Prevalence of Falls

- 30% of people aged 65 or older fall each year. (Almost 1 out of 3 people)¹
- The percentage increases to 50% for those people 80 years or older. (1 out of 2 people)²
PREVALENCE OF FALLS

• 2 out of 3 people who fall will fall again within 6 months.¹

• Falls are the leading cause of injury, hospital admissions, and death in people 65 years and older.²

COST OF FALLS

• In 2010, the estimated cost of falls in the older adult population was $28.2 billion.³

• By 2020, that will rise to an estimated $55 billion with Medicare footing $32.4 billion of that cost.³

COST OF FALLS

• In 2010, estimated cost for a fall a year per adult was $3,500.¹

• This increases to $16,500 a year with 2 or more falls in a year and to $27,000 if serious injury occurs during a fall.³
REASON FOR FALLS PREVENTION

Fall Prevention is a top focus and quality measure for Medicare due to:

- The frequency of falls in the older population
- The severity of injuries and even death that can result
- The significant cost to the healthcare system
- Compromises quality of life for residents

IMPLEMENTING A FALLS PROGRAM

- Helps reduce cost to the healthcare system
- Decreases re-admissions to hospitals
- Helps maintain functional status and safety level of the resident
- Improves overall quality of life for the resident

Risk Factors for Falls

- Previous Fallers
- People with co-morbidities
- Cognitive Issues
- Behavior Issues
- Vitamin Deficiencies
- Balance Deficits
- Multiple Drug Regimen
Risk Factors for Falls cont.

- Pain
- Gait Abnormalities (i.e., step length, velocity, BOS)
- Psychosocial Issues (i.e., Depression)
- Nutritional Deficits
- Visual Deficits
- Acute Illness (i.e., UTI)
- Decreased Strength

Risk Factors for Falls cont.

- Decreased sensation (i.e., DM)
- Incontinence
- Arthritis
- Functional Limits
- > than 80 years old

Risk Factors with Strongest Association with Falling

- History of Falls
- Gait Problems
- Use of Walking Aide
- Vertigo
- Parkinson’s Disease
- Anti-epileptic Drug Use
Other Risks to Consider

- **Postural Hypotension** - most overlooked vital sign measurement; seen as a decrease in systolic pressure by 20 mmHg or a decrease of diastolic pressure of at least 10 mmHg within 3 minutes of standing.

Other Risk Factors cont.

- **Obstructive Sleep Apnea**
  - If resident cannot achieve a sound night of sleep, it will put them at risk for falls.
  - Involve physician if suspect resident has it

Other Risk Factors cont.

- If a person fell in hospital and is admitted to SNF:
  - Danger zone is **first 2 weeks** in facility after admission.

  - Almost 70% of those patients will fall again, and 5% will die from the fall.
    - Mostly attributed to acute illness, environmental change and adverse drug reactions
Other Risk Factors cont.

• **Medication**
  - Known as large contributor to falls either from over-dosage or under-dosage
  - Eliminating or changing dosages can undermine the effect of a medication on an underlying problem that is also a risk for falling.
    
    *Ex: Parkinson's Disease*

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Risk Factors

• The more risk factors a person has, the more likely they are to fall.

• 78% more likely to fall if a person has 4 or more risk factors.

• *Underlines need to identify risks upon admission*

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Screening for Risks

• Do it upon admission and at least quarterly for your long term care residents

• Look for aforementioned risks, especially if they have had a fall in the last year and have gait/balance problems.
Screening for Risks cont.

If any of these risks exist upon screening, the person has a 50% chance of falling within a year.
Assessment of Fall Risk

Should include:
- History of Falls: circumstance of Fall(s)
- Risk Factors Present
- Medication Review
- Functional Status: Therapy may be involved
- Environmental Assessment

Assessment and Plan of Care

- Once necessary assessments from IDT members are completed, it is vital that education to all caregivers take place and documentation is available to reference
- Put recommendations in easily accessible area known by all staff so care is delivered appropriately and resident remains safe
- Surveyors are looking for updated plans of care to address issues with patients and evidence that care staff are adequately trained and carrying out the plans as recommended
Approaches to Reduce Fall Risk

- **Vitamin D supplement**: 800 IU a day or more helps to reduce falls in LTC
- **Exercise**
  - should have strengthening exercises combined with balance exercises with controlled movement for greatest effect on reducing falls (ex., Tai Chi, Otago Exercise Program)
  - walking alone does not reduce risk of falls

Approaches to Reduce Fall Risk cont.

- **Withdrawal from Psychotropic Medication**
  - physician oversight and managed
- **Vital Sign Monitoring**
Approaches to Reduce Fall Risk cont.

- **Visual Assessment and Management**
  - Be aware that a resident can have an increase in fall risk when change in eyewear occurs
  - OT may need to be involved for a transition period for compensatory/safety techniques
  - Cataract surgery 1 eye at a time has shown a decrease in risk of falls

Approaches to Reduce Fall Risk cont.

- **Pacemakers**
  - Underlying cardiac problems that lead to dizziness, blackouts, and confusion can be reduced by placing a pacemaker
  - Reduced falls 2 out of 3 persons

Approaches to Reduce Fall Risk cont.

- **Home/Environment Safety**
  - Therapy can assess environment and homes for safety issues and make recommendations
  - Therapy can assess footwear and gait deviations
Approaches to Reduce Fall Risk

- Programming (not all inclusive)
  - Fall Reduction - H.A.L.T.T.
  - Bowel and Bladder - T.I.P.
  - Pain Management
  - Cognitive Retraining
  - Dementia Management - C.A.L.M.M.
  - Medication Review
  - Activities-Engagement of Residents
  - Music and Memory
  - Behavior Modification

- Involve Families/Caregivers with recommendations and training
  - They can help in evenings and weekends with proper handling of patient and be extra “eyes and ears” to keep residents safe

Falls Team

Falls Assessment should involve input from:
- Interdisciplinary Team (IDT) members
- Resident
- Families/Caregivers
Interdisciplinary Team (IDT) Members

May include:
- Nursing/ Restorative
- Physician
- Social Workers
- Admissions/Discharge Planners
- MDS
- Families/Resident

IDT Members cont.

May include:
- Pharmacy
- Dietary
- Specialist i.e. optometrist, psychologist
- Orthotic/DME supplier
- Activities

Best Practice in Fall Reduction

- Fall Prevention starts upon admission
  - Use PLOF survey and find out fall history or potential risk factors
  - What’s Your Risk Survey
  - Conduct proper assessments of anyone displaying risk factors timely
    - New and LTC residents
  - Meet at least once a week in a formal meeting
    with all key players to discuss at risk residents, status and plans - Hold Staff Accountable!
- Complete consistent education to caregivers
Best Practice in Fall Reduction

- **Consistent Vital Sign Checks** - know baselines for residents
- **Medication Review** and Physician Involvement with changes to medication (can include pharmacy)
- **Good Programming** with Therapy and Other team members so risk identified early and treatment implemented to improve resident status timely
- Important to have **Dementia Management and Behavior Modification** Programming and Education to all staff/caregivers

Best Practice in Fall Reduction

- **Documentation** needs to be present and available to reference to provide proper care and keep residents as safe as possible
- Make sure **environment is safe** inside and outside your facility to decrease risk
- Make sure **proper equipment** i.e. gait belts, transfer boards, Hoyer lift etc. is in good repair so staff can carry out recommendations
- **Communicate, Communicate, Communicate!**

Thank You!

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Questions?

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Resources

   www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

2. Tools to Implement the Otago Exercise Program: A Program to

   2005.

4. Root Cause Analysis:
   www.health.state.mn.us/patientsafety/toolkit.html Accessed April
   1, 2014.

Resources cont.

5. Comprehensive Accreditation Manual for Long Term Care Refreshed
   Core, January 2011

6. Internet: http://www.jointcommission.org Accessed February 3,
   2014.

7. Internet: http://www.primaris.org/sites/default/files/resources

8. Internet: http://www.ahrq.gov/professionals/systems/longtermcare


