What is a multi-factorial risk assessment (MFRA) for the purposes of the National Audit of Inpatient Falls?

A MFRA identifies factors known to increase the risk of falls with the intention that action or an intervention is prompted to minimise these risks.

The risk factor assessments listed below must be included as a minimum standard for an assessment to be described as a MFRA* within the scope of the National Audit of Inpatient Falls.

*The risk factors listed below are not exhaustive. Additional assessments may be included in a MFRA, but providing the assessment includes the key risk factor assessments as listed below, this would qualify as a MFRA within the scope of the National Audit of Inpatient Falls.

Risk factor to be assessed	Assessment process / tool	Intervention to address impairment
Postural instability, mobility and balance	Walking and transfer assessment. This must include the amount and type of supervision/assistance required and recommended walking/mobility aids.	A plan for providing supervision, correct walking/mobility aid provision and within reach of patient, rehabilitation, additional exercise, adjustment of bed/chair heights, appropriate use of bed rails, correct provision of aids for toileting.
Vision	A question about spectacle use. Measurement of distance and near visual acuity. RCP vision tool	Access to own clean spectacles, provision of supervision in new environment in cases of severe visual impairment, avoiding clutter or obstacles.
Lying/ standing blood pressure	Measured as per RCP guide	Medication review, assessment of fluid balance / hydration, management of medical causes such as sepsis, strategies to minimise impact (i.e. sitting up slowly), stockings.
Cognition	Screening using 4 assessment test (4AT) and if cognitive impairment suspected, standardised test of cognition Montreal Cognitive Assessment (MoCa), Mini Mental State Examination (MMSE), Addenbrookes Cognitive Examination (ACE-3)	Awareness of needs relating to cognitive impairment, “This is me” document, consideration of supervision requirements, alternative methods to using the call bell / remembering verbal instructions, providing occupation appropriate to abilities.
Presence of delirium	Screening using 4AT	Delirium management plan (including hydration, constipation, medication review, regular mobility etc). Consideration of supervision needs,

		alternative methods to using the call bell o/ remembering verbal instructions, providing occupation appropriate to abilities.
Continence	Presence of urinary or faecal incontinence	Continence management plan may include toileting routine, management of constipation, hydration, medication.
Medication review	Assessment of medications known to increase risk of falls	Medication review with documented actions such as: making changes to prescriptions to reduce risk drugs or providing rationale to continue a drug associated with risk of falls.
Footwear	An assessment as to whether it is unsuitable or missing	Provision of non-slip socks or appropriate footwear.
Falls history	Asked about falls in the previous year Asked about fear of falling	If fall related admission, a fall related injury or >1 fall in the last year, further investigation required to identify modifiable risk factors and potential causes. Falls assessment should include questioning to identify unexplained falls and investigation for syncope carried out if indicated by falls history.

References and national guidelines

NICE falls 161

NICE Quality standard 86

NICE delirium 103

NICE delirium QS63

NICE urinary incontinence