

Approaches for Reducing Risks for Falls

Presented by
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PREVALENCE OF FALLS

- 30% of people aged 65 or older fall each year.
(Almost 1 out of 3 people)²
- 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

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COST OF FALLS

- In 2010, the estimated cost of falls in the older adult population was \$28.2 billion.²
- By 2020, that will rise to an estimated \$55 billion with Medicare footing \$32.4 billion of that cost.²

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COST OF FALLS

- In 2010, estimated cost for a fall a year per adult was \$3,500.²
- 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.²

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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

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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

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Risk Factors for Falls

- **Previous Fallers**
- People with co-morbidities
- Cognitive Issues
- Behavior Issues
- Vitamin Deficiencies
- Balance Deficits
- Multiple Drug Regimen

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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

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Risk Factors for Falls cont.

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

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Risk Factors **with Strongest** Association with Falling

- **History of Falls**
- Gait Problems
- Use of Walking Aide
- Vertigo
- Parkinson's Disease
- Anti-epileptic Drug Use

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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.

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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

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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

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Other Risk Factors cont.

- **Medication**^{18,19}
 - 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.

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Screening for Risks cont.

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

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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

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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

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Fall Investigation Tool PREMIER
 All information below reflects what happened at the time of the incident.

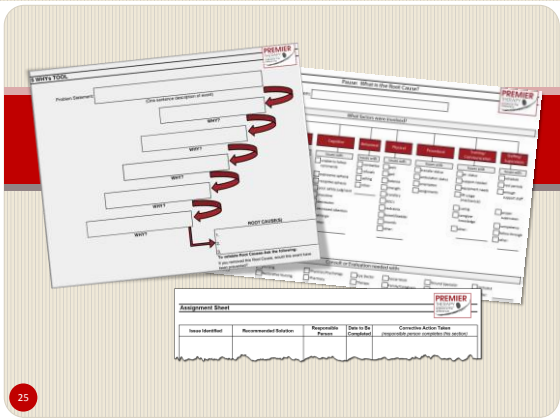
Resident Name: _____ Date: _____ Time of Incident: _____
 Location of Fall: _____ Activity prior to fall: _____
 Brief description of fall: _____
 What does the resident state happened? _____
 What do other witnesses state happened? _____

INJURY: Minor or Major
 Pain: Yes or No Location/Description of Injury: _____
 Did pain worsen but did not require assistance? Needs care plan/other care services? Needs pain intervention?

T _____ P _____ BP _____ HR _____ RR _____ SpO2 _____

PRELIMINARY APPROXIMATE INCIDENTS:
 Environmental Conditions: (from order, plan, and floor assignment/notes, etc.) _____

Contributing Factors: Medication Behavior Depression Acute Illness Distraction Poor Rest
 Other equipment Other Explain as checked _____
 Was resident compliant at time of fall? Yes No No No No No No No No No



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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

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Approaches to Reduce Fall Risk cont.

- **Withdrawal from Psychotropic Medication**^{17,18}
 - physician oversight and managed
- **Vital Sign Monitoring**

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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

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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

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Approaches to Reduce Fall Risk cont.

- **Home/Environment Safety¹⁷**

- Therapy can assess environment and homes for safety issues and make recommendations
- Therapy can assess footwear and gait deviations

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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

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Approaches to Reduce Fall Risk

- 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

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Falls Team

Falls Assessment should involve input from:

- Interdisciplinary Team (IDT) members
- Resident
- Families/Caregivers

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Interdisciplinary Team (IDT) Members

May include:

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

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IDT Members cont.

May include:

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

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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

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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

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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!**

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Thank You!

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Questions?

Please feel free to contact me:
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