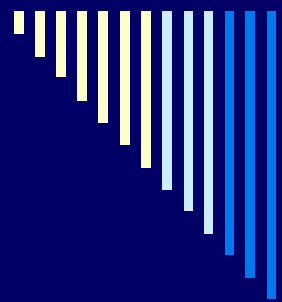


Effective Ways to Prevent and Manage Falls

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Objectives

- Learn the **risk factors** that put your residents at risk for falls
- Know **how to screen** your residents for falls and gait disorders
- Understand the **elements** of a comprehensive falls assessment
- Understand **YOUR** role in preventing falls in your facility



Facts on Falls

- The elderly, who represent 12 percent of the population, account for 75 percent of deaths from falls.
- The number of falls increases progressively with age in both sexes and all racial and ethnic groups.
- The injury rate for falls is highest among persons 85 years of age and older



Top Causes of Falls

- **“Accident”, tripping over something in the environment**
 - **Gait or balance disorder**
 - **Dizziness**
 - **Confusion**
 - **Postural Hypotension**
 - **Vision disorder**
-



Restraints and Falls

- Falls do not constitute self-injurious behavior
 - Falls is not a medical symptom that warrants the use of a physical restraints
 - Restraints have serious drawbacks and can contribute to serious injuries
 - There is no evidence that shows the use of physical restraints will prevent or reduce falls
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What About Restraints?

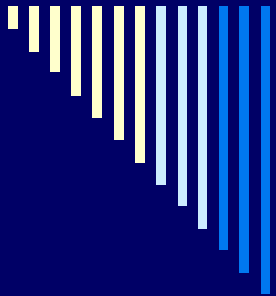
- In 1994 and earlier, 50% of all falls occurred among restrained residents
 - Injury rates are higher, and the injury more severe when restrained residents fall
 - Restraints may cause de-conditioning and muscle wasting which leads to falls
 - Restraints may lead to mood depression and poor quality of life
-



All Falls Are Not Preventable

Per CMS in their Guidance to Surveyors Memo:

“Falls do not constitute self-injurious behavior or a medical symptom that warrants the use of a physical restraint. Although restraints have been traditionally used as a falls prevention approach, they have major, serious drawbacks and can contribute to serious injuries.”



Restraints Use for Residents With Dementia

Try Something Else for Your Wandering Demented Residents

- Locked or closed units
 - Door alarms
 - Recreational and social activities
 - Exercises
 - Outlets for aggressive or anxious behavior
 - Closed courts or gardens with spaces for exploring
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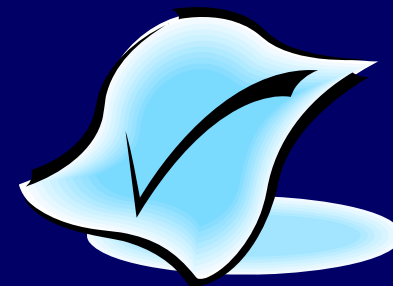
Fall Reduction Process

- Form a multi-disciplinary Fall Reduction Team
 - Implement a good Fall Assessment to be done within 12 hours after admission
 - Develop a Fall Care Plan and revise as necessary
 - Falls prevention interventions
 - Strengthening, maintaining function
 - Use your observational skills
 - Review their nutritional status
-



Fall Risk Assessment Includes:

- Level of consciousness/mental status
- History of falls
- Ambulation/elimination status
- Vision status
- Gait/balance
- Systolic blood pressure
- Medications
- Predisposing factors
 - Hypotension, vertigo, CVA, seizures, arthritis, etc.





Fall Risk Assessment

■ Predisposing Factors

- Age
- Past history of falls
- Poor balance
- Weakness in lower legs
- Visual problems
- Greater than four medications (polypharmacy)



Intrinsic Factors Associated with Falls

- Orthostatic hypotension
- Acute illness
- Cardiovascular conditions
- Neurologic conditions
- Musculoskeletal problems
- Impaired vision
- Impaired hearing
- Depression
- Vertigo
- Age-related changes in posture and balance

Extrinsic Factors Associated with Falls:

- Environmental Hazards

- Slippery floors
- Rubber mats
- Poor lighting
- Malfunctioning bed and wheelchair locks
- Obstructed walkways
- Furniture wrong height
- Throw rugs
- Shoe wear
- Lack of grab bars
- Low/high toilet seats

- Medications that:

- decrease alertness
- impair cerebral perfusion
- Affect postural control

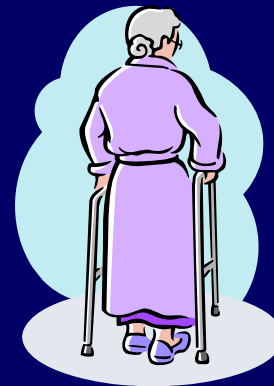
- Assistive devices





Fall Assessment

- Use standardized risk assessment
- Perform within 12 hours of admission
- Observe resident





Observation for Assessment

- Observe balance, if not chair-bound
 - Monitor blood pressure (lying down, sitting, and standing, if possible)
 - Does the resident ask for assistance?
 - Is the resident frequently incontinent of urine?
 - What other observations would you make?
-



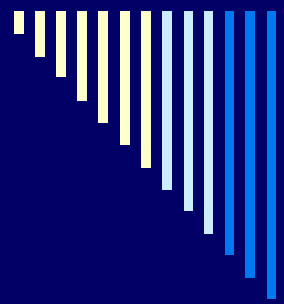
Balance and Strength

- Assess strength and balance
 - Provide recommendations for exercise programs for strength and balance
 - Gait training and appropriate use of assistive devices
-



Talk to Your Resident

- If resident is unable to answer questions, talk to the family
 - Ask about prior falls
 - What were you doing when you fell?
 - Why do you think you fell?
 - Do you ever feel dizzy or light-headed?
 - Did they need to toilet?
 - Were they hungry?
-



Transfer Information from the Hospital

- What was the resident's level of activity while in the hospital?
- Were restraints used while in the hospital?
- Was the resident incontinent of bowel and bladder?
- Was the resident receiving a psychotropic medication?



What Makes a Good Fall Prevention Program

- Goal is to prevent as many falls as possible for your resident
- All Falls are *not preventable*
- Older residents will fall despite adequate prevention
- Each resident needs their own fall assessment and plan
- Have a policy that reflects a **culture of safety**



Check for Safety

- Remove clutter from hallways and room
- Place assistive devices where they can be easily reached
 - water and call light
- Ensure appropriate lighting when resident is active in a room





Check for Safety

- Grab rails in bathrooms
- Hand rails within reach
- Inspect all thresholds and carpet edges
- Report safety hazards





Medication Risk Factors

Medications (especially high doses)

- SSRIs
- Narcotics
- Diuretics-Lasix; Hydrodiuril
- Major tranquilizers
- Barbiturates-phenobarbital
- Tricyclic antidepressants-amitriptyline (Elavil); imipramine

Have your pharmacist review to determine if your resident is on any inappropriate medications for the elderly.



Interventions to Prevent Falls

- Reduction of polypharmacy (medications, especially high risk ones)
 - Range of motion and regular exercise-walking 20-30 minutes three times per week
 - Appropriate vision wear and hearing
 - PT and OT
 - Treatment of chronic disease
 - Adequate Vitamin D supplementation can reduce risk by 20%
 - Reduction in restraint use wherever possible
-



Fall Risk in the Nursing Home

- Appropriate Care Planning
 - Fall Risk Evaluation on admission
 - Care Plan for Falls in those at risk on admission and updated regularly
 - Low bed
 - Mattress on the floor
 - One side of bed next to the wall when possible
 - Room close to nursing station when possible
-



Care Plan for Falls Prevention

- Adequate lighting
 - Hand rails
 - Q 2 hour toileting for demented or confused residents to prevent them from ambulating inappropriately without assistance which could lead to slipping and falling
 - Provision of assistance when toileting to the extent possible
 - PT and OT when appropriate
 - Limit diuretics during evening hours when possible
-



Post-Fall Assessment

- Vivid description of fall event
 - Activities at the time of the fall
 - Injury from fall
 - Review of key sudden symptom
 - Syncope, dizzy, weakness, incontinence, seizure, etc
 - Physical Examination
 - Document resident's status for 24 - 48 hours after fall
 - Neurological checks if fall involved a head injury
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Post Fall Investigations: Root cause Analysis

Look for trends

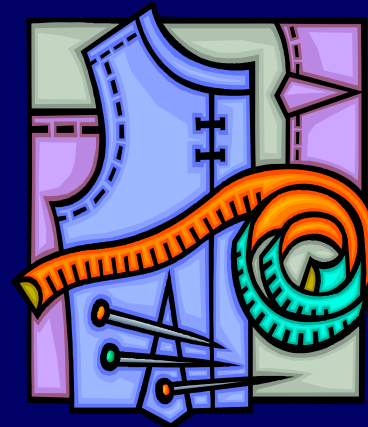
- Day of week, time of day
- Repeat falls
- Number of medications
- Types of medications
- New medications
- Are we meeting their needs





Do you Have Fall Pattern?

- Are they occurring at change of shift?
- At night?
- On one wing?
- Re-occurring reasons?
 - Need to toilet
 - Can't find call bell
 - Did not want to "bother" staff

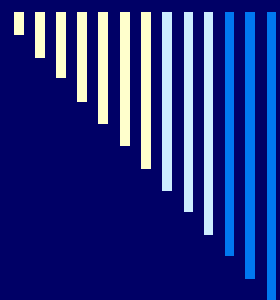




Weekly Fall Review

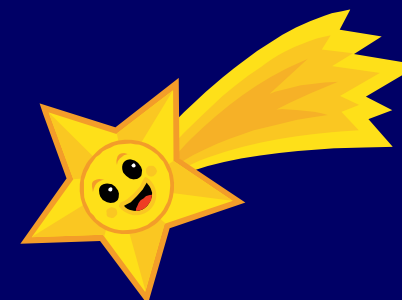
- Fall Multi-Disciplinary Team should review all falls that occur during the past week
- A fall requires a change in plan of care
 - Discuss the fall investigation
 - Determine further interventions





Fall Programs To Consider

Falling Leaf



Falling Star



Falling Leaf Program



- Assign as a result of assessment and care conference by multi-disciplinary team
 - For those at very high risk
 - For the resident who has had more than one fall in a month (sticker on chart or place chosen at room)
 - Review and revise during falls conference
 - Risk levels may change
-



Falling Star Program

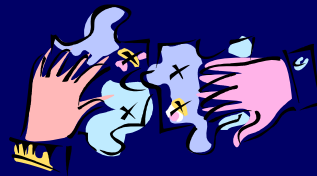
- Gold Star placed on the door, bed, chart MAR, and aides charting sheet
- Personal items within reach
- Avoid startling
- Adequate lighting, minimize environmental barriers, skid free footwear
- Bed in low position with wheels locked





Good Restraint Free Programs Require a Strong Fall Prevention Plan

- Your front-line staff are essential in every fall program
- Fall teams with comprehensive & individualized assessments and recommendations reduce fall in nursing homes by 19%, and injurious falls by 31%¹
- Everyone has a piece to the puzzle

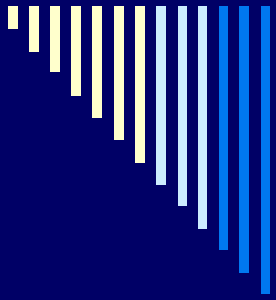


¹Ray, WA, Taylor JA, Meador KG, et al. *Evaluation of a falls consultation service.* JAMA. 1997; 278:7, 557-562



Summary of Good Fall Prevention Program

- Develop team
 - Examine your current processes
 - Assess for fall risk – complete a fall risk assessment within 12 hours of admission
 - Care plan for all residents at risk – modify when necessary
 - Come up with a way to denote fall status to those at highest risk – star, leaf, etc.
 - Weekly review of residents at risk
-



Questions?

