**Are unreported falls the missing data key to improving elderly care?**

*Barak Katz, General Manager at Essence Smartcare, reveals how the information we currently aren’t collecting could revolutionize the effect falls have on the victims and their care networks*

What is a fall? In 2018 the WHO defined a fall as ‘an event which results in a person coming to rest inadvertently on the ground or floor or other lower-level’. Physically, it could be slipping in the shower or losing balance picking up the post. It could result in a moment on one knee before pulling oneself up, or a long spell stranded on the floor. All these incidents could leave lasting significant physical damage. Mentally, however, falls engender a range of more lasting emotional facets –anxiety, loneliness, frustration and risk-aversion. They also, sadly, and most worryingly, lead to secrecy.

**Most falls happen in secret**

According to our research, up to 75% of falls go unreported. Potentially, that’s three quarters who’ve suffered the upset, pain and long-term trauma of a fall and not discussing it with their care giver’s, medical support or families. This means, on top of the lasting effects of the event, nothing can be done by their support network to prevent the next one. If care teams, on-site, or those working as part of the telecare provision, aren’t aware of a risk, they can’t mitigate against it. [So, what do you do if you fall? Notes from lecture about “what to do if you experience an unintended fall”]

As a collective, the industry needs to now think about how falls could be prevented if the support team were able to analyze and anticipate patterns of behavior. And for that to truly work, we need to avoid missing falls and not leave responsibility for reporting them with the vulnerable community they affect.

**What are we missing when it comes to unreported falls?**

Complete datasets are integral to the ability to solve healthcare problems – we only have to look at the recent UK Government Covid testing ‘spreadsheet error’ to know this is true. When it comes to implementing (and funding) a UK social care package, numbers matter. Case histories aren’t complete without accurate records, and case histories form the base layer of a support network’s recommendations when it comes to levels of support required. We’re missing the complete dataset on how falls are truly affecting our elderly and vulnerable communities.

To truly improve the potential to prevent injury, trauma and an increase in care, an entire appraisal of the fall sufferer’s situation could provide immense benefit. Prevention isn’t possible without anticipation. Anticipation isn’t possible without information being exchanged, and the fact that around seven in ten falls produce no communication means care providers have only have a finite amount of information to stop vulnerable people from falling, and help them when they have. Therefore, we need to concentrate on getting that data, without letting the responsibility (and possible embarrassment or shame) in asking for aid and triggering support continue to lie with them. This would give the industry the precision and the data it needs to make changes.

**Accuracy and reliable verification provide better outcomes**

We’ve realized that in falls protection technology, the accuracy of what’s reported, and verification that an incident was indeed a fall, is key to keeping that dataset capable of helping care providers manage risk. To achieve this, relying on the existing tech, or simply people, to confirm that a fall took place and to call for help, isn’t enough. Like the police investigating a crime looking at the scene of an incident, the circumstances of a fall, and what came before, is often what solves the problem.

Most current fall detectors are based on accelerometer tech which only detects certain types of incidents. Wearable alarms and pendants push the responsibility onto the elderly or vulnerable person, and by nature, putting them on is subject to emotional response, and memory. In reality, they could be contributing to the missed falls and incomplete data problem. Even if the pendant is being worn the available technology often misses the actual fall incident which, in the absence of proper self-reporting, means that from a falls management perspective, it is tantamount to it never happening.

An obvious answer could be ‘always on’ in-home cameras, but many elderly individuals do not want the intrusion and want their privacy to remain intact, and quite rightly, so what’s the solution?

This is why a more non-linear approach to falls management should be advocated. It is also why, more effective fall detection technologies needed to be developed.

**A new, non-linear approach to managing falls**

If the solution is low-impact but ever-present monitoring technology, providing whole-home coverage, the responsibility for reporting falls becomes less of a problem. Integrated multi-sensing tech like MDSense, for example, means that, in effect, your house itself protects you by alerting your support network via normal telecare methods if the room sensors are triggered by a fall.

The cycle of prevention, alert and response is effectively broken by the tech’s ability to contribute valuable data. It can report on the circumstances leading up to an incident. For example, the sensors may record a long period of seated rest in an armchair late at night, and a fall on attempt to rise. This might indicate the room was dark and the resident was cold and confused after falling asleep in their chair, which could have contributed. Multiple similar incidents could point to a need for an evening carer or more helpful lighting in the room. Importantly, this means you can prevent the next fall, let alone eliminate the unreported nature of it.

If you combine accuracy of falls reporting with an increase incident logs, there’ll be layers of benefit from the stronger data provided, moving concentrically outwards from the immediate impact on the sufferer:

The residents themselves get specific prevention and management help, such as grab rails or improved flooring.

The resident’s home setting, for example in a supported retirement community or in one flat in a block of Local Authority assisted living properties, can assess circumstances and make widespread changes to risk factors such as communal lighting or bathroom access.

The resident’s care network, including telecare monitoring provision, have more case history and accurate information on the true status of those they care for. The low-tech solution in the resident’s home doesn’t rely on the resident itself, so it’s intrinsically more reliable.

**Can we eradicate falls, or just missed ones?**

We can’t stop all falls, but we want to prevent falls from happening again if we can. By deploying the next generation of tech we can close the gap to get the data we need to make this happen. Falls management tech will continue to grow its ability to prevent and monitor, adding more AI capability that allows carers to further anticipate incidents. A huge reduction in missed falls would be an appropriate springboard to the next steps.

SOURCE: Open Access Government

<https://www.openaccessgovernment.org/are-unreported-falls-the-missing-data-key-to-improving-elderly-care/96976/>

**Are You Afraid to Fall**

***I’m very anxious about falling. What can I do?***

People over the age of 85 are the fastest growing demographic group in the United States. And by 2050, two billion adults older than 65 will be living on this planet.

Among the many concerns of older adults is an excessive fear of falling, which is a serious condition that can lead to inactivity, disability—and falls. [Talk about the downward spiral immobility and isolationism can create]

**Fear and Avoidance**

Older adults fear falling more than robbery, financial stress, or health problems. About 10 percent report excessive fear, and at least 3 percent of community-dwelling older adults avoid leaving their homes or yards.

Most people who fear falling avoid some physical activities. This fear is a better predictor of decreased physical activity than age, perceived health, number of prescription medications, gender, or history of falls.

Fear of falling and less physical activity led to disability, including decreased capacity to perform daily living activities such as bathing and shopping. Fearful individuals often slow their gait, widen their stance, and make other adjustments that badly affect their balance. They may experience other measures of physical decline as well.

Paradoxically, the fear of falling increases the risk of falls. It also increases the risk of having to enter a health care facility and the loss of independence. Those who had excessive fear but no falls over a two-year period increased their risk of entering a nursing home five-fold relative to those with low fear. Older adults in one scientific study, 56 percent with high levels of fear fell again within the following year, while only 37 percent of those without fear did.

**Improving Your Quality of Life**

Although appropriate caution is healthy, avoiding too many activities puts you at risk. If you have a fear of falling or want to help a friend or loved one, try the strategies below. But don’t be too protective. You could end up reinforcing the fear and making things worse in the long run.

The Centers for Disease Control and Prevention has helpful information about reducing the risk of falling, including ways to make a home safer (getting rid of floor rugs, improving lighting, installing grab bars, etc.).

Some local agencies can help install and even pay for home modifications; call your local Area Agency on Aging or county senior services department to find referrals.

Have a doctor or pharmacist review a list of your medications to make sure they don’t increase the risk of falling; include all over-the-counter medications, including sleeping pills.

Ask a doctor for a referral to a physical therapist who can evaluate and recommend activities and ways to do them safely. Use a cane or walker if they are recommended.

With approval from a health care professional, start an exercise plan that emphasizes strength, balance, and mobility. Tai chi is particularly effective for people with concerns about falling. People who are not willing or able to leave their homes may wish to investigate classes on a local cable channel or purchase a commercial video.

Instead of avoiding activities that make you nervous, start small and take it slow. For example, visit the mall for a brief but manageable amount of time—around 15 minutes—when it isn't crowded. Use a cane or walker if your health care provider recommends it. Work up to longer periods, and rest as needed.

To improve your health and quality of life, ask your health care providers what else you can do and how to do it safely.

SOURCE: Anxiety and Depression Association of America

<https://adaa.org/living-with-anxiety/older-adults/fear-of-falling>