practice guidelines based on literature reviews, expert panels and stakeholders include universal falls precautions for hospitals, community and long-term care. The RNAO [2017 updated] guidelines recommend falls risk screening with accepted tools such as the Morse, STRATIFY or Hendrich Fall Risk Model tools followed by a risk assessment to identify modifiable risk factors. Choose tool appropriate for setting and population [see Appendix F].

3. National Institute for Health and Care Excellence (NICE). **Falls in older people: assessing risk and prevention. NICE guideline CG161.** June 2013. <https://www.nice.org.uk/guidance/cg161>

NICE. **Falls in older people - Quality standard** March 2015 <http://nice.org.uk/guidance/qs86>

Systematic Reviews [strong ratings]

Meyer G, Möhler R, Köpke S. **Reducing waste in evaluation studies on fall risk assessment tools for older people.** *Journal of clinical epidemiology.* 2018 May 18.

[https://www.jclinepi.com/article/S0895-4356\(18\)30303-2/abstract](https://www.jclinepi.com/article/S0895-4356(18)30303-2/abstract)

Summary: Opinion article and narrative review covering systematic reviews on studies assessing diagnostic accuracy and impact of assessment tools and/or nurses' clinical judgment... Instead of investigating the diagnostic accuracy of fall assessment tools, the focus of future research should be on the effectiveness of the implementation of fall assessment tools at reducing falls and injuries.

Matarese M, Ivziku D, Bartolozzi F, Piredda M, De Marinis MG. **Systematic review of fall risk screening tools for older patients in acute hospitals.** *J Adv Nurs* 2015;71:1198.

<https://www.ncbi.nlm.nih.gov/pubmed/25287867>

Summary: Meta-analysis was carried out only for the STRATIFY and Hendrich Fall Risk Model II finding that these tools do not demonstrate predictive values as high as needed for identifying older inpatients at risk.

Nunan, S., Brown Wilson, C., Henwood, T., Parker, D. **Fall risk assessment tools for use among older adults in long-term care settings: a systematic review of the literature.** *Australas J Ageing.* 2018;37:23–33.

Summary: This article provides an up-to-date summary and comparison of fall risk assessment tools (FRAT) tested for predictive validity in LTC. Evidence for the best choice of FRAT use in LTC remains limited. The Peninsula Health FRAT (PHFRAT) as recommended for by Australian best practice guidelines, needs more research for clinical settings.

Park SH. **Tools for assessing fall risk in the elderly: a systematic review and meta-analysis.** *Aging clinical and experimental research.* 2017 Apr;1-6. [Abstract PMID:28374345](#) [Free Full Text - Springer](#)

Summary: The fall risk assessment tools currently used for the elderly did not show sufficiently high predictive validity for differentiating high and low fall risks. Authors concluded that two assessment tools used together would better evaluate the characteristics of falls by the elderly that can occur due to a multitude of factors and maximize the advantages of each for predicting the occurrence of falls.

Fall Prevention Community of Practice LOOP Discussion related to topic

Looking for best LTC falls risk assessment tool <https://www.fallsloop.com/discussions/10178>

Oct 2015 – [Melissa Harvey](#) asked about best LTC falls risk assessment tool “Our current fall risk assessment tool on LTC is not sensitive enough to determine if a resident is high, moderate or low risk, most score high risk even though there are clear differences between some of these residents and their potential for a fall.”

[Linda Yenssen](#) suggested the Scott Fall Risk Screen (SFRS) Assessment Tool: [Falls and related injuries in residential care: A framework and toolkit for prevention](#). Vancouver, BC: Centre for Hip Health and Mobility, Fall Prevention and Injury in Aging,. Any organization that would like to use the Scott tool just has to send an email with your request to Vicky.scott@hiphealth.ca. See [presentation about minimum data set \(MDS\) for fall risks](#):