Frequently asked questions

Standard 10: Preventing Falls and Harm from Falls


1. **What is the difference between falls risk screening and falls risk assessment?**

   The terms falls risk screening and falls risk assessment are sometimes used interchangeably but there are some clear differences and they are considered separate but related processes.

   Generally falls risk screening is a brief process of estimating a person's risk of falling, usually classifying people as being either at low risk or increased risk.

   Generally falls risk assessment is a more detailed process than screening and is used to identify underlying risk factors and inform the development of a care plan to reduce risk.

2. **Are there “best practice-based risk screening and risk assessment tools” available?**


   Examples of falls risk screening and assessment tools are also available in the Falls Prevention Guidelines.

3. **Is it necessary that a tool be used for both risk screening and risk assessment?**

   A systematic review and meta-analysis of falls risk screening tools showed that using clinical judgement to classify a patient as ‘high risk for falls’ was at least as good as using a screening tool in acute care. As such, a screening tool is not necessarily an optimal basis for identifying patients with an elevated risk of falls or those who may suffer serious harm from falling. Therefore an evidence-based approach can substitute exercise of clinical judgement for use of a falls risk screening tool.

   Similarly, assessment can be undertaken systematically, and measurably, through means other than a tool, such as a multidisciplinary process that is undertaken following a falls risk screen.
The critical issue is that the result of screening or assessing is recorded and acted upon. Usually, falls risk assessment is a more detailed process than screening and is used to identify underlying risk factors and inform the development of a care plan to reduce risk. Falls risk assessment tools vary in the number of risk factors they include, and how each risk factor is assessed.

One systematic review identified the following risk factors as predictive of future falls among hospital patients:

- gait instability
- lower-limb weakness
- urinary incontinence or frequency, or need for assisted toileting
- previous falls
- agitation, confusion or impaired judgement
- prescription of 'culprit' drugs (particularly centrally acting sedative hypnotics).

This list is not comprehensive and should be tailored to suit local circumstances or patient profiles, and in reference to the Falls Prevention Guidelines.

As with screening, the critical issue is documenting the assessment and outcomes and ensuring appropriate interventions are completed.

4. **Does Standard 10 apply to all acute health service organisations?**

While Standard 10 applies to all acute health service organisations, it is recognised that some health service organisations (including fertility clinics, endoscopy centres and cardiac catheterisation laboratories) need to ensure that patients do not fall, they do not need to have in place the significant system of falls prevention envisaged in the Standard.

In addition, day procedure services would not be required to undertake comprehensive falls screening or assessment of patients. This is because the follow up action, which is identified through screening and assessment, is not possible.

Some strategies which have falls prevention benefits may apply, such as post-anaesthetic care and post-procedure mobilisation, rather than comprehensive falls prevention systems. Some specialist domains, such as mental health, may also need to consider specific risks in their care contexts, such as use of centrally acting sedatives or other psycho-active agents, with patients not otherwise at falls risk.