Fall Risk Assessment and Prevention in the Post-Acute Setting

A Road Map

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Objectives

• Explore the burden & impact of falls
• Overview of regulatory environment
• Risk Assessment – who, when, why and how
• Prevention and intervention
• Ongoing quality improvement planning
Introduction

According to the U.S. Centers for Disease Control and Prevention:

- More than 1.4 million people 65 and older live in nursing homes.
- If current rates continue, by 2030 this number will rise to about 3 million.
- About 5% of adults 65 and older live in nursing homes, but nursing home residents account for about 20% of deaths from falls in this age group.
- Each year, a typical nursing home with 100 beds reports 100 to 200 falls. Many falls go unreported.
- Between half and three-quarters of nursing home residents fall each year.
- That’s twice the rate of falls among older adults living in the community.
- Patients often fall more than once. The average is 2.6 falls per person per year.
- About 35% of fall injuries occur among residents who cannot walk.
- About 1,800 people living in nursing homes die from falls each year.
- About 10% to 20% of nursing home falls cause serious injuries; 2% to 6% cause fractures.
Effect of a Fall

Falls with or without injury carry a heavy quality of life impact. A growing number of older adults fear falling and, as a result, limit their activities and social engagements. This can result in further physical decline, depression, social isolation, and feelings of helplessness.
Most Common Causes of Falls

- Muscle weakness and walking or gait problems are the most common causes of falls among nursing home residents. These problems account for about 24% of the falls in nursing homes.
- Environmental hazards in nursing homes cause 16% to 27% of falls among residents.
- Such hazards include wet floors, poor lighting, incorrect bed height, and improperly fitted or maintained wheelchairs.
- Medications can increase the risk of falls and fall-related injuries. Drugs that affect the central nervous system, such as sedatives and anti-anxiety drugs, are of particular concern.
- Fall risk is significantly elevated during the three days following any change in these types of medications.
- Other causes of falls include difficulty in moving from one place to another (for example, from the bed to a chair), poor foot care, poorly fitting shoes, and improper or incorrect use of walking aids.
Fall Interventions

- Assessing patients after a fall to identify and address risk factors and treat the underlying medical conditions.
- Educating staff about fall risk factors and prevention strategies.
- Reviewing prescribed medicines to assess their potential risks and benefits and to minimize use.
- Making changes in the nursing home environment to make it easier for residents to move around safely. Such changes include putting in grab bars, adding raised toilet seats, lowering bed heights, and installing handrails in the hallways.
- Providing patients with hip pads that may prevent a hip fracture if a fall occurs.
- Exercise programs can improve balance, strength, walking ability, and physical functioning among nursing home residents. However, such programs do not appear to reduce falls.
- Teaching residents who are not cognitively impaired behavioral strategies to avoid potentially hazardous situations is a promising approach.
Physical Restraints

Do physical restraints help prevent falls?

- Routinely using restraints does not lower the risk of falls or fall injuries. They should not be used as a fall prevention strategy.

- Restraints can actually increase the risk of fall-related injuries and deaths.

- Limiting a patient’s freedom to move around leads to muscle weakness and reduces physical function.

- The average rate of physical restraint use in nursing homes has fallen from more than 40% in the 1980s to approximately 10%.

- Some nursing homes have reported an increase in falls since the regulations took effect, but most have seen a drop in fall-related injuries.

- Direct injury from bedrails appears to be due to outmoded design or incorrect assembly; bedrails do not appear to increase the risk of falls or fall injuries.
Fall Risk Assessment

Fall risk assessment tools are embedded in the MDS Assessment. Assessment tools are also used to supplement the MDS information in most facilities. However, that information must be effectively analyzed for it to be useful. This is where most Fall Risk Assessment and Intervention programs fail.
Fall Risk Assessment

• Tools
  – Nursing assessment
  – Therapy assessment
  – Other ancillary staff

• Education
  – Staff
  – Resident/Family
  – Physician
Root Cause Analysis

Team approach to fall prevention
- Who should be on the team?
- When should they meet?
- How often should the resident be assessed?
- Identify a fall risk before there is a fall
- Educate staff and residents – What are fall risk factors?
Identifying Risk Factors

• Lack of Physical Activity
  – Pain
  – Loss of function
  – Fear of falling
  – Depression

• Impaired Vision
  – Age related diseases
  – Not wearing glasses

• Medications
  – Sedatives
  – Anti-depressants
  – Anti-psychotics
  – Polypharmacy
Identifying Risk Factors

• Diseases
  – Parkinson’s and other neurological
  – Alzheimer’s
  – Arthritis

• Surgeries
  – Joint replacements
  – Other mobility-limiting surgeries

• Environmental Hazards
  – Poor lighting
  – Loose rugs/carpeting
  – Pets
Resident Specific Intervention

Appropriate intervention requires accurate, complete assessment. The tools discussed can help identify the risk factor but the team must analyze and discuss how to reduce or resolve those risks. The team needs to be diverse to include primary caregivers, activity leaders, etc... The physician and/or RNP is also a critical member of the team and must be kept in the loop regarding the care plan.
Written Policies and Procedures

- There must be a written policy and procedure for assessing fall risk and following up after an actual fall.
- Must include detailed instruction regarding the specific assessment forms to be completed, how often, who is responsible and to whom they should report an actual incident or other finding.
- A written policy and procedure must be in place for the Quality Improvement Team and the needed steps to performing appropriate assessment, analysis, intervention, reassessment, etc...
Implementation

- While there are many tools available, they require training to be used appropriately. You will not be successful in simply handing them over to staff who have not been educated in the process.
- Lack of training often leads to a lot of information gathering, but no real assessment or meaningful intervention being driven by that information.