



Effective Programming for Falls and Accidents

Introduction

Falls and accidents are common in the elderly population and many will fall more than once. Elders residing in a nursing home have an increased likelihood of falls. Falls are preventable and the injuries that accompany them can be reduced; injuries from falls range from disability to death. Identifying an individual's fall risk level and knowing the factors that place them at risk is essential in developing an effective fall prevention plan. The article, Effect of Dissemination of Evidence in Reducing Injuries from Falls, NEJM, July 2008, found that translation of evidence-based research to the practice setting through education of clinicians and the adoption of effective strategies does result in a reduction of falls and injury.

The Essentials of an effective Fall Prevention Program:

- A solid foundation:
 - Learn staff's attitude toward fall prevention. Many believe falls are a normal and expected part of aging.
 - A team effort is necessary for success

- Staff knowledge:
 - The most common causes of falls are muscle weakness, balance and gait disturbances, postural hypotension, visual and foot problems, environmental hazards and medications that affect the central nervous system. The greater the number of risk factors, the greater the likelihood of a fall.
 - Educate staff on the profile of a resident most likely to fall, fall risk factors and prevention strategies.
 - Fall prevention is a team effort- all staff should have a role in fall prevention.

- Resident specific plan:
 - The Assessment of a resident's risk for falls should lead to a fall prevention plan that is based on *their* risk factors.
 - The fall prevention plan of care should involve the resident and family for both education and plan development. Cultural traditions, personal preferences, lifestyle and values should be considered when medical treatment, rehabilitation and environmental changes are being incorporated in the plan of care.

- Implementation of plan
 - Communication to nursing staff and their accessibility to the plan of care are essential.

- Consistent assignment of staff to residents
 - Caregivers develop supporting relationships
 - Gain resident specific knowledge that fosters safety
 - Promotes insight into individualized problem solving
- Routine monitoring
- Evaluate plan effectiveness
 - Scheduled reviews of implemented safety measures with revisions as needed

Revised surveyor guidance for Accidents and Supervision:

This revision was effective and implemented in August 2007.

The revision includes interpretive guidelines, investigative protocol and severity guidance. F323 and F324 are combined under one tag, F323.

The intent of this requirement is to ensure “the facility provides an environment that is free from accident hazards over which the facility has control and provides supervision and assistive devices to each resident to prevent avoidable accidents.”

For each resident the facility should:

- Identify Hazards and Risks
- Evaluate and Analyze Risks
- Implement Interventions
- Monitor and Modify
- Provide ongoing Supervision

Step One: Assessment Identify and Analyze

Identification of an individual’s fall risk factors is key to the development of an effective fall prevention plan of care. The completion of an evidence-based fall risk assessment tool at designated intervals such as, at admission, readmission, with each MDS assessment and change of condition, as well as a review of the Resident Level QM/QI Report provide the basis for care plan development. An analysis of the Facility QM/QI Report, a snapshot of facility outcomes, can focus attention on potential system-wide areas of concern.

- The fall risk assessment should contain a range of factors that have been shown to be accurate indicators of risk.
- The nursing staff should be educated on accurate completion of the fall risk assessment. Inter rater reliability should be conducted to measure consistent completion.
- The PointRight Risk Assessment Details- Active Residents (RADAR) report includes MDS-based descriptive and predictive risk scales and replaces the need for a separate assessment.
 - The predictive fall risk score is derived from MDS items that in combination have been found to be accurate indicators of fall risk.
- QM/QI triggers assist in identifying risk factors for an individual resident

- Falls
 - Behavior
 - 9+ medications
 - Incontinence
 - Mobility
 - Decline in ROM
 - Psychoactive medication use
 - Restraints
- A review of Facility outcomes to the Comparison Group will assist to identify potential systems weakness
 - A facility percent that is greater than average for the comparison groups in the areas of Mobility and Incontinence may reveal the lack of a strong Restorative Nursing program
 - Conduct a monthly review of the Facility QM/QI Report to track and trend performance improvement

Step Two: Care Planning Management of Fall Risk

Resident specific plans of care should be developed within the framework of current professional standards of care.

- Consideration to the individual's cognitive ability is necessary in choosing appropriate interventions. For example, a resident who is cognitively impaired will be unable to consistently use the call light to request staff assistance to ambulate. Expecting this resident to use the call light for staff assistance would not be an effective intervention.
- Fall management intervention ideas:
 - Environmental support and hazard elimination
 - Psychoactive medication review
 - Recreational activity involvement
 - Mobility support through rehabilitation or restorative programs
 - Incontinence management program
 - Clinical management
 - Sensory and comfort support

Step Three: Implementation and Evaluation

Without consistent implementation, even a perfectly developed plan of care will not be effective. Ensuring implementation involves the following:

- Caregiver knowledge of and access to the plan of care
- Routine monitoring of the implementation of interventions by assigned staff
- Interventions should be evaluated for effectiveness and modified as needed. This can be reviewed at "morning stand-up" or weekly "resident at risk" meetings
- A post-fall assessment with a root cause analysis will give direction to the modification of the plan of care

Key Points:

- Staff awareness and education
- A team approach to resident safety
- Comprehensive and accurate assessment
- Resident specific plan of care
- Consistent caregiver assignment
- Monitor implementation of plan of care, review effectiveness and revise as needed.
- Track and trend QM/QI outcomes to show effectiveness of system implementation

**Resource By: Donna Pollens West, RN, BSN, Senior HealthCare Specialist
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