

Exploring post fall management pathways and the experience of the patient

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Background

The World Health Organisation have identified falls as the second leading cause of deaths due to unintentional injury globally, with adults over the age of 60 years most likely to suffer a fatal fall. There are numerous factors that influence injurious falls, including situational (e.g., toileting), individual (e.g., medications and pre-existing conditions), and environmental (e.g., clutter and lighting). For the individual, the after-effects of a fall may include functional decline, psychological distress, disability, residential aged care admission or death. Two recent reviews have reported on adult inpatient perceptions of falls. These reviews highlight that the majority of participants did not consider themselves at risk for falling. Furthermore, there were prominent themes addressing participant concerns about self-identity, dignity, autonomy, and independence. Previous research has shown that older adults have a variety of responses to falls prevention, from a high level of engagement to ambivalence or denial. It is crucial that falls prevention and management interventions are informed by the perspectives of the people who experience the falls. In order to be effective, falls care must acknowledge and incorporate the things that really matter to older people.

Aim

This study aimed to explore the management pathways of patients at Cabrini aged over 65 who had a fall whilst an inpatient, and the experiences of these patients and their families from their own perspectives.

Method

This study retrospectively reviewed the medical records from a sample of falls patients over a six-month period (July-December 2021). Data collection focused on the fall incident and how patients are managed after they have had a fall. A subset of patients who fell (or their family member) were interviewed over the phone or in-person.

The Riskman database was used to identify all patients at Cabrini who had a fall whilst an inpatient for the study period. All electronic data was analysed and a random sample of 240 patients from Malvern and 30 from Brighton was also selected for detailed medical record review and data collection.

Research staff reviewed the patient medical records and collected de-identified data on the post fall management. Data collected included referrals, reviews and investigations that occurred as a result of the fall. Data were entered into a REDCap database.

To recruit participants for interview, the Falls Prevention nurse used the RiskMan incident reports to flag with the researchers patients who experienced a fall with unimpaired cognitive ability and who were suitable to interview, or an appropriate family member, and gave them a Participant Information and Consent Form. The researcher then approached the patient and family to discuss the research and seek their interest to be interviewed. Interviews occurred over the phone and in-person.

Semi-structured interviews were conducted to allow for open exploration of the patient/family experiences. These were audio-recorded and transcribed and thematically analysed. Descriptive statistics were used to describe and identify the post-fall management pathway and events that occurred.

Results

There were 523 falls reported during the study period, 396 of involved patients aged over 65 years. The mean age was 83 (Interquartile range:76-89), and 54% were female. The majority of falls occurred in the patient's room (Table 1). Post-fall, most patients had a documented consultation with a physiotherapist and almost 40% underwent a CT scan (Table 2) Despite policy that recommends a post-fall huddle should be conducted after every fall, only 28% in this cohort had a documented post fall huddle.

Table 1 - Location of fall

Location of fall	N=270
Patient room	185 (68%)
Bathroom	61 (23%)
Hallway	12 (4.4%)
Other	12 (4.4%)

Table 2 - Investigations post fall

Follow up	N=270
Physiotherapy	186 (68.9%)
CT scan	107 (39.6%)
Huddle	76 (28.1%)
X-ray	33 (12.2%)
OT	36 (13.3%)
MRI	1 (0.4%)

Interview data analysis identified eight themes:

- Perceptions of risk
- Ageism
- Physical environment characteristics
- Explanations and excuses
- Feeling towards the fall
- Communication
- Perceptions of care
- Independence and dignity

These themes help to better understand the patient perspective of having a fall as an inpatient and ways that healthcare professionals may better care for people after they have fallen.

"I've always been a very good patient, I never bother anybody, I never want anyone to come and help me, as long as I can handle it, I'll handle it".

William (pseudonym), 86-year-old, Man.

She was independent, and I don't think, she quite accepts the fact that she no longer is independent, and she should be more reliant on people around her.

Viktoria (pseudonym), Daughter of 89-year-old woman.

Conclusion

Focus on managing the post-fall patient should be multifactorial and include: involvement of families; education; and post-fall discussions with the patient/family to establish the cause/s of the fall and assist ongoing falls prevention and management for inpatients and safe discharge home. Policy, practice, research and education in falls prevention and management should acknowledge that health behaviours are influenced by wide-ranging sociocultural factors, and individuals may not perceive themselves to be 'at-risk'. Patients most commonly are discharged home after having had an inpatient fall, and thus further attention and development of ways to support safe discharge in the context of falls prevention and management is important.

Falls prevention should be positioned as one component of healthy and dignified ageing. This study highlights the diversity in experiences of older people who experience an inpatient fall. Ongoing opportunities exist for nurses working with older people to engage in person-centred falls prevention strategies that have an increased focus toward the individual and their specific circumstances.

References

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