Assessment of Fall Risks in Patients 65 or Older

Fall prevention is an important patient safety initiative. According to the Centers for Disease Control and Prevention (CDC), “each year, millions of adults aged 65 and older fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death.”¹

The CDC’s web-based injury statistics show that, among older adults, falls are the leading cause of both fatal and nonfatal injuries. In 2013, 2.5 million nonfatal falls among older adults were treated in emergency department and more than 734,000 of these patients were hospitalized. In 2011, about 22,900 older adults died from unintentional fall injuries. The death rates from falls among older men and women have risen sharply over the past decade.²

Underscoring the significance of fall prevention, measures are included in the Physician Quality Reporting System (PQRS). PQRS is a reporting program that uses a combination of incentive payments and negative payment adjustments to promote reporting of quality information by eligible professionals (EPs). Beginning in 2015, the program also applies a negative payment adjustment to EPs who do not satisfactorily report data on quality measures for covered professional services.

Measure #154 (NQF: 0101) Falls: Risk Assessment, is a measurement of the percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months. The risk assessment must be comprised of balance/gait and one or more of the following: postural blood pressure, vision, home fall hazards, and documentation on whether medications are a contributing factor or not to falls within the past 12 months. Measure #155, is the percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months³.


According to the guidance from the PQRS, a falls risk assessment is a clinical evaluation that should include the following, but are not limited to:

- A history of fall circumstances
- Review of all medications and doses
- Evaluation of gait and balance, mobility levels and lower extremity joint function
- Examination of vision
- Examination of neurological function, muscle strength, proprioception, reflexes, and tests of cortical, extrapyramidal, and cerebellar function
- Cognitive evaluation
- Screening for depression
- Assessment of postural blood pressure
- Assessment of heart rate and rhythm
- Assessment of heart rate and rhythm, and blood pressure responses to carotid sinus stimulation, if appropriate
- Assessment of home environment

The falls risk assessment should be followed by direct intervention on the identified risk.4

According to one study, although one out of three older adults (those aged 65 or older) falls each year, less than half talk to their healthcare providers about it.5 Providers are encouraged to perform proactive risk assessments on patients aged 65 years and older with a history of falls and develop an individualized fall prevention intervention care plan.

Helpful Resources


The CDC created the STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Toolkit for Health Care Providers. Among the tool kit materials are a Fall Risk Assessment Tool, a Provider Pocket Guide for Preventing Falls in Older Patients, Guidance on Integrating Fall Prevention into Your Practice, and a list of medications that are linked to falls. These materials can be downloaded from the CDC website at www.cdc.gov.

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4 Centers for Medicare & Medicaid Services, 2015.

The Joint Commissions, Center for Transforming Healthcare launched its seventh project which aims to prevent falls that occur in health care facilities. *The Preventing Falls with Injury Project* can be accessed on their website at [www.centerfortransforminghealthcare.org](http://www.centerfortransforminghealthcare.org)

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Published February 2015