This PowerPoint file is a supplement to the video presentation. Some of the educational content of this program is not available solely through the PowerPoint file. Participants should use all materials to enhance the value of this continuing education program.

Prevention of Falls in Older Adults

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Goal

To increase:

- Healthcare professionals' knowledge about fall-related issues and prevention interventions among older adults
- The number of healthcare professionals who educate older adults about fall prevention

Background

- Despite long-term and widespread attention to fall prevention, patients continue to fall, and many of these falls result in injury
- It is estimated that between 700,000 and 1,000,000 people fall in U.S. hospitals each year
- From 30 percent to 35 percent of those patients sustain an injury as a result of the fall, and approximately 11,000 falls are fatal
- Injuries related to falls can result in an additional 6.3 hospital days, with the cost for a serious fall with injury averaging $14,056 per patient
- Falls have been identified by the Centers for Medicare & Medicaid Services (CMS) as a preventable event that should never occur

Top Contributing Factors of Patient Falls

- Five hospitals identified and validated contributing factors for why patients were falling in their organizations
- The top 10 contributing factors — conditions identified most frequently by hospitals — for falls and falls with injury were grouped into 6 categories:
  1) fall risk assessment issues
  2) handoff communication issues
  3) toileting issues
  4) call light issues
  5) education and organizational culture issues
  6) medication issues

Leading Causes of Death in 65+ Aged People

1. Heart disease
2. Cancer
3. Stroke
4. Pulmonary disease
5. Unintentional injuries
   - Falls
   - Suicide
   - Motor vehicle accidents

Scope of the Problem

- Falls are the leading cause of hospital and nursing home admissions as well as injury-related deaths among older adults
- Each year, more than one-third of the older adults in the U.S. fall
- Nearly one-half of all falls among older adults occur in or around their homes
- In 2004, nearly 2.9 million older adults were treated for non-fatal injuries in U.S. emergency departments; of those, 1.9 million were the result of falls

Scope of the Problem

- Of those who fall, 20% to 30% suffer moderate to severe injuries such as hip fractures or head traumas that reduce mobility and independence, and increase the risk of premature death
- As many as 50% of older patients requiring hospitalization after a fall die within one year
- In 2003, nearly 13,820 people ages 65 and older died from fall-related injuries; of those, approximately 50% were age 85 and older

Definition of a Fall

- A fall is defined as an unintentional loss of balance that leads to failure of postural stability (Nelson and Amin 2009)
- Recurrent fallers are those that have fallen 2 or more times in either 6 or 12 months (Studentski et all 1994, Gregg et all 2000)
- In healthcare, a fall is a sudden and unexpected change in position, usually resulting in landing on the floor
- Finding a patient on the floor or lowering or assisting a person to the floor is considered a fall and needs to be documented as such

Key Concepts Regarding Falls

- Fall is defined as a sudden, ***unintentional*** descent, with or without injury to the patient, which resulted in the patient coming to rest on the floor, on or against some other surface, another person, or on an object
- Falls considered to be ***intentional***, in which the patient descends to or comes to rest on the floor, another surface, or object within his or her control (i.e., sitting, kneeling, or lying down)
- Injury is defined using the National Database of Nursing Quality Indicators (NDNQI) definitions and classifications

NDNQI Definitions and Classifications of Falls

- ***No injury*** - fall resulted in no signs or symptoms of injury as determined by post-fall evaluation
- ***Minor injury*** - fall resulted in application of ice or dressing, cleaning of a wound, limb elevation, topical medication, pain, bruise, or abrasion
- ***Moderate injury*** - fall resulted in suturing, application of steri-strips or skin glue, splinting, or muscle/joint strain
- ***Major injury*** - fall resulted in surgery, casting, traction, bone fracture, or consultation for neurological injury or internal injury
- ***Death*** - the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)

Falls Myths versus Facts

Myths

- Due to carelessness A normal process of aging.
- They "just happen"
- Cannot be predicted or anticipated

Facts

- 1/3 of community-dwelling older adults fall annually: 50%-100% in nursing homes
- 95% of hip fractures result from a fall
- Of those who fall, 25% suffer injuries that reduce mobility and independence
- 50% of those who sustain injury from a fall can no longer live independently

Facts About Falls

- 14% of discharged patients fall the first month after discharge
- Falls are the BEST predictor of nursing home placement
- 40% of nursing home placements are in some way related to a fall

Costs of Falls

- 8% age 70+ visit emergency departments annually for a fall
- 1/3 of these are hospitalized
- 5.3% of hospitalizations of those over 65 are directly due to falls
- Fall-related injuries in the U.S. cost more than $20 billion each year
- Falls in nursing homes once again make up the largest number of claims against nursing homes

Cost of Falls Among Older Adults

- Adverse outcomes go well beyond the injuries sustained as a result of a fall
- The cost of fall-related injuries is often expressed in terms of direct costs, including out-of-pocket expenses such as hospital and nursing home care, physician and other professional services, rehabilitation, community-based services, use of medical equipment, prescription drugs, local rehabilitation, home modifications, and insurance administration

Cost of Falls Among Older Adults

- Direct costs do not account for the long-term consequences of these injuries, such as disability, decreased productivity, or reduced quality of life

Challenges to be Met

- Between 2000 and 2030, the older adult population (65+) is projected to grow from 35 million (12.4% of the population) to over 70 million (20% of the population)
- The U.S. Public Health Service estimates that 66 percent (2/3) of deaths related to falls are preventable

Challenges to be Met

- How do we go about reducing falls and fall-related injuries among older adults?
  - Proactive fall prevention programs are needed to prevent injurious falls and help maintain or improve the quality of life of the fast growing older adults' population

Where Do People Fall?

- For those age 65+
  - 60% happen at home
  - 30% occur in public places
  - **10% in healthcare institutions**

Why Do People Fall?

- Accident/environment – 31%
- Gait/balance problem – 17%
- Dizziness/vertigo – 10%
- Confusion – 4%
- Postural hypotension – 3%
- Vision – 3%

Physiology of Normal Aging and Falls Risk

- Heart and arteries
- Lungs
- Brain
- Postural instability
- Bladder
- Body weight and body fat
- Muscular-skeletal
- Sight and hearing

Facts About Hip Fractures

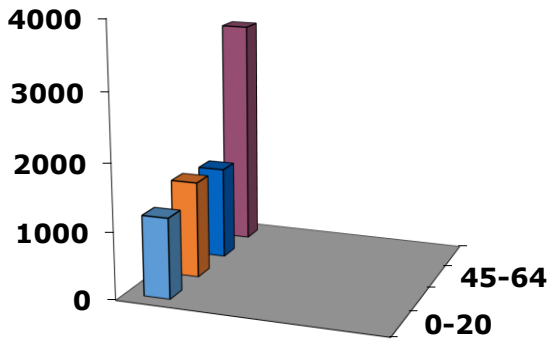
- 1 in 7 women will break a hip
- 25% will regain full functional ability
- 50% will end up in nursing home
- 25% will die within one year
- Risk of dying from osteoporosis = risk of dying from breast cancer

Internal & External Risk Factors

- Internal risk factors are defined as being "integral to the patient's system, many of which are associated with age-related changes"
- External risk factors are defined as being "external to the system and relating to the physical environment"

Acute and Chronic Conditions and Falls Risk

- Arthritis
- Stroke
- Parkinson's
- Dementia
- Neuropathy
- Cardiac
- Osteoporosis



Hospitalizations Due to Unintentional Injuries by Age

Risk Factors for Falls

Impairments in:

- Cognition
- Vision or hearing
- Feet
- Lower extremity strength
- Balance or gait
- Postural hypotension
- Syncope and arrhythmia

Medication use (4+ and/or):

- Sedatives: confusion, motor dysfunction
- Antipsychotics: hypotension
- Antidepressants: hypotension
- Antihypertensives: postural hypotension
- Antianxiety: confusion
- Diuretics: urinary urgency

Risk Factors for Falls

- Alcohol intake
- Dehydration
- Poor nutrition

Primary Internal Risk Factors Categories

- History of falls (previous falls)
- Medication use (polypharmacy)
- Balance, gait, and muscle strength (lack of physical exercise)
- Vision impairment
- Podiatric problems

History of Falls (Previous Falls)

- Many studies have cited a history of falls as a significant factor associated with patients being more likely to fall again; in fact, older adults who have previously fallen or who stumble frequently are two to three times more likely to fall within the next year
- We also know that previous falls often lead to fear of falling, which may lead to inactivity and loss of self-confidence

Visual Impairment

- The most basic visual problem that increases with age is poor visual acuity
- Older adults experience decreased night vision, altered depth perception, decline in peripheral vision, and glare intolerance
- Also, be aware of old or new prescription glasses, as they can alter a person's visual field and cause falls

Visual Impairment

- When considering these factors, it is easy to understand that stairs, carpets with patterns, and curbs, for example, are risk factors for older adults with decline in depth perception
- The person may have difficulty estimating the height of the step or curb, and therefore misplace the foot
- Or, the person may think that the carpet or sidewalk is uneven and alter balance and gait to accommodate the misperception

Medication Use (Polypharmacy)

- Medications that affect the central nervous system, especially psychoactive medicines such as sedatives, tranquilizers, and benzodiazepines, are risk factors for falls
- The number of administered or prescribed medications taken (polypharmacy) also acts as a risk factor for falls
- The rule of thumb is that four or more medications is a risk factor
- It is also important to consider the number and types of over-the-counter medication that an older adult takes

Balance, Gait, and Muscle Strength (Lack of Physical Activity)

- Despite the significant benefits of physical activity, a national survey shows that older adults tend to avoid physical activity, particularly at older ages, with less than 25% of older adults exercising regularly
- The effects of lack of physical activity, combined with naturally occurring loss of muscular strength and flexibility, increase the risk of falls among older adults

Balance, Gait, and Muscle Strength (Lack of Physical Activity)

- By age 65, a 20% decrease in strength usually occurs
- Losses in muscular strength are even greater after age 70 with declines of approximately 15% in the 6th and 7th decade and about 30% after

Balance, Gait, and Muscle Strength (Lack of Physical Activity)

- Flexibility has been shown to deteriorate by 20% to 30% between 20 and 70 years, with further reductions occurring by the age of 80
- Lower body weakness is associated with an impaired ability to walk and an increased risk of falls

Podiatric Conditions

- Nearly 75% of older adults have some type of foot and ankle problems, e.g., toenail disorders, lesser toe deformities, corns and calluses, bunions, and signs of fungal infection, cracks/fissures, or maceration between toes
- Another risk factor that may potentially increase the risk for falls is decreased sensation in the feet
- Another study showed that the presence of specific foot conditions impaired performance in a balance test and in some functional tests
- In particular, older people with foot pain performed worse in a leaning balance test, stair ascent and descent, an alternate step-up test, and a timed six-meter walk

Environmental Risk Factors Include:

In the Home

- Poor lighting
- Uneven or slippery surfaces
- Loose rugs
- Steep stairs
- Clutter and/or pets in pathway
- Lack of handrails (bathroom included)
- Furniture wrong height
- Long bathrobe

In the Hospital

- Recent admission
- Furniture placement
- Slick and/or hard floors
- Unsupervised activities
- Nurse/patient ratio
- Meal times
- Absent handrails
- Poor lighting

Risk Factors in the Hospitalized Patient Include:

- Postural hypotension
- Lower weight percentile
- Medication intake of 4+ drugs or sedatives
- History of a previous fall
- Impaired arm strength or range of motion
- Uneven gait
- Unable to move from bed to bath without assistance

External Risk Factors

External factors are included in four main categories:

1. Unsafe home environment
2. Inadequate footwear
3. Unsafe outdoor environment
4. Unsafe emergency department (ED), hospital, or facility environment

Unsafe Home Environment

- It is important to reduce older adults' exposure to the following risk factors:
  - Slippery flooring and carpeting
  - Use of throw rugs
  - Inadequate furnishing design and position
  - Poor lighting
  - Lack of equipment in bathroom and bathtub
  - Lack of or structurally unsecured handrails
  - Clutter/cluttered stairs and steps
  - Improper use of and inadequate assistive devices

Inadequate Footwear

- In addition to checking older adults' feet, it is important to assess their footwear because improper shoes can:
  - Lead to painful mobility
  - Increase potential for foot problems
  - Prevent older adults from staying active
  - Increase the risk for falls

Unsafe Outdoor Environment

- Outdoor risk factors are:
  - Uneven sidewalks, terrain, or curbs
  - Lack of or structurally unsecured handrails
  - Hazardous materials (e.g., snow, ice, water, mud, oil spills)
  - Poor lighting

Unsafe Emergency Department, Hospital, & Facility Environment

- There is very limited evidence-based information to support any particular in-hospital or facility intervention
- Studies conducted among skilled nursing facilities' patients show that mechanical restraints were associated with continued, and perhaps increased, occurrence of serious fall-related injuries

Unsafe Emergency Department, Hospital, & Facility Environment

- Based on research, the most commonly identified external risk factors are:
  - Transfer to or from a bed or chair (most common)
  - Height of bed
  - Attachment to equipment (IV, oxygen)
  - Slippery floors
  - Lack of assistive devices
  - Clutter, tripping hazard
  - Unreachable bell, side table
  - Improper lighting
  - Mechanical restraints

How Can You Prevent Falls from Occurring?

- The most effective interventions to prevent falls incorporate multiple elements that address a combination of risk factors

Community Fall Reduction

- Fall prevention interventions can be implemented in the community at senior living communities, churches, and nursing homes
- Fall intervention models are implemented through live presentations by a healthcare professional or health educator to an audience of older adults at their place of residence or where they gather to socialize or worship

Emergency Department, Hospital, & Senior Living Facility Fall Reduction

- Fall prevention interventions can also be implemented in emergency departments, hospitals, senior living communities, nursing homes, adult day care centers, etc.
- Interventions are internally implemented by institutions and conducted by all healthcare professionals at that institution

Emergency Department, Hospital, & Senior Living Facility Fall Reduction

- Fall prevention protocols are developed (e.g., routine falls risk assessment, vision and feet checkup, medication review, and education on home safety, footwear check, and physical activity) and environmental changes (e.g., lower beds, bed alarms) may be required to reduce the risk of falls among older adults
- Intervention strategies, activities that address them, and sequence of events will vary in the different settings

Assessing for Risk of Falls

- Falls risk assessments are completed by nurses in the emergency department and upon admission to the hospital. Nurses will initiate care plans if patient is identified to be at risk for falls and initiate institutional safety initiatives specifically designed to communicate the increased risk for falls of identified patients

History & Physical Fall Risk Assessment

- Elder abuse
- Alcohol abuse
- Medication review
- Falls in preceding months
- Hydration status
- Malnutrition
- Eye exams in past year
- Gait, strength, and balance
- Environmental hazards

Validated Falls Risk Assessment Tools

- Morse
  - The Morse Fall Scale (MFS) is a rapid and simple method of assessing a patient's likelihood of falling
  - A large majority of nurses (82.9%) rate the scale as "quick and easy to use," and 54% estimated that it took less than 3 minutes to rate a patient
  - The MFS is used widely in acute care settings, both in the hospital and long term care inpatient settings
  - The Morse Scale can be downloaded from the Internet https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk-tool3h.html

Validated Falls Risk Assessment Tools

- Hendrich II Scale
  - Intended to be used in the acute care and the skilled nursing environment, including emergency department, rehabilitation, and behavioral care areas, to identify adults at risk for falls
  - It is quick to administer and provides a determination of risk for falling based on mental status, emotional status, symptoms of dizziness, gender, and is inclusive of categories of known increased risk medications
  - This assessment tool can be retrieved from The Hartford Institute for Geriatric Nursing website at https://consultgeri.org/try-this/general-assessment/issue-8.pdf

Validated Falls Risk Assessment Tools

- Lack of activity, polypharmacy, and many other factors combined together increase older adults' risk for falls
- It is recommended to assess older adults' physiological risk for falls using assessment tools such as the MFS, the Falls Risk Assessment Tool, or the Hendrich II Fall Risk Scale
- If you already use a fall risk assessment tool, simply evaluate which one is most effective
- Use of well validated assessment tools demonstrating improved outcomes represent best practice

Falls Risk Assessment for Previous Falls

Community Assessment

- All older adults' individual risk for falls should be determined
- Older adults who score medium- or high-risk for falls should make appointments with a:
  - primary care physician for vision check, medication review, feet condition, and overall medication review
  - pharmacist for medication review
  - physical therapist for gait and balance assessment

Falls Risk Assessment for Previous Falls

Emergency Department and Hospital Assessment

- All older adults' individual risk for falls should be determined when appropriate for the particular setting (i.e., triage, admission, move-in)
- Older adults who score medium- or high-risk for falls are referred for further assessments by a primary care physician, a physical therapist, or any member of your multidisciplinary team of healthcare professionals who is involved in falls prevention

Vision Examination for Visual Impairment

- Because of the frequent visual impairment problems experienced by older adults, it is recommended to:
  - Educate them about the importance of having regular eye examinations
  - Refer and encourage them to get their vision checked

Medication Review for Polypharmacy

- Polypharmacy is a frequent problem among older adults & older adults taking four or more medications are at greater risk for falls
  - The number of over-the-counter medications taken can cause interactions, possibly putting them at increased risks for falls
  - Educate older adults, family members, and friends about the risks of taking many medications (greater risks associated with taking psychoactive medication)

Medication Review for Polypharmacy

- A physician or pharmacist's review of both prescription and over-the-counter medications can be helpful in reducing falls, as it may possibly reduce side effects and interactions by decreasing the number of medications prescribed
  - Frequently, eliminating a medication, altering the dosage, or switching to alternative medications without compromising patient care can markedly affect the risk of falling

Physical Activity Assessment for Reduced Balance, Gait, & Muscle Strength

- In all settings, it is important to educate older adults about the benefits of exercising
- Remember, today's older generation was raised thinking that as you age, you must slow down: "You shouldn't climb stairs or do any strenuous activities"

Physical Activity Assessment for Reduced Balance, Gait, & Muscle Strength

- Today, we know that staying active in older age is beneficial in many ways
- Factors influencing older adults' motivation to stay physically active include physical and emotional benefits of physical activity, successful performance, individualized care, social support, appropriate environment, clear goals, addressing unpleasant physical sensations, and making exercise fun and different

Physical Activity Assessment for Reduced Balance, Gait, & Muscle Strength

- Health calendars can also be effective in increasing older adults' self-confidence and skill level in accomplishing specific and realistic health goals
- It is recommended to educate older adults about the benefits of physical activities

Physical Activity Assessment for Reduced Balance, Gait, & Muscle Strength

- Many older patients are reluctant to participate in a regular exercise program, and all should check with their physicians first
- As with all adults, some may have an aversion to group activities, as others look for guidance and companionship
- The end results need to be encouraged and stressed

Examples of Physical Activities to Improve Balance, Gait, & Muscle Strength

- There are multiple types of exercises—enough to respond to everyone's preferences and needs
- Physical exercises do not only refer to structured exercises in a gym, but also include routine activities such as walking, sweeping, gardening, Tai Chi, yoga, or personal care activities

Examples of Physical Activities to Improve Balance, Gait, & Muscle Strength

- The American College of Sports Medicine, the Centers for Disease Control and Prevention, and the National Institutes of Health recommend that older adults accumulate 30 minutes of moderate physical activity most days of the week
- This activity should incorporate aerobic activity (such as walking, dancing, swimming, biking), resistance training, balance, and flexibility

In-Home Safety Assessment for Unsafe Home Environment

- It is important to reduce older adults' exposure to risk factors:
  - Slippery flooring and carpeting, use of throw rugs
  - Inadequate furnishing design and position
  - Poor lighting
  - Lack of equipment in bathroom and bathtub
  - Lack of handrails, clutter, cluttered stairs and steps
  - Inappropriate type of footwear
  - Improper use of and inadequate assistive devices

In-Home Safety Assessment for Unsafe Home Environment

- In an attempt to reduce home hazards, the Centers for Disease Control and Prevention (CDC) developed a brochure entitled ***Check for Safety: A Home Fall Prevention Checklist for Older Adults***

In-Home Modifications & Assistive Devices

- Home modifications are adaptations to the living environment intended to increase ease of use, safety, security, and independence
- Modifications can include:
  1) changes or additions to the structure (e.g., widening doorways, adding a first floor bathroom, or a ramp)
  2) installing special equipment (e.g., grab bars and handrails)
  3) adjusting the location of items (e.g., moving furniture)

In-Home Modifications & Assistive Devices

- Home modifications overlap considerably with assistive devices (e.g., bath benches, walkers) which tend to be more mobile in nature and not attached to the structure of the house
- In addition, home modifications are often accompanied by repairs (e.g., fixing worn-out stairs) to insure their usefulness

In-Home Modifications & Assistive Devices

- Addressing environmental hazards at home can be an effective way to reduce falls since more than half of the falls occur in or around the home and most fall-related injuries are due to tripping while walking, as opposed to falling down a flight of stairs
- Many of these seem to be only basic precautions, but for many elderly it will entail changing some aspects of their home environment

In-Home Modifications & Assistive Devices

- Railings and grab bars are thought of as only for people who “need” them
- Convincing people it is better to have and use but not need will help maintain their independence by avoiding needless injuries

In-Home Modifications & Assistive Devices

- Inside the home, moving furniture generally is not recommended unless it poses a definite fall-risk hazard
- We have cognitive maps of our environment
- We are able to maneuver in our home environment with our eyes closed

In-Home Modifications & Assistive Devices

- Do not recommend that older adults rearrange furniture unless absolutely necessary
- This is because when furniture is moved, it takes time to develop a new cognitive map

Feet & Footwear Check for Podiatric Problems & Inadequate Footwear

- It is important to educate older adults and family members on the importance of foot and footwear check and on purchasing adequate footwear
- Reinforce the importance to complete regular foot and footwear checks

Assess Footwear for Adequacy

- Adequate
  - Proper fit
  - Non-slippery soles
  - Low heels
- Inadequate
  - Floppy slippers
  - Loose fitting
  - Wearing socks only

Assess Footwear for Adequacy

- Important criteria to be considered in selecting appropriate footwear includes:
  - The pattern and slipperiness of the soles
  - Financial ability to own more than one pair of shoes
  - Swelling of feet
  - Length and wideness of feet
  - Cushioning of the soles
  - Height of heels

Assistive Devices Used to Reduce Falls

- Cane
- Walker
- Hip protectors
- Grip bars
- Shower chair
- Raised toilet seat

Assistive Devices Used to Reduce Falls

- We promote use of assistive devices by older adults at greater risk for falls
- For example, there is evidence hip protectors contribute to reduction in hip fracture incidence among older adults
- Hip protectors act similarly to bicycle helmets, only for the hips
- Assistive devices have not been scientifically shown to reduce falls, but as we have just mentioned, they have shown to reduce the severity of injuries when falls occur

Assistive Devices Used to Reduce Falls

- Bring a cane, a walker, and hip protectors with you and demonstrate how to use the devices at community assessments and discuss where the devices can be obtained
- Despite the general consensus on the advantages of using assistive devices to maintain independence and autonomy, many older adults who are at high risk for falls do not express the need to use such devices
  - To use a walker is like telling the whole world that you are old or frail

Assistive Devices Used to Reduce Falls

- It is recommended we educate older adults about the importance of assistive devices in the prevention of falls and falls-related injuries
  - Strong social stigmas associated with the use of such devices need to be considered in the discussion
- It may be a good idea to think about ways to make the use of assistive devices a fun, and at the same time safe, habit
  - For example, some individuals personalize their cane or walker

Community Services & Referrals

- It is possible that some of the older adults at medium and high risk for falls will not have access to a primary care physician or other needed services

Community Services & Referrals Examples

- Home care service agencies
- Personal trainer or exercise program dedicated to older adults
- Social services
- Daycare
- Meals on Wheels

Organizational Strategies

- Due to the multitude of factors that play a role in patient falls and falls with injury, most successful fall reduction programs have implemented multiple strategies such as:
  - Improving the fall risk assessment process
  - Using visual cues or systems to alert staff to patients at high risk for falls
  - Improving communication among staff regarding fall risk status
  - Ensuring safe patient transfers while toileting
  - Using equipment such as low beds and mats
  - Improving staff and patient education

Interventions for High Risk Patients

- Patient alerts communicating risk to other staff (ID bracelets, yellow gown, yellow socks, magnet on doorframe, sticker on chart, etc.)
- Use of bed alarms
- Special slip-resistant flooring
- Hip protectors
- Toileting rounds at least hourly
- Avoid terry slippers
- Motion-sensing lights
- Work with physical therapists for muscle strengthening
- Place patient closer to nursing station

Important Interventions to Decrease Fall Risk

Change	Behaviors
Manage	Medications
Ensure	Proper nutrition
Modify	Home environment

Educating Patients, Caregivers, and Families

- Videos: in-house and at home
  - "Sit and be fit"
- Written materials
- Community referrals
- "Call before you fall"
- Physical activity support
- "The Fountain of Youth"
  - Strength
  - Balance
  - Fear of falling
  - Osteoporosis
  - Arthritis

Organizational Contributing Factors & Solutions

- Different organizations require different solution sets based on measurement and analysis of the contributing factors at their organization
- The measurement of the contributing factors is critical to implementing sustainable solutions

Fall Risk Assessment Issues

- Risk assessment tool is not a valid predictor of actual fall risk
  - Implement a validated fall risk assessment tool
  - Implement a standardized cognitive assessment tool and integrate into fall risk assessment tool if cognitive assessment is not included in current fall risk assessment

Fall Risk Assessment Issues

- Inconsistency in ratings by different caregivers
  - Standardize assessment tools used between nursing staff and ancillary staff (e.g., physical therapy) and allow both service areas to access each other's charting detail in the electronic medical record (EMR)
  - Ensure staff is adequately trained on the fall risk assessment tool and test inter-rater reliability between different caregivers on staff

Handoff Communication Issues

- Inconsistent or incomplete communication of patient risk for falls between caregivers
  - Use a "ticket to ride" for when patient is moved throughout hospital indicating that patient is a fall risk and identify protocol for activating bed/chair alarms upon patient return to room
  - Utilize white boards to communicate patient fall risks to all staff
  - Incorporate alerts into EMR that alert staff to which patients are at risk for a fall and effectively translate fall risk information into useful tasks, reports, and prompts
  - Initiate bedside shift report with patient that includes focus on fall risk concerns

Toileting Issues

- Patient did not seek help and fell while toileting
  - Implement hourly rounding with proactive toileting for all patients and track and monitor to ensure success
  - Implement scheduled toileting for high-risk patients: get patient up for toileting on a regular schedule; track and monitor to ensure success
- Medications that increase the risk of falls combined with toileting
  - Educate patients on medication side effects and increased risk for falls
  - Schedule medication administration for at least two hours prior to bedtime

Call Light Issues

- Patient did not know, forgot, or chose not to use call light
  - Have patients sign an agreement indicating they understand why they are a fall risk and what they can do to ensure their safety (e.g., use a call light)
  - Educate patient on the use of and indications for using the call light
  - Educate family on the need for using the call light for assistance at all times, especially when getting into and out of bed
  - Have protocol in place to address extra precautions needed for patients with dementia or other diseases that affect memory

Education and Organizational Culture Issues

- Lack of standardization of practice and application of interventions
  - Implement organization-wide culture messaging around fall safety for all patients
  - Ensure strong organizational leadership and support from medical staff for preventing falls
- Patient awareness and acknowledgment of their risk for falls
  - Implement a patient agreement form to use call light for all ambulation; emphasize risk factors during education and signing of patient agreement

Medication Issues

- Patient on one or more medications that increase the risk of falls (e.g., diuretics, laxatives, narcotics, antipsychotics, or anti-hypertensives)
  - Educate patients on medication side effects and increased risk for falls
  - Schedule medication administration for at least two hours prior to bedtime

Key to Successful Fall Prevention Initiatives

- It is imperative to have support for the initiative from leadership and staff, including the governing body, medical staff, and patient and family advisory council
- Having support from leadership and key hospital groups will help ensure a strong fall prevention culture and will help raise expectations for fall prevention
- Healthcare organizations must develop a culture of “zero falls” among all leadership and staff, from the CEO to the housekeeping staff and maintenance crews

Key to Successful Fall Prevention Initiatives

- Change management tools and approaches are critical to supporting the culture changes
- In addition, engaging and partnering with patient and families is important to adopting an organization-wide commitment to improving safety and preventing falls

Prevention of Falls in Older Adults

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