Preventing Avoidable Re-Hospitalizations:
Where Do You Fit in the Quality Care Puzzle?

Reducing Incidents of Falls to Reduce Re-Hospitalizations
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Today’s Objective
• Recognize that fall risk and falls prevention is a multifactorial issue.
• Recognize the need to screen all older adults for fall risk PRIOR to the first fall immediately upon admission to a nursing facility and prior to discharge.
• Discuss administrative changes needed to adopt universal use of fall risk assessments and prevention in your facility.

How big is the problem??
• Falls are common in nursing facilities
• Of the 1.6 Million residents in U.S nursing facilities, approximately half fall annually.
• About 1 in 3 of those who fall will fall two or more times in a year.
• About 1,800 older adults living in nursing homes die each year from fall-related injuries and those who survive frequently sustain injuries that result in permanent disability and reduced quality of life.

Why do falls occur more often in nursing homes?
• Falling can be a sign of other health problems.
• People in nursing homes are generally frailer than older adults living in the community.
• They are usually older, have more chronic conditions, and have more difficulty walking.
• They also tend to have thought or memory problems, to have difficulty with ADLs, and to need help getting around or taking care of themselves.

How serious are these falls?
• About 10% to 20% of nursing home falls cause serious injuries; 2% to 6% cause fractures.
• Falls result in disability, functional decline and reduced quality of life.
• Fear of falling can cause further loss of function, depression, feelings of helplessness, and social isolation.

Adverse consequences

For the resident
• Increased fear of falling and restriction of activities
• Decreased ability to function
• Reduced quality of life
• Serious injuries
• Increased risk of death

For the facility
• Increased paperwork for staff
• Increased levels of care required for fallers
• Poor survey results
• Lawsuit
• High insurance premiums


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Fall Risk Factors: Two Types

**Internal Risk Factors**
- History of falls
- Age: risk increases with age
- Orthostatic hypotension/dizziness
- Cognitive issues/decline
- Polypharmacy
- Psychotropic/active medications especially new agents
- Transfer status / Mobility
- Incontinence/Diarrhea
- Agitation/Confusion / depression
- Tethers: oxygen, catheters, etc.
- Diminished strength
- Diminished sensation, vision, hearing
- Risk of injury from fall: osteoporosis

**External Risk Factors**
- Wet and/or cluttered floors and pathways
- Floor surface
- Foot wear
- Distance to bathroom
- Height of toilet
- Bathroom layout/grab bars
- Response to call light and staffing ratios
- Poor lighting
- Incorrect bed height
- Poorly fit w/c’s
- Incorrect bed height
- Improper fit or use of assistive devices
- Tethers: oxygen, IV’s, catheters, etc.
- Staff not using gait belts
- Not having eyeglasses, hearing aids

What is the most common cause of nursing home falls?

A. Muscle weakness and walking or gait problems.1
B. Environmental hazards
C. Medications
D. Confusion


Leading Causes of Falls in Nursing facilities

- Muscle weakness and walking or gait problems: account for about 24% of the falls.
- Environmental hazards in nursing homes cause 16% to 27% of falls. Such hazards include:
  - Wet floors
  - Poor lighting
  - Incorrect bed height
  - Improperly fitted or maintained WC
- Medications increase the risk of falls and fall-related injuries.
- Other causes

Falls in Hospitals

- Varied by service, age, length of stay
- 7.5% of all patients experienced at least one fall
- 24.8% of all patients aged 65+ experienced at least one fall
- Of those that fell, 30.1% experienced an injury
- Impaired cognition and narcotic use where universal risk factors across services.
- HALF of ALL hospital falls were related to going to the bathroom.


Preventing Falls in Acute Care Hospitals, Potera, Carol, Section Editor(s): Pfeifer, Gail M. MA, RN

Fall Risk Assessment

**MORSE FALL SCALE**

2015 NJLTCLC – 17th Annual Conference
Nursing Assessment

- Utilize a standard falls tool such as the MFS
- R/O orthostatic hypotension and dizziness
- Assess for incontinence/urgency issues
- Meet with family/caregiver
- Check feet and shoes
- Can any tethers be removed or set up in a safer way? Catheter leg bag, portable O2 tubes, IV lines, etc.
- Set up medication review with MD/PharmD
- Create list of suggested referrals for practitioner

Practitioner Assessment

- Review nursing fall risk assessment, interventions, and referral list
- Is there a history of falls?
- Is there a complaint of dizziness?
- Carefully review medications for opportunities to decrease, replace, change times/dosing, etc.
- Consider nutritional/dietary needs to reduce risk of injury from falls (Ca, B12, D3, etc.) and from bed rest (protein, etc.)
- Consider Rx of hip protectors, appropriate foot wear, scheduled toileting, volunteer/family schedule for one-to-one assistance for patient, etc.

Administrative Assessment

- Review nursing and practitioner fall risk assessments and interventions
- Is room assignment appropriate for fall risk? Proximity to nursing station, bathroom, etc.
- Can any environmental adjustments be made to improve safety?
- Can any administrative changes be made to improve safety?
- Are eyeglasses, hearing aids, gait belt, assistive device needs all posted in room?
- Have all decisions been communicated to the right people?
- Does family understand the patient’s fall risk and their roles?

Preventing Future Falls

Which of the following is true about the use of physical restraints to help prevent falls?

A. Routinely using restraints lower the risk of falls or fall injuries.
B. Restraints can be used as an effective fall prevention strategy.3,4
C. Limiting a patient’s freedom to move around leads to muscle weakness and reduces physical function.6
D. The average rate of physical restraint use in nursing homes has increased from 10% in the 1980s to approximately 40%.7

3. Capezuti E, Evans L, Strumpf N, Maislin G. Physical restraint use and falls in nursing home residents. JAGS 1996;44:627-633

Physical Restraints

- There is no evidence to support the use of physical restraints to reduce falls in the nursing home or inpatient setting
- The utility of bed and chair alarms in reducing falls in the nursing home setting is not established
- Increased risk of falls among nursing home residents who were physically restrained, compared with those without restraints
- Falls were also decreased in the nursing home setting with an intervention that led to a decrease in the use of restrictive bedside rails
How can we prevent falls in nursing homes?

- Fall prevention in nursing homes presents multiple challenges. It requires a combination of medical treatment, rehabilitation, and environmental changes.
- The most effective interventions address multiple factors or use a multidisciplinary team.

Establish goals

- Is it realistic to aim for zero percent falls?
- What was the residents fall risk even prior to admission?
- How does the admission increase their fall risk?
- What measures can be taken to reduce the risk? (Patient related, environmental, administrative, staff and caregivers)

Overview of the Falls Management Program

1. Immediate evaluation and investigation (within 24 hr. of fall)
2. Long term management (screening at admission, quarterly, annually and change of condition)


Culture of Safety

- Strong Leadership
- Clearly defined safety policies
- All staff to identify and report safety concerns
- Empowerment if safety policies by supervisors and managers
- Regular measurement of staff safety policies
- Analysis and review of procedures
- Safety data and trends provided to staff


Falls Team

- Multidisciplinary team (Nurse coordinator, Nursing assistant, Therapist, Engineer)
- Review all incident reports for the past calendar year
- Identify repeating etiologies
- Determine estimated cost to the facility

Targeted interventions

- Address Balance and Gait problems
- Limited vision and hearing
- Toileting and incontinence
- Address Orthostatic hypotension
- Medication review
- Environmental modifications
- Involve the family and caregiver
Administrative measures

- Begin with current experience and look for small but significant and measureable improvements
- Look for patterns that could prevent groups of falls
- Reward proactive prevention from ALL staff groups
- Engage family, caregivers, volunteers to spread staff
- Debrief the entire team following a fall. Engage the team to problem solve and help to prevent future falls.
- Train and retrain all staff regularly (q 3 months) in fall prevention measures that they each can be responsible for. This could be washing floors while patients are out of their rooms for housekeeping, where to place refuse containers for CNA’s, or use of gait belts and w/c brakes for transport staff.
- Remember: reinforce positive behavioral change through recognition and reward programs that are on-going.

SUMMARY AND RECOMMENDATIONS

- Falls are common and associated with significant morbidity and mortality in the nursing care facilities and the acute hospital setting.
- Risk factors for falls in the nursing home and hospital settings, similar to risk factors for falls in the community, include: older age, history of falls, cognitive impairment, impaired balance, visual impairment, certain classes of medications, medication changes, and environmental factors.
- All nursing home residents should be considered at high risk for falls.
- Multifactorial interventions that address an individual resident’s greatest risk factors for falls may be an effective strategy to reduce the rate of falls and should include exercise programs, focusing on strength and balance, as well as environmental modifications and medication review.

References

3. Capezuti E, Evans L, Strumpf N, Maslin G. Physical restraint use and falls in nursing home residents. JAGS 1996;44:627-633