Interventions for Incident Reduction

Schedule
- Toilet at the same times
- Provide naps and sleep schedule as resident prefers
- Provide access to natural sunlight/outdoors as able to stimulate sleep cycle
- Place resident on timed visual checks

Sensory
- Signage with white background and large bold, black lettering
- Paint wall behind toilets darker color to increase visibility
- Provide aroma therapy

Evaluate
- Eliminate overhead paging (agitates the residents)
- Provide non-glare flooring without throw rugs
- Provide a bell instead of a call light
- Turn down lights during sleeping times, leave lights on during waking times

Physical
- No gripper socks when in bed
- Call light/alarming system within reach
- Glasses & hearing aids clean and on resident
- No side rails on bed

Medical
- Review medications and lab value
- Include Pharmacist in fall reviews

Behavioral
- Provide meaningful resident-specific activities
- Place familiar objects in room
- Offer calming music
- Offer non-alcoholic beer, or wine/beer with physician order

Communication
- Inform staff of new falls and changes in interventions
- Seek input from family and resident
- Post signs for cueing

Programming
- Frequent supervised ambulation
- Provide massage therapy
- Provide meaningful activities

Supervision
- Permanent nursing assistant assignments if beneficial
- 1:1 supervision during high risk periods
- Room location near nursing station

Assessment
- Bowel/bladder patterning
- Behavior monitoring
- Assess fatigue pattern during the day – provide rest
- Assess need for pain management
- Assess for hunger and/or thirst
- Evaluate new shoes for thicker soles that could interfere with ambulation

Positioning
Wheelchair:
- Remove footrests during transfers
- Use Wheelchair cushions
- Proper fit
Mattress:
- Perimeter mattress
- Side wedges for bed
- Winged mattress
- Wider bed

Equipment
- Replace tips on cane, walker and/or crutches
- Provide bedside urinal
- Adaptive equipment
- Height appropriate bed
- Landing mat on floor next to bed