



# Fall Risk: Recognition and Response

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## “My Mom is in Good Hands Now...”

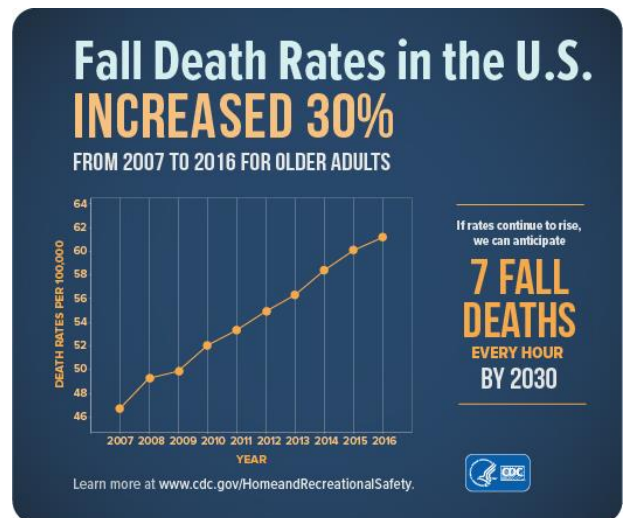
Mrs. Helga Olson and her son John request an appointment for a tour of your Assisted Living facility/Skilled Nursing Facility. Helga arrives holding on to her son’s arm. She appears to have some pain while walking. Helga has a large bruise on her right cheek and right arm. She tells you proudly that she has just celebrated her 83rd birthday. She also tells you that she has lived in her current home for 46 years. Her husband died three years ago, and she has been living alone since his death.

You ask Helga if she would like to use a wheelchair for the tour. She gladly agrees and tells you she slipped outside after the last snow fall and she is feeling a bit sore. You casually ask Helga if she has fallen before, and she states only a time or two in the last year.

As you are taking the tour, Helga recognizes a few people she knows from community activities. Helga tells you at the end of the tour that she would like more information about the next steps for moving into the facility. Her son John smiles and says, “I am so relieved that you won’t be falling anymore. They will take good care of you.”

## The Facts

- About 36 million older adults fall each year—resulting in more than 32,000 deaths<sup>1</sup>
- One in four people 65 years of age and older fall each year<sup>1</sup>
- Less than half of the people who fell in the previous year told their healthcare provider<sup>2</sup>
- One out of five falls causes a serious injury such as broken bones or a head injury<sup>1</sup>
- Each year over 300,000 older people are hospitalized for hip fractures<sup>3</sup>
- More than 95% of hip fractures are caused by falling, usually by falling sideways<sup>4</sup>
- Women experience three-quarters of all hip fractures<sup>4</sup>





**More than 95% of hip fractures are caused by older adult falls.**

Keep your patients **#STEADI.**

[www.cdc.gov](http://www.cdc.gov)



**1 in 4 people 65 and older falls each year.**

Stay **STEADI.**  
Know the risks.

[www.cdc.gov](http://www.cdc.gov)



**Each year, 3 million older adults are treated for a fall injury.**

Help keep them **#STEADI.**

[www.cdc.gov](http://www.cdc.gov)

**STEADI** Stopping Elderly Accidents, Deaths & Injuries

## The Facts

- It is not uncommon for family members to believe that an admission to a senior care facility will protect their family member from falling again.
- Many seniors and family members are unaware of the risk factors for falling and that the aging process may increase their risk for falls.
- “Most falls are caused by the interaction of multiple risk factors.” The greater the number of resident risk factors, the greater their chance of falling. Some risk factors are modifiable.<sup>5</sup>

Clinical team members in senior care are in a unique position to support early recognition of senior fall risk factors. To minimize the risk of falls, care providers should **FIRST** assess the risk of modifiable risk factors.<sup>5</sup>

Vestibular disorder/poor balance	Postural hypotension
Vitamin D insufficiency	Vision impairment
Medications linked to falls	Foot or ankle disorder

Source (Adapted From): Centers for Disease Control and Prevention National Center for Injury Prevention and Control. *STEADI – Stopping Elderly Accidents, Deaths, and Injuries. Risk Factors for Falls* <https://www.cdc.gov/steadi/pdf/STEADI-FactSheet-RiskFactors-508.pdf> [Accessed September 17, 2023]

Review prescription drugs, over-the-counter medications, and herbal supplements. Note polypharmacy, drug interactions and side-effects that can cause dizziness, sedation, confusion, blurred vision, or orthostatic hypotension.<sup>6</sup>

Medications Linked to Fall Risk	
Anticholinergics	Antihistamines
Medications affecting blood pressure	Muscle relaxants
Examples of Psychoactive Medications	
Anticonvulsants	Antidepressants
Antipsychotics	Benzodiazepines
Opioids	Sedatives-hypnotics

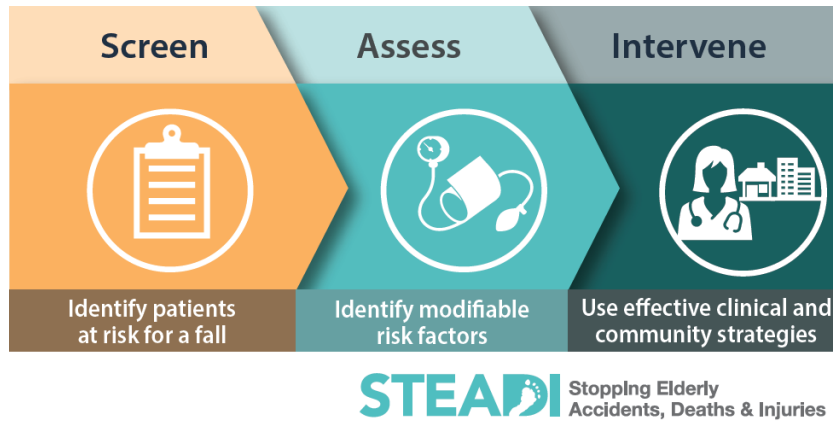
Source (Adapted From): Centers for Disease Control and Prevention National Center for Injury Prevention and Control. STEADI – Stopping Elderly Accidents, Deaths, and Injuries. Medications Linked to Falls. <https://www.cdc.gov/steady/pdf/STEADI-FactSheet-MedsLinkedtoFalls-508.pdf> [Accessed September 17, 2023]

## Clinically Pertinent Assessment

Clinically pertinent assessment of resident risk factors involves assessment and interventions that support identified intrinsic and extrinsic risk factors.<sup>5</sup>

Intrinsic Risk Factors	Extrinsic Risk Factors
<ul style="list-style-type: none"> <li>History of falls; especially recent</li> <li>Advanced age</li> <li>Orthostatic hypotension/dizziness</li> <li>Cognitive issues/decline</li> <li>Multiple medications</li> <li>Urinary urgency</li> <li>Diminished strength, muscle weakness</li> <li>Diminished sensation, vision, hearing</li> <li>Walking or gait problems</li> <li>Fear of falling</li> <li>Chronic conditions including arthritis, stroke, incontinence, diabetes, Parkinson’s, dementia</li> </ul>	<ul style="list-style-type: none"> <li>Wet and/or cluttered floors and pathways</li> <li>Objects out of reach</li> <li>Poorly fitting footwear</li> <li>Not having eyeglasses, hearing aids</li> <li>Staff response time</li> <li>Poor lighting</li> <li>Visitor tries to assist resident with ambulation</li> <li>Lack of handrails or handrails not in proper repair</li> <li>Improper use of assistive device</li> </ul>

Both Tables (Adapted From): Source (Adapted From): Centers for Disease Control and Prevention National Center for Injury Prevention and Control. STEADI – Stopping Elderly Accidents, Deaths and Injuries. Risk Factors for Falls. <https://www.cdc.gov/steady/pdf/STEADI-FactSheet-RiskFactors-508.pdf> [Accessed September 17, 2023]



## Live Report

**Star Tribune (May 24, 2019): Twin Cities nursing home did little to keep resident from falling before injury killed him. The resident fell six times in three months; he died after breaking his hip.**

The Nursing Home “did little to keep a resident from repeatedly falling within a few months’ time before an injury from a fall killed him, according to state Health Department investigators.”

The facility “did not comprehensively assess, determine causal factors or implement new interventions to prevent additional falls”<sup>7</sup>

**Star Tribune (June 21, 2018) Minnesota nursing home employee charged with manslaughter after resident dies from fall**

“A caregiver at a western Minnesota nursing home has been charged with manslaughter and criminal neglect in connection with the death last year of a 100-year-old resident who died from injuries she suffered after falling from a mechanical lift.”

The state Health Department investigation identified a number of safety violations including failing to have a two-person assist, failing to operate the mechanical lift properly and post-accident response.<sup>8</sup>

## Recommendations for Healthcare Providers

- Visit the Centers for Disease Control and Prevention, STEADI Stopping Elderly Accidents, Deaths and Injuries website for tools and resources for residents, families, and healthcare providers. Some of the available tools include:

Integrating Fall Prevention into Practice	Preventing Falls in Older Patients: Provider Pocket Guide
Fall Risk Checklist	30-Second Chair Stand Test
4-Stage Balance Test	Measuring Orthostatic Blood Pressure

Source: Centers for Disease Control and Prevention National Center for Injury Prevention and Control. STEADI – Stopping Elderly Accidents, Deaths, and Injuries. STEADI Materials for Health Care Providers. [Clinical Resources | STEADI - Older Adult Fall Prevention | CDC Injury Center](#) [Accessed September 17, 2023]

- Be informed about technology advancements including, but not limited to, motion sensor technology, wireless communications, and smart appliances to support senior independence and safety.<sup>9</sup>
- Conduct regularly scheduled manager room rounds (e.g., Room Ambassador or Guardian Angel program). Evaluate mobility safety as well as room safety. Observe for cords and furniture placement that may impact mobility, open cabinets and closets, personal items out of reach, and excessive room clutter.
- Ensure a formal process to manage expectations on admission (e.g., admission welcome letter) and during care planning meetings. Include language supporting proactive assessments and interventions for resident

safety and partnering relationships. Introduce the concept of Shared Risk Agreements when resident and family choices are not in alignment with recommended care. An example of sample language, includes but is not limited to (consult legal counsel for facility specific language):

*As people age, bones and muscles become weaker, skin integrity and circulation changes, vision declines, and balance becomes a problem. This normal process of aging can increase the likelihood for a fall and fracture and other injuries. (Facility Name) frequently assesses safety risks, including fall risk and implements interventions and precautions that are intended to minimize the likelihood of an incident, but unfortunately, they still can occur. Working together, we can minimize the risk of falls and accidents.*

*Please ask for help when you need it. Our nursing assistants are assigned to care for several residents. As a result, you may have to wait for short periods of time for assistance. It is our goal to answer your call light as quickly as possible. Staff also has been trained to anticipate resident needs whenever feasible.<sup>10</sup>*

## Recommendations for Care Team Members

- Perform a formal falls risk assessment including intrinsic and extrinsic factors on resident admission, re-admission from hospital or other inpatient stay, after an emergency room visit, quarterly, with significant changes in condition and medications, and immediately following a fall.
- Ensure interventions/precautions support the level of identified risk and are accurately documented in the plan of care.
- Consider new admissions, with risk factors, as high-risk for falls for a designated period of time (e.g., one week or until acclimated to their surroundings).
- Communicate daily safety awareness of the resident’s clinical, equipment, and environment risks. Include the resident and family as part of regular safety conversations.
- Ensure complete documentation of a resident fall event including assessment, monitoring, interventions, changes to the care plan, communication, and documentation. Continue post-fall monitoring and documentation for 72 hours or until resolution of any injuries.
- State Care Plan Goals in realistic and attainable terms. Stating the resident will not fall or have no fall-related injuries during the review period is probably unrealistic for most residents. Establishing goals to reduce, manage, and minimize fall risk are more attainable.
- Establish a structured communication process for transfers and handoffs that includes fall risk and fall risk interventions
- Establish a structured communication process for management/leadership communication of falls (e.g., Morning Stand-Up Meetings)
- Focus hourly rounding on meeting immediate care needs – Purposeful Rounding includes but is not limited to:
  - Positioning
  - Pain Management
  - Personal Needs – (toileting, hydration, nutrition)
  - Placement of personal items within reach
  - Personal connection and Personal Safety Needs (e.g., I’ll be back to help you get to dinner in 30 minutes; Please use your call light for assistance)<sup>11</sup>
  - Pick-Up – address any room hazards (e.g., slips, cords)

## Recommendations for Quality Assurance/Performance Improvement Committees

Evaluate the accuracy of fall risk assessments (critical thinking based on resident clinical presentation) and selection of precautions/interventions to minimize resident risk, through the quality assurance and performance improvement process.

The Agency for Healthcare Research and Quality recommends the following outcome measures for senior care facilities: number of falls each month, number of residents who fall each month, number of residents with two or more falls each month and number of falls with serious injury each month.<sup>12,13</sup>

Consider a “5 Why” approach when investigating/analyzing the contributing factors of resident falls. Example: Why did the resident fall out of the chair? – He was reaching for something; Why was he reaching for something? – He thought there was a bug on the floor. Why did he think there was a bug on the floor? – He has been seeing bugs since starting a new medication. Why was he started on a new medication? – He developed a urinary tract infection. Why did he develop a urinary tract infection? – He has been drinking less. Why has he been drinking less?

Please note there may be several contributing factors for one patient fall including patient condition.

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## Resources

- Falls Management for Assisted Living, Sample Policy and Procedure: <https://resourcesforrisk.com/vaaler/client/site>
- Falls Management for Skilled Nursing, Sample Policy and Procedure: <https://resourcesforrisk.com/vaaler/client/site>

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