Fall Prevention In Nursing Homes

It's Not Just A Problem For Tall People

CMDA Annual Conference
April 28th, 2023

Panelists

- Sara Stover, RN (DON)
- Mindy McCleery, PT, DPT (Therapy)
- David Shepherd, DO, MBA, MS, CMD (Medical Director)
- Jennifer Connelly, PharmD, BCACP, BCGP (Pharmacy)
- Lauren Shimp, NHA (Administration)
- Sonya Waganer, FNP-BC (Provider)

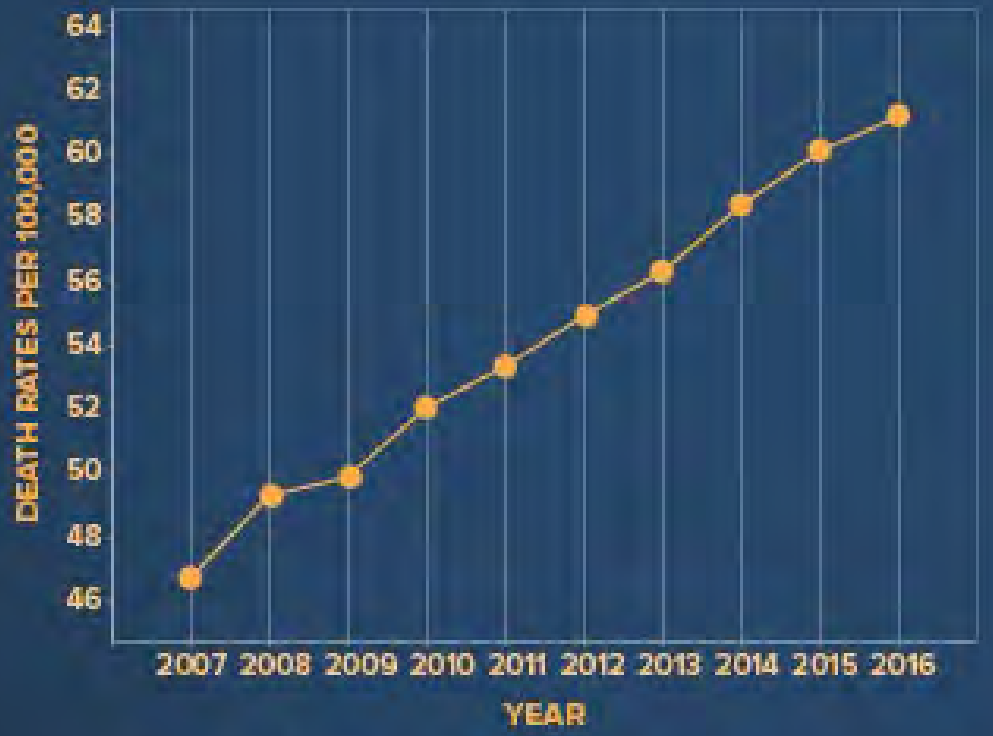
Learning objectives

1) Identify fall related risk factors and prevention strategies
2) Discuss fall related documentation and legal concerns
3) Identify and discuss fall prevention pearls and controversies
4) Stay awake so you don’t fall off your chair

Fall Death Rates in the U.S.

INCREASED 30%

FROM 2007 TO 2016 FOR OLDER ADULTS



If rates continue to rise, we can anticipate

7 FALL DEATHS

EVERY HOUR

BY 2030

Learn more at www.cdc.gov/HomeandRecreationalSafety.

Facts About Falls

- Approx 75% of NH residents fall each year with an average of 2-3 falls per year.
- Approximately one-third of persons age 65 years and one-half of those over 80 years of age fall each year.

References

1. Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society,* 2018 March, DOI:10.1111/jgs.15304
2. Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:993–998. DOI: http://dx.doi.org/10.15585/mmwr.mm6537a2
3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web–based Injury Statistics Query and Reporting System (WISQARS) [online].

Facts About Falls

- In the United States, over 350,000 hip fractures happen each year. For people over age 65, it is estimated that between 30% and 50% end up institutionalized or dead within one year.
- Falls among adults age 65 and older are very costly. Each year about $50 billion is spent on medical costs related to non-fatal fall injuries and $754 million is spent related to fatal falls.

References

1. Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society,* 2018 March, DOI:10.1111/jgs.15304
2. Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged ≥65 Years — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:993–998. DOI: http://dx.doi.org/10.15585/mmwr.mm6537a2
3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web–based Injury Statistics Query and Reporting System (WISQARS) [online].

Case #1: Emma Fallendown

- 85yr old female recent admission to LTC who was living with her spouse in an ALF when he passed away a little over a month ago.
- She has had two unwitnessed falls since admission where she was found on the floor in her bathroom
- She is ambulatory with no assistance devices and has not used her call light since admission.
- She wears glasses, has arthritis in her shoulders, hands and knees, and occasional back pain complaints.
- She reports feeling dizzy at times and has a PMH of possible TIAs, Hypertension, GERD, and Depression. Her family filled her room with many personal items to make her feel more at home.

Case #1: Emma Fallendown

Medications:

- Losartan 100mg
- Amlodipine 10mg
- Atorvastatin 40mg
- Sertraline 100mg
- Aspirin 81mg
- Omeprazole 20mg
- Tramadol 50mg twice daily
- Gabapentin 300mg twice daily
- Tylenol 650mg q6 prn

Case #2: Julius Tipover

- 80yr old male with advanced dementia living in a memory unit in LTC who has an average of 2-3 falls per month.
- He is ambulatory with a walker that he only uses when reminded.
- He is impulsive, difficult to redirect, sundowns, has erratic sleep patterns, and often refuses attempts at care.
- His PMH includes CHF, Osteoarthritis, Macular Degeneration, and CKD. He has a surgical hx of right hip ORIF and right TKA.
- He is incontinent of bowel and bladder and has recently lost weight.

Case #2: Julius Tipover

Medications:

- Digoxin 0.125mg daily
- Lisinopril 20mg daily
- Lasix 20mg bid
- KCL 20meq daily
- Seroquel 25mg tid
- Trazodone 100mg at hs

Fall Prevention Pearls

4 P’s

Position

Are you comfortable? Do you want to move? Are you where you want to be?

Personal Needs

Do you need to use the bathroom?

Pain

Are you uncomfortable or in pain? What can I do to help make you more comfortable?

Placement

Is the bed height correct? Is the phone, call light, remote control, water etc. all within reach?

Fall Prevention Pearls

I HATE FALLING

I=Inflammation of joints (or joint deformity)

H=Hypotension (orthostatic blood pressure changes)

A=Auditory and visual abnormalities

T=Tremor (Parkinson's disease or other cause)

E=Equilibrium (balance) problem

F=Foot problems

A=Arrhythmia, heart block, or valvular disease

L=Leg-length discrepancy

L=Lack of conditioning (generalised weakness)

I=Illness

N=Nutrition (poor; weight loss)

G=Gait disturbance

Fall Prevention Pearls

- Keep track of questions for surveyors throughout the year and ask them during your exit interview
- Keep a record of both successful fall prevention strategies and mistakes. Learn from mistakes but also remember to celebrate and share in your success.
- Don’t forget about the additive effects of polypharmacy on fall risk.
- Medication reviews involving a pharmacist should occur immediately after someone has had fall
- Vitamin D deficiency increases fracture risk
- Involve ALL staff when applying interventions and consider having a “fall expert” to coordinate implementation

Fall Prevention Pearls

- Fall risk scoring is not very helpful in nursing homes where most patients are a high fall risk but the Timed Up and Go (TUG) test is helpful at identifying higher risk patients
- Review frequent fallers at QAPI and do an in depth root cause analysis and multidisciplinary approach to interventions
- Partnering with family members can generate some unique interventions and create more trust that things are being done
- Two effective fall risk prevention tools are the 4 P's and the AHRQ program
- Providers can use the "I HATE FALLING" pneumonic to help guide assessments after a fall