ACES, Apps, and Assessment of Falls

“Hi, my name is Anna and I have always valued my independence. Since I was a young girl I always wanted to call the shots. My husband Herb always said that I never had the patience to ask for help. Now he is gone, and I live in this lovely assisted living home that my children found for me. I am surrounded by my own belongings, in an apartment that is smaller than I am used to but nonetheless very cozy. They want me to call the aide every time I want to go for a walk outside but it just seems so ridiculous. I know that I had a few falls in the past but does that mean I can never be independent again? Now what I do is to sneak down the stairs and hope that they don’t catch me. I know that my children are well meaning but I want to be treated like an adult. I wonder if I will ever get close to the level of independence I had before.”

According to the Centers for Disease Control (CDC), while one third of adults over age 65 falls, only a small percentage of primary care providers are made aware of the fall. Falls are the leading cause of death secondary to injury of older adults (retrieved from www.cdc.gov/homeandrecationalssafety/falls/adultfalls.htm). Of even more significance to older adults themselves is the functional decline that often follows a fall. The inability to recover from the physical and emotional insults of a fall increase exponentially with age.

Older adults are often verbal about the fears associated with falls. The life transitions precipitated by falls include the recovery process from a hospitalization, the anxiety created by the fear of a repeated fall, and the threat of diminished independence. All of these can contribute to the slippery slope of functional decline which often translates into a decreased quality of life. The complexity of care associated with older adults combined with the vulnerability connected with the life transitions affect the older adult’s outcomes.

Safety has been a recurring theme in health care related to economics, quality of life, and policy. Falls have been highlighted as a particular safety concern with older adults. Most inpatient and outpatient facilities use a range of screening methods to assess risk of falls. Commonly used standardized tools include the Hendrich II Fall Risk Assessment, St. Thomas Risk Assessment Tool in Failing Elderly Inpatients (STRATIFY), and the Morse Fall Scale. What happens with the information obtained from the falls assessments? Often assessments done in facilities will prompt interventions to be put into place or raise the consciousness of caregivers.

However, though keeping older adults safe is inarguably a priority, safety from falls can never be guaranteed. Is there a level of risk that may be appropriate to take if the patient agrees to the risk? Perhaps a collaborative approach with patients and families and older adults about the outcomes of the falls assessment when discussing appropriate interventions would yield better outcomes. Nurses, families, and patients should discuss risks and benefits of safety-inspired restriction in the context of quality of life, considering what activities are important to continue with despite the associated risk. This may be the willingness to walk to the bathroom, the dining room, or around the block despite the anticipated risk, given that the risks are understood. The discussion might also include methods to decrease risk such as strengthening exercises or the use of a device such as a cane or walker. The likelihood of compliance is significantly increased if the patient and family are involved in the decision-making process.
Advancing Care and Excellence for Seniors (ACES) is a grant-funded initiative to foster gerontological nursing education for pre-licensure nursing students. The NLN ACES project, led by the National League for Nursing in collaboration with Community College of Philadelphia, was initially funded by the John A. Hartford Foundation and is currently supported by the Hearst Foundations, Independence Foundation, Laerdal Medical, and Independence Blue Cross Foundation. In an effort to prepare the next generation of nurses to improve care of older adults, the NLN ACES Framework highlights decision making based on the unique circumstances that surround care of older adults. More information on the ACES grant and framework can be found at www.nln.org/ACES.

The NLN ACES Framework includes three essential knowledge nursing domains: individualized aging, complexity of care, and vulnerability during transitions. The notion of a normal aging trajectory is outdated. In reality, older adults age in many different ways and consideration of this individuality needs to be carefully assessed. The complex issues in caring for older adults superimposed on more acute issues can further complicate outcomes and have a major impact on functional status and quality of life. For example, the impact of delirium or depression or an exacerbation of a chronic illness could negatively affect recovery in a way that prevents the patient from returning to the previous level of independence. The NLN ACES framework also highlights the patient’s vulnerability during transition periods. The assessment of fall risk with consideration of the three nursing domains of the ACES framework can help the nurse to look holistically at the patient and plan care in collaboration with the patient and the family.

In addition, the essential nursing actions that are part of the NLN ACES Framework are vital in contemplating next steps when an individual is identified as a fall risk. These essential actions include the coordination and management of care, often including an interdisciplinary collaborative approach. The patient and family should be included as part of the interdisciplinary team using evolving knowledge while evaluating risks in the context of benefits. For example in the case of Anna, described in the case study, applying an ACES approach would maximize her quality of life by assisting her and her family to identify how she wants to adjust to the challenges she faces because of her age and history. Evolving knowledge would suggest that interventions such as Tai Chi or physical therapy may help maximize balance and strength thus decreasing her fall risk. Discussing with both Anna and her family the risks she might face while walking on her own, in the context of achievable benefits such as sustained self esteem and feelings of independence, is a good start to formulating a plan. Letting the staff know when she plans on taking a walk and when she would be expected to return may be a good compromise in negotiating taking walks. Taking walks at times that may promote less of a risk or walking with a buddy may again decrease the anticipated risks.

Using tools for initial and ongoing falls assessments is more likely when the tool is easily accessible. In addition, sharing the results of the standardized tool with the older adult and family in order to start the discussion on risks and benefits is ideal. ConsultGeriRN is a new app for iPads developed by the Hartford Institute for Geriatric Nursing at New York University. It includes the Hendrich II fall assessment tool as well as low- and high-risk interventions. The ability of the practitioner to access this information and immediately utilize interventions is a significant key to consistent use. In addition, ConsultGeriRN has other tools, algorithms, and interventions for common issues associated with caring for older adults. Changes in cognition, behavioral disturbances, and delirium prevention all could contribute to a risk of falls. There are plans to continually update the ConsultGeriRN app to include other pertinent assessment tools and interventions to allow the practitioner to access evolving knowledge to provide the best quality of care to older adults. The ConsultGeriRNiPad app provides tools and other information to start to treat common problems frequently seen in caring for older adults.
Care of older adults is challenging, complicated, rewarding, and stimulating. Assessment tools can facilitate communication and collaboration among the interdisciplinary team as they help to standardize language and provide benchmarks for measuring progress. The patient and family should always be part of the team in terms of decision making. There is no method to fully prevent falls, however risk reduction and the patient’s quality of life may be better achieved if risks and benefits were more fully discussed with patients and their families. The ACES approach considers looking at risks and benefits when assisting patients and their families to make decisions about their care and recognizing that there is no “one size fits all” or such a thing as “normal aging.”

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