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... a Universal Presence in the Healthcare Field

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Quality Assurance work product.*

FALLS in the Geriatric Population and Long Term Care; Your Guide to a Fall Reduction Program

The following guideline will assist you, as a provider of care to the geriatric population in an assisted living facility environment in identifying those individuals at risk and implementing interventions to reduce the frequency and severity of falls.

Course Outline

1. Falls: Statistics as They Relate to the Geriatric Population, Long Term Care and Litigation
2. Fall Prevention versus Fall Reduction
3. Fall Reduction Interventions
4. Protocol for Incident Report Documentation of Falls
5. Quality Assurance and Risk Management

Falls: Statistics as They Relate to the Geriatric Population, Long Term Care and Litigation

Did you know that:

- One out of three adults age 65 years and older fall each year?
- Among those adults age 65 and older, falls are the leading cause of injury death?
- Falls are also the most common cause of nonfatal injuries and hospital admissions for trauma?
- In 2007, over 18,000 older adults died from fall injuries?
- In 2009, 2.2 million nonfatal fall injuries among older adults were treated in Emergency Departments and more than 501,000 of these patients were hospitalized?
- In 2000, direct medical costs of falls totaled over \$19 billion?
- Falls is the leading cause of claims in long term care?

Risk Management: Fall Prevention versus Fall Reduction

Realization

It is important that assisted living facility staff members understand that the term 'fall prevention' such as in a 'fall prevention program' places unrealistic expectations on a facility by residents and families.

Every person crossing the threshold of an assisted living facility is at risk for falls. Recognizing this is the first step of a fall reduction program.

Education

The second step is to educate residents and their family members that this is the case. Often residents are admitted to an assisted living facility because of a history of falls or due to an injury caused by a fall. Families place their loved ones, believing they are moving to a protected environment where excellent care will be provided and falls and accidents will not occur.

Education, at pre-admission, on admission and throughout the resident's stay is a very important risk management tactic in managing your risk. This holds true for all types of risk exposure and most certainly for your resident's potential risk for falls. Families and residents need to be made aware that they may fall. They need to be made aware that as one ages, the likelihood of falls increases due to the natural aging process in addition to contributing medical conditions. They need to know that all falls cannot be prevented, but that there are many things that can be done in an attempt to reduce the likelihood of a fall or to reduce the severity of injury if a fall occurs.

Pre-Admission Assessment

It is crucial that a thorough pre-admission assessment be done for each potential new resident. It must be determined whether you are truly able to meet the needs and expectations of the resident and their family members before agreeing to accept them into your facility. For example, if you are a 15-bed assisted living facility with one employee on the night shift and a potential new resident is an incessant wanderer, is known not to sleep at night, has a shuffling gait, a history of osteoporosis and prior hip and vertebral fractures and a history of frequent falls, can you adequately provide watchful oversight in order to prevent or reduce the probability of falls or injuries related to possible falls? A sound preadmission assessment process will identify potential risks such as these, allow staff members to identify potential risk exposure and develop a preventative plan, if the admission is appropriate. It will also allow for the education process begin for potential residents and family members prior to the admission in order to discuss and establish realistic expectations.

Fall Risk Assessment at Admission

Once the pre-admission assessment has been done and the determination made to accept the resident for admission, a fall risk assessment should be completed at the time of admission. Determine the level of potential risk each resident has for falls based upon the following contributing factors:

- **Gait disturbances; does the resident walk with a shuffling gait? Is there lower extremity weakness or partial paralysis? Does the resident suffer from dizziness or other medical issues that might cause an unsteady gait? Does the resident have poor posture or ambulates looking down at the floor?**
- **Visual or hearing impairment**
- **Cognitive decline**
- **Malnutrition or Dehydration**
- **Use of assistive devices such as walkers, canes, wheelchairs or braces**
- **Incontinence**
- **Behavioral issues, such as wandering, agitation, refusal of assistance**
- **Certain diagnoses, such as Multiple Sclerosis, Parkinson's disease, Huntington's chorea, Cerebrovascular Accident with extremity involvement, etc.**
- **Fatigue**
- **Side effects of medications**
- **Progressive disease processes such as Cancer**
- **Environmental factors, such as increased equipment and furniture in resident rooms, portable Oxygen with long tubing, etc.**

All residents have the potential of falling. Recognizing contributing factors that increase this risk will assist you in determining how you will manage that resident's care in order to reduce the risk of falls.

Documentation

Documentation in the medical record is crucial for a successful fall reduction program. Documentation should show that the fall risk assessment was done, that contributing factors for potential falls has been identified and that interventions related to those contributing factors are in place.

While many states do not require assisted living facilities to have documented care plans in place, pro-active risk management approaches to potential liability risks are always looked upon favorably in a litigation situation and should therefore, be considered. Documentation of such interventions (as long as the interventions are actually being carried out) is a clear way to communicate to the staff what needs to be done for the resident as well as a strong support for the defense in the event of a claim or litigation.

Keep Residents and Families Informed

Communication is the key to information and understanding. Let family members know up front that their loved one is at risk for falls and explain the reasons. Discuss the natural aging process, how it affects balance and gait and bone density. Discuss how their particular medical diagnoses can be contributing factors for falls. Discuss the various fall reduction interventions that are being employed.

What if a Fall has Occurred?

If a resident has fallen, staff should utilize facility protocol and standard first aid techniques:

- Calmly reassure the resident by providing emotional support
- Alert the nurse or supervisor
- Do not move the resident if there are any complaints of pain, immobility of a body part or obvious signs of injury. Immobilize and stabilize until first responders arrive.
- Call for assistance as facility protocol advises
- Notify the resident's physician and family of the incident
- Document

In the event a resident has fallen despite the fall reduction approaches employed, a thorough evaluation must be done to determine whether the fall could have been prevented and if additional interventions should be implemented.

From a risk management perspective, the following questions should be asked:

- Were the recommended approaches for fall reduction really in place?
- Has the physician been notified of the fall? Is this documented?
- Was the physician asked whether he/she had any recommendations for fall reduction interventions, such as gait training, strengthening exercises or medication reduction? Is this documented?
- Has the family been made aware of the recent fall and the fall reduction plan and what the facility plans to do going forward? Is this documented?
- Have refusals of care and assistance been documented?
- Based upon the determination of the cause of the fall, have additional interventions been added to the plan of care? Do staff members know and understand what these interventions are?
- Is a documented fall risk assessment in the medical record? If not, one should be completed immediately. A good risk management approach, as previously mentioned is to complete an assessment prior to admission and at the time of admission, but also if a fall occurs, with any change of condition and on a quarterly basis.

Risk Management: Fall Reduction Strategies and Interventions

Staff should be trained on safety awareness. All staff members should be responsible for maintaining a safe environment and should respond accordingly whenever a potential unsafe situation presents itself. The following are common extrinsic causes of falls:

- **Extension cords**
- **Improperly stored equipment**
- **Loose carpeting or throw rugs**
- **Wet/slippery floors**
- **Loose or inadequate handrails**
- **Poor lighting**
- **Complicated or confusing color scheme of carpeting (can cause depth perception issues)**
- **Inappropriate footwear**
- **Failure to ensure residents are wearing their glasses or have the wrong glasses on**
- **Bed rails**
- **Poor condition of assistive devices such as walkers, canes and wheelchairs**
- **Poor placement of furniture or equipment**

Nursing notes should reflect the fact that certain fall management interventions are being employed. For example, “Due to diuretic use, resident is asked and assisted to the bathroom every two hours.” Or, “Due to cognitive decline, resident is reminded to use walker when ambulating.”

Another pro-active risk management approach is to incorporate residents and family members into your program. Discuss your program in resident and/or family council meetings. Use this opportunity to educate residents and family members about fall risk, your program and realistic expectations. Allow the residents the opportunity to be involved by encouraging them to remind each other to use assistive devices or to encourage each other to ask for assistance when needed.

Proper Incident Reporting After a Fall

Incident reports should be completed after any fall, whether an injury occurred or not. It is important to:

- Complete all sections of the incident report form. If a section is not applicable, note this.
- Document known facts only. Do not speculate as to what you ‘think’ happened. Was the resident supposed to use his walker but did not have it? That information should be documented. Do you think the resident may have gotten dizzy, causing him to fall? Unless he states that this is what occurred, you should not speculate.

- Include any environmental hazards that contributed to the fall; was the floor wet? Did the resident trip over an obstacle?
- Note whether the resident complained of pain or sustained a known injury.
- Document when the physician and family were notified of the incident.
- Document what the final disposition of the fall was; was the resident sent out for evaluation and treatment?

Quality Assurance and Risk Management

In addition to fall reduction strategies, it is important to assess the potential for falls on a regular basis for all residents, to evaluate on an on-going basis your fall reduction program for effectiveness and to educate staff as to the importance of this program.

Quality Assurance and Risk Management is an on-going process of assessment, evaluation, identification of potential risk exposure and development and implementation of best practices in order to reduce risk and improve quality of care.

Quality Assurance and risk management activities should conduct a review of all falls on a regular basis to determine the following:

- The number of falls---has there been an increase or a decline in numbers and if so, can a reason for this be determined?
- Identification of residents with multiple falls, and if there are any, can a reason for this be determined? When a 'frequent-faller' is identified, the plan of care should be evaluated to ensure that all possible interventions are identified and in place.
- Specific trends or patterns as they relate to falls, such as specific days of the week, (i.e.: is staffing adequate on weekends if falls seem to increase on weekends?) certain times of day, (i.e.: shift change when staff is busy finishing up tasks or in report) etc.
- Have incident reports been accurately completed?
- Have physician and family members been consistently notified when a fall occurs?
- Is documentation appropriate and adequate?

Once data is reviewed and analyzed, appropriate interventions are to be determined and implemented in order improve the risk of falls and safety awareness among staff, residents and family members.

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