HealthCap
RISK MANAGEMENT SERVICES

# FALL MANAGEMENT/REDUCTION PROGRAM

## Policy

It is the policy of the facility to assess resident's risk of falling and to develop and implement an Interdisciplinary Care Plan to reduce the risk of falls.

## Fall Facts

According to CDC's STEADI program, falls are a major threat to older adults. Their studies show:

- 1 in 4 people 65 and older fall each year.
- 24% of those falls required medical treatment or restricted activity for at least a day.
- Less than half of the Medicare beneficiaries who fell in the previous year talked to their healthcare provider about their fall.
- 1 out of 5 falls cause serious injury such as a head trauma or fracture.
- Every 20 minutes an older adult dies from a fall.

## Fall Risk Factors

While not all falls are preventable, research has demonstrated that implementation of a systematic fall reduction program can significantly enhance resident safety. This includes identifying specific residents at high risk for falls and implementing individualized preventive measures.

Most falls are caused by the interaction of multiple risk factors. The more risk factors a person has, the greater their chances of falling. A resident's risk of falling can be lowered by reducing or minimizing the resident's risk factors. Fall risk factors are categorized as intrinsic or extrinsic.

| INTRINSIC | EXTRINSIC |
|---|---|
| Advanced age | Lack of stair handrails |
| Previous falls | Poor stair design |
| Muscle weakness | Lack of bathroom grab bars |
| Gait & balance problems | Dim lighting or glare |
| Poor vision | Obstacles & tripping hazards |
| Postural hypotension | Slippery or uneven surfaces |
| Chronic conditions including arthritis, diabetes, stroke, Parkinson's, incontinence, dementia | Psychoactive medications |
| Fear of falling | Improper use of assistive device |

To help reduce the risk of falls, the interdisciplinary team (IDT) should focus FIRST on the following modifiable risk factors:

- Lower body weakness
- Difficulties with gait and balance
- Use of psychoactive medications

- Postural dizziness
- Poor vision
- Problems with feet and/or shoes
- Environmental hazards

**Fall Risk Evaluation Guidelines**

Follow these guidelines regarding fall risk evaluation:

- A fall risk assessment should be conducted by a licensed nurse or skilled therapist.
- Each resident shall be evaluated upon admission, readmission, quarterly, with change in condition, and post-fall.
- A Potential for Falls care plan will be developed and initiated based on the results of the Fall Risk Assessment.
- The IDT care plan will be individualized to reflect the risk factors and specific needs of the resident.

**POST-FALL**

**At the time of the fall**

- The resident will not be moved until a licensed nurse performs an assessment of the resident to determine there is not an injury.
- Provide immediate first aid as appropriate.
- Complete a neurological evaluation, if the resident hit his/her head, or if the fall is not witnessed.
- Notify the provider and the residents representative; implement any provider orders.

**After the resident is assessed**

- Complete an Incident Report
- Complete a pain assessment
- Initiate an Investigation of the fall
- The licensed nurse will document the initial physical assessment and actions taken in the medical record.
- Update the residents care plan with new interventions based upon the root cause of the fall if appropriate.
- Ongoing evaluation of the resident every shift for 72 hours. Findings will be documented, and the provider notified with any changes.
- Rehabilitation referral if appropriate.

Despite best efforts to reduce the number of falls, falls may not be eliminated.
Once the immediate needs of the resident who has experienced a fall are met, appropriate staff will evaluate the circumstances of the fall and determine interventions to be initiated to address the resident's risk for subsequent falls. The resident's Care Plan will be reviewed and updated.

**Analysis of Circumstances Contributing to Fall**

The first step in an attempt to reduce a resident's future fall risk is to determine the cause or circumstances surrounding the immediate fall. The post-fall evaluation should elicit the resident's awareness and understanding of his or her fall, gather information about the environment and context of the fall (e.g., activity at the time of the fall), and any symptoms the resident may have experienced just before falling (e.g., dizziness, being short of breath, sudden pain or weakness, unsteadiness, urgent need to use the bathroom, feeling anxious, etc.).

Some causes for falls may seem obvious, like tripping over a pair of shoes left on the floor, however, a more thorough analysis may be needed by the IDT. Often, more than one underlying cause or risk factor is involved in a fall. Falls in elderly people rarely have a single cause or risk factor. A fall is usually caused by a complex interaction among the following:

- Intrinsic factors: age-related decline in function, muscle weakness, loss of balance, poor visual acuity, etc.
- Extrinsic/environmental factors: uneven or slippery surface, unfamiliar environment, poor lighting, poorly secured handrail, etc.
- Situational factors related to the activity being done, i.e., rushing to the bathroom, walking while distracted and failing to notice a curb, etc.

Members of the IDT will analyze the apparent circumstances and reported resident awareness of factors that may have contributed to the fall. Whenever a resident experiences a fall it is recommended to obtain an evaluation by a physician and an evaluation by a physical therapist to evaluate the resident for medical or other intrinsic risk factors.

**Care Planning**

Each resident's care plan will be reviewed and updated whenever a resident has a fall.

**Possible Interventions Based on the Contributing Factors of the Fall**

Based on the cause of the resident's fall, reviewing the following fall intervention suggestions can assist staff members to determine what additional intervention strategies may be applicable to the specific situation. Interventions to be initiated shall be included in the resident's Care Plan.

*Note: The following are typical suggestions and are not intended to represent an all-inclusive list. All interventions will be resident-specific and based on each resident's individual circumstances.*

**Environment/Equipment Issues**

*Were there environmental/equipment issues which contributed to the fall? Were assistive devices improperly used? If yes, consider the following possible interventions:*

- Check immediate environment and lighting to meet needs
- Improve or replace poor lighting
- Cover or replace patterned floors/carpets
- Replace furniture that moves or tips over too easily
- Arrange furniture to enable easy maneuverability around the furniture
- Install raised toilets or change color of toilet seat
- Reduce glare
- Look for and repair any uneven surface
- Make sure furniture is neither too high nor too low
- Repair carpeting needs
- Remove objects which create obstructions in hallways, etc.
- Make sure handrails are strategically placed
- Familiarize residents with changes to the environment which may cause them confusion
- Reduce noise level and minimize sudden loud noises
- Adjust environment to resident's specific needs
- Obtain therapy consult to evaluate resident for proper use of assistive devices

**Upright and Ambulating**

*Was the resident upright and ambulating at the time of the fall? If yes, consider the following possible interventions:*

- Be sure call light is within reach and working
- Remind resident to use call light
- Check for gait problems (a shuffling gait may require shoes with a sliding sole
- Assess use of furniture with wheels or furniture that is unstable, move if used for support
- Change height of drawers if rummaging
- Provide adequate lighting
- Provide supportive assistive devices within reach which include glasses and hearing aid
- Place a commode at bedside
- Place non-slip bathmat or rug on floor to decrease slipping if resident may urinate
- Fall Mat
- Anticipate needs; learn past patterns and coping styles, and toileting schedule and habits
- Assist with ambulation to and from meals, bed, bath, etc.
- Develop formal, routine exercise programs geared to resident's level of participation
- Assist resident to bed and/or toilet
- Physical therapy screening
- Schedule daily rest periods and routines
- Encourage exercise program

- Pain management
- Evaluate assistive device use: Gliding walker, rolling walker, quad cane, wheelchair or mobility chair to push, wheelchair anti-rollback device (Note: standard pick-up walker is the most dangerous choice)
- Evaluate footwear adaption: Slip resistant soles; wearing non-slip tread socks to bed; barefoot; moccasins (Note: slippers can worsen shuffling gait and create poor steppage height)
- Medical evaluation as necessary
- Review of Medications
- Orthostatic BP's
- Install night light

**Feet / Footwear**

*Were the resident's feet and/or footwear a contributing factor to the fall? If yes, consider the following possible interventions:*

Have resident use only appropriate footwear. A reminder that non-skid soles can contribute to falls for residents with a "shuffled" gait.

Obtain podiatry consult

**Transferring Out of Chair / Wheelchair / Toilet / Bed**

*Was the resident attempting to transfer out of chair/wheelchair/bed/toilet at the time of the fall? If yes, consider the following possible interventions:*

- Assess transfer status (one person or two person assist or physical transfers
- Evaluate toileting schedule (place on or increase frequency)
- Be sure call light is within reach and working
- Remind resident to use call light
- Use height appropriate bed
- Install padding on floor if indicated by behaviors and/or risk
- Ensure bed is locked
- Implement safety checks
- Assess resident for pain
- Look at schedule for getting resident out of bed
- Assess use of furniture with wheels or furniture that is unstable
- Use contrasting color for toilet seat (black toilet seat on white toilet)
- Be sure bed linens are not hanging over bed where feet can become entangled; consider removing top sheet

**Slide Out of Bed**

*Did the resident slide out of bed? If yes, consider the following possible interventions:*

- Remind resident to use call light

- Use low bed with mats
- Place body pillow, pillow or rolled blanket under mattress to create a lip to edge
- Use mattress overlay with side wedge or lip dish mattress-defined parameter mattress

**Sliding / Leaning Forward Out of a Chair**

*Was the fall due to the resident sliding/leaning forward out of a chair? If yes, consider the following possible interventions:*

- Use non-slip cushion or one-way slide mat
- Have wheelchair/seating assessment done by PT or OT
- Have wheelchair seat and back adjusted to create slight tilt back, but not to the point of limiting movement
- Consider alternative chairs
- Adapt a recliner or wheelchair with extended, padded back rest
- Use wedge cushion as long as it does not restrain resident
- Reposition or ambulate resident a short distance and reseat
- Evaluate pain management
- Put resident to bed when fatigued
- Install anti-tips on wheelchairs
- Evaluate shoes (non-slip shoes)
- Evaluate pedals on wheelchair-on, off, one, or both

**Polypharmacy**

*Does the resident take 4 or more medications? Does the resident take any high-risk medications, such as any one of the following: analgesics, anesthetics, antianxiety, antihistamines, antihypertensives, antiseizure, antipsychotic, benzodiazepines, cardiovascular meds, cathartics, diuretics, hypnotics, hypoglycemics, narcotics, non-steroidal anti-inflammatory, psychotropics, sedatives or hypnotics? If yes, consider the following possible interventions:*

- Obtain medical evaluation
- Obtain pharmacy consult
- Alter medication times or dosage (only if approved by physician)
- Discontinue medication (only if approved by physician)

**Urinary Urgency or Incontinence**

*Does the resident exhibit urinary urgency or incontinence? If yes, consider the following possible interventions:*

- Implement toileting schedule (place on or increase frequency)
- Make sure call light within reach
- Encourage to use call light
- Obtain medical evaluation for possible UTI
- Systematically address toileting needs to help prevent further falls

- Review bowel and bladder assessment and toileting schedule
- Consider that a urinal may be helpful at night

**Chronic / Contributing Medical Conditions**

*Does the resident have any chronic medical conditions/predisposing diseases which could have contributed to the fall? This includes: cardiovascular, arthritis/osteoporosis, functional/balance problems, episodes of dizziness/syncope, fracture/cast, neurological/Parkinson's, vascular/neuromuscular, seizure disorder, decline in vision or hearing, cognitive decline/dementia, delirium, hypotension, psychiatric disorders, perception, urge incontinence, joint pain, or weak/unsteady gait. If yes, consider the following possible interventions:*

- Obtain assessment and treatment by physician
- Obtain medical evaluation to stabilize existing medical conditions
- Use contrasting colors and other supports such as magnifiers, filters, and other lighting to help with diminished vision
- Determine if resident could require assistive devices such as: wheelchair, cane, pacemaker, step stool, walker, commode, handrails, brace, raised toilets, trapeze, support shoes
- Obtain chronic pain assessment to ensure pain managed to minimize restlessness
- Obtain medical evaluation and intervention if falls occur with head movement to determine if they are due to carotid compression
- Have the resident stay seated and accompany resident after meals to help prevent falls caused by hypotension
- Obtain snacks and medication adjustment to control low blood sugar

**Acute Illness**

*Does the resident have an acute Illness which could have contributed to the fall? This includes: UTI, respiratory infection, etc. If yes, consider the following possible interventions:*

- Obtain assessment and treatment by physician

**Cognitive Impairment**

*Is the resident cognitively impaired? If yes, consider the following possible interventions:*

- Implement toileting program
- Use colorful/contrasts for items such as waste baskets and chairs to help with diminished vision

**History of Falling**

*Does the resident have a history of falling/multiple falls? If yes, consider the following possible interventions:*

- Obtain physical therapy screening
- Wear protective devices such as hip protectors, knee pads, elbow pads, wrist splinting and thick foam helmet

- Schedule daily rest periods and routines
- Encourage exercise program
- Implement toileting program
- Pain management
- Use colorful/contrasts for items such as waste baskets and chairs to help with diminished vision
- Utilize adaptive seating - note that some of these may be considered restrictive/restraint: contrasting colored toilet seat; wedge cushions; slanted seats; deep-seated, soft cushioned chair; recliner; bean bag chair; tray table
- Utilize bed adaptations including: Contrasting colored bedspread; contrasting colored head/footboard; body pillow; rolled or curved mattress edges; one side of bed placed against the wall; lock, remove, or immobilize bed wheels; transfer pole or handle; adjust bed height; relocate furniture away from bed
- Have a physical therapist evaluate any assistive devices: Use Gliding walker, rolling walker, quad cane, wheelchair or mobility chair to push, wheelchair anti-rollback device
- Have a physical therapist recommend footwear for residents with gait impairment

**Staff Training**

Recommended staff training includes:

- Staff receive fall management training during their initial orientation. Staff includes care staff, dining staff, maintenance staff, housekeeping staff, etc.
- Staff receives fall management training annually.
- Training will include Fall Risk Factors, and the actions staff members can take to improve the safety of residents (such as ongoing awareness and observation of environmental risks, proper transfer techniques, etc.

STEADI - Older Adult Fall Prevention | CDC
https://medlineplus.gov/falls.html