

Chat with Pat

An expert view on issues that matter to you.



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Fall History: Getting to “Yes”

The evidence confirms that history of falls is a consistent predictor of future falls, and should be included as a standard screening question for older persons (Close & Lord, 2014). Prior to your use of the HD Nursing Fall Risk Assessment tool, I imagine that some of you used the Morse Fall Scale, asks about fall history in the last 3 months prior to admission, or the JHFRAT, asking patients if they fell in the last 6 months. You will also recall that these questions are simply yes/no questions – screening questions. In contrast, HD Nursing’s fall history question requires that you ask differing intervals: 1 month, 6 months, 1 year ago.

Why do fall risk screening tools have different timeframes for fall history?

The evidence dates back 3 decades. Historical research by Cummings, Nevitt, & Kidd (1988) sought to explore the accuracy of elderly subjects’ recall of recent falls. They studied 304 ambulatory men and women age 60 and older who completed a 12 month prospective study of fall risk factors. The investigators developed a system of weekly follow-ups and home visits to record and confirm all falls. Of the 179 participants who suffered at least one fall confirmed by a home visit. At the end of the study, all subjects were interviewed by telephone about when they fell - 3 months, 6 months or 12 months. Of those with a confirmed fall, 13-32% of participants did not recall falling during the specific period of time. Recall was better for the preceding 12 months than 3 or 6 months. They concluded that elderly subjects often do not recall their falls. We often assume that older adults do not want to tell about their falls for fear of losing their independence. Remember, recall is a factor.

Of interest, Ganz, et al., (2005), further explored accuracy of older patient reports of falls through a systematic literature review. His team investigated the interval to use if asking community living older adults to recall their falls (retrospective data collection) versus report their falls on an ongoing basis (prospectively). Six studies met their inclusion criteria, and they found that recall of falls in the previous year was specific (specificity of 91-95%; a true negative – those who did not fall, did not report a fall), but less sensitive (sensitivity 80-90%, a true positive - those who did fall, did report a fall). Additionally, patients who had experienced injurious falls were more likely to recall their falls. So, asking about injuries from a fall can help an older person recall their fall. Yes, asking about fall-related injuries is important.

As I share these foundational studies, I hope to better inform your practice when asking patients’ their fall history. This evidence supports the HD Nursing practice to ask about fall history on admission at multiple intervals in the last month, 6 months, and 1 year, and the importance of fall-injury history.

References

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