COMBATING FALLS IN SENIOR LIVING

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Senior Living

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HOW EFFECTIVE IS YOUR FALLS MANAGEMENT PROGRAM?

Each year, roughly $50 billion is spent on medical costs related to nonfatal fall injuries, and $754 million is spent related to fatal falls.[1] These numbers are staggering and do not account for the litigation cost required to defend facilities when negative outcomes occur. Every senior living facility should have a strong and detailed Falls Management Program. The effectiveness of a Falls Management Program can directly impact a facility's five star rating/quality measures and the rising cost associated with medical care. A Falls Management Program is the first line of defense in mitigating falls of seniors in long-term care.

- For adults age 65 and older, falls are the leading cause of fatal and nonfatal injuries.[2]
- Falling once doubles your chances of falling again.[2]
- Roughly 20%–30% of falls result in moderate to severe injuries (e.g., hip fractures, broken bones, head injuries, skin lacerations and bruising) that reduce mobility, independence, and increase the risk of premature death.[3]
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture.[2]
- Each year, 3 million seniors are treated in emergency departments for fall injuries.[2]
- More than 95% of hip fractures are caused by falling and usually by falling sideways.[2]

Sources:

[1]https://pubmed.ncbi.nlm.nih.gov/29512120/

[2]https://www.cdc.gov/falls/facts.html

[3]https://www.ahcancal.org/Assisted-Living/Provider-Resources/Documents/Falls_Consumer.pdf

[4]https://en.wikipedia.org/wiki/Near_miss_(safety)

TRAINING IS KEY WHEN IMPLEMENTING YOUR FALLS MANAGEMENT PROGRAM

There are many elements involved in creating an effective Falls Management Program. Below are key components a facility can use as guidance in developing a program. While there are a plethora of resources available to assist facilities in their development of a Falls Management Program, the best resource starts at the facility level. It is imperative that a facility first develop a comprehensive training program to communicate to all staff about the facility's commitment to providing a safe environment and reducing the risk for falls through a Falls Management Program.

- All staff should be trained and aware of each element of the program, and how they play a part in the program's success.
- Staff should be aware of potential environmental issues that may contribute to a high risk of falls, i.e., wet floors, cluttered hallways, obstructed pathways and other environmental issues.
- Staff should be able to identify those residents that are at the highest risk for falls. As part of this facility specific process, an identifier, such as an image of falling leaves above the bed or a colored bracelet, can be a quick and easy identification tool for high fall risk residents.
- Staff input for identifying a process from direct care givers, such as CNAs, LPNs, RNs, is oftentimes key to having an effective program.

Staff training on "near miss" events should be part of a holistic Falls Management Program. A near miss is defined as an unplanned event that has the potential to cause, but does not actually result in human injury, environmental or equipment damage, or an interruption to normal operations.[4]

For example, a CNA walks down the hall and observes a resident attempting to get out of bed unassisted. The CNA intervenes, redirects, and possibly prevents a fall. This event puts the facility on notice that the resident may start getting up unassisted. The facility should implement appropriate interventions to reduce the risk of a future fall.

Near miss events, like this example, should be reported by staff to facility administration in order to plan accordingly. Training on a near miss event should be conducted upon hire of every staff member and refresher training provided throughout the year. Compliance and consistent communication plays a key role in making the facility's program a success.

CREATING AN EFFECTIVE FALLS MANAGEMENT PROGRAM

Many senior living facilities have a Falls Management Program in place, but recognize that there is always room for improvement. While not all falls and injuries can be prevented, it is critical to have a systematic process for assessment, intervention/planning, and monitoring with the ultimate goal of minimizing fall risks. Taking a holistic and proactive approach during the pre-admission assessment of a resident can capture not only their weaknesses but also their strengths.

Pre-admission Assessment

Interview the resident and/or family to learn valuable information of the resident's normal routine (bedtime, toileting habits), prior falls history (single best predictor of future falls), behaviors or any other pertinent information to identify the potential risks and needs of the resident prior to admission to the facility. Some facilities may elect to utilize a fall questionnaire in order to obtain and document information and seek input from the resident and/or family.

Admission Assessment

This is an interdisciplinary approach to determine potential risks for the resident. This assessment should consider a review of the resident's diagnoses, medications, cognitive status, behaviors, ambulatory status, mobility devices, ROM (range of motion) and the amount of assistance required to complete activities of daily living (transfers, ambulation, toileting, bathing, dressing and eating). If the resident is at risk for falls, the facility could utilize a falls acknowledgement form outlining that the facility has discussed the risk for falls and the resident and/or family is aware of the risk.

Care Plan

This is an interdisciplinary approach utilizing the information collected during the pre-admission and admission assessments. The resident and/or family should participate in this process, if possible, to voice the resident's preferences and determine the resident's care needs.

The care plan should clearly identify the potential risk for falls and what interventions could mitigate potential fall risks. Information from the care plan should be communicated to all staff responsible for the care and safety of the resident, including any changes or revisions. The care plan will be a working tool for the resident as part of the Falls Management Program. It should be reviewed and revised with any change in the resident's condition, as well as any fall.

Interventions should be clear, concise and realistic, and driven by new medical diagnosis, the addition of a new medication, or the result of a root cause analysis from a fall. The facility should utilize a tool such as a care plan attendance form that summarizes details discussed, interventions, staff in attendance and resident and/or family involvement either through in-person attendance or communication via phone contact. This tool should also indicate any input and/or concerns with resolutions voiced by the resident and/or family during the care plan meeting. The facility should refer back to their system for alerting staff of residents at risk for falls.

Fall Risk Assessment

This assessment tool should be completed upon the admission of a resident to the facility, quarterly, annually (usually scheduled around the Minimum Data Set assessments), and with the occurrence of a fall. It is also recommended that this assessment be reviewed with any changes in the resident's status (diagnosis and medications), as these areas can increase the resident's risk for falls.

Resident and/or Family Communication and Expectations

The pre-admission assessment, admission assessment and initial care plan meeting may be helpful in determining the expectations of the resident and/or family. The facility can take this opportunity to advise the resident and/or family of diagnoses, medications, limitations, etc. that may increase fall risks. Communication with the resident and/or family regarding fall risks is imperative. It should include details that the facility does not provide one-on-one care, interventions may not prevent a fall, and injury from a fall could be fatal. Communication regarding interventions and/or goals should also be consistently communicated.

There should be no surprises if the family gets notification of a fall. Documentation in the record of family discussion, plan identification, and understanding by the family can be helpful in defending future claims.

Incident Report/Investigation

An incident is a witnessed/reported fall or found on floor occurrence. The facility should have a tool (incident report) to record all pertinent facts related to the incident, and data for alerting staff that an incident has occurred. The incident report can be utilized for trending and tracking. Most facilities utilize electronic health records that provide this tool. This tool may include:

- Time/date and location of the incident
- Conditions present (lighting, clutter, wet floor)
- Staff present (witnessed vs unwitnessed)
- Mobility devices (present and in use or absent)
- Personal safety devices/alarms (in use and working properly or absent)
- Injuries identified
- Physician and family notifications
- Brief description of what the author observed or what the resident said at the time of the incident

Once the incident report is recorded, the investigation process should be initiated immediately in order to obtain information while fresh on everyone's mind and witnesses are available. Investigating is a process that documents a timeline of events that led up to a fall in an effort to determine the root cause (what, when, where, why and how). This process may include:

- Interviews with the resident or roommate, staff and visitors
- Inspection of equipment or devices
- Environmental issues
- Use of medications
- Changes in resident's condition
- Position of the bed
- Use of alarm or positioning devices
- Review of the medical record

Please note that this is not an all-inclusive list of probing questions in order to get to the root cause of the incident. When the root cause has been determined, the care plan should be reviewed in order to determine the effectiveness of interventions and possibility of adding additional interventions to reduce the risk of future recurrence. The facility should communicate to the staff, resident and family any updates to the care plan. Interventions can be changed at any time as new information becomes available.

Documentation of an Incident

In an effort to preserve documentation of an incident, staff should be educated on the details to be recorded in the record. The goal of documentation is to "paint the picture" of the incident so the details can be recalled at a later date. The facility may want to consider providing a resource document at the nurse's station outlining details to be recorded following an incident. Details include:

- Date/time of incident
- Type — fall or found on floor
- Location of incident
- Assessments completed to determine if injuries exist
- Injuries identified
- Presence of current interventions in place at the time of the occurrence
- Immediate interventions implemented
- Notifications to physician and family

Please note that this is not an all-inclusive list of details that should be documented. Incident documentation should be recorded contemporaneously in the record.

Post Fall Monitoring

This process will not only allow a facility to monitor for a change in condition of a resident after a fall but it will also allow the facility to evaluate the effectiveness of the intervention put in place to reduce the risk of recurrence. It is helpful for the resident to be monitored for 72 hours after a fall with staff documenting every shift of the resident's status and effectiveness of the interventions. The facility should have a system that alerts oncoming staff of those residents that require post fall monitoring and documentation. Facility staff should be familiar with their specific facility policy for post fall monitoring.

Tracking and Trending

The facility should have a quality assurance program for conducting trending and tracking of falls for each resident, as well as facility wide. This will give the facility insight into similarities of the occurrences in an effort to reduce the risk for recurrence. Typically, this includes comparisons to time of day, weekday vs weekend, staff assignment, location, or a particular wing of the facility. This is also a good time to review policies and procedures along with the Falls Management Program to see if updates or revisions may be needed. Communication is Key to the Facility's Success!

Special Called Care Plan Meeting

When a resident is experiencing multiple falls or starts to fall with no prior history, the facility should consider a special called care plan meeting with the resident and/or family in order to review trends, previous and current interventions, injuries and seek input of the family. The family should already be aware of this information, but it is important for documentation purposes to reiterate this information during the meeting. Explain in detail to the resident and/or family that the resident continues to be at risk for falls due to the specific identified risks, i.e., unsafe/unsteady gait, failure to call for assistance, diagnoses, etc. Discuss prior and current interventions and the identified plan of action going forward. Confirm the resident and/or family is in agreement and understands the resident continues to be at risk for falls which could possibly lead to injuries that could be fatal.

The special called care plan meeting is also a great opportunity to discuss the option for the family to provide a sitter, and document the discussion and response of the family. If the family raises the idea of a restraint, the facility should document the use and purpose of restraints and outline the reasoning if a restraint is appropriate or is not appropriate for the resident. As a risk management practice, the content and discussion of this meeting should be documented, identify a timeframe for follow up, and have the family acknowledge their understanding in writing.

KEY TAKEAWAYS

- Train and educate all staff on the facility's commitment to providing a safe environment for residents
- Train all staff to have an active role in fall prevention
- Establish an effective communication system to alert all staff of residents that are at high risk for falls
- Establish pre-admission and admission assessment processes
- Establish an effective communication system to notify staff of changes in the care plan, i.e., new/revised interventions
- Be proactive in recognizing resident and/or family expectations, and provide education related to the risk of falls
- Maintain ongoing and consistent communication to the resident and/or family on the risk for falls, interventions/goals and continually seek input from the family
- Establish medical record documentation practices that capture elements of the Falls Management Program
- Establish a process for alerting/notifying oncoming staff of residents that require post fall monitoring and documentation
- Identify staff members that are skillful and analytical in reviewing and identifying trends in incidents
- Continually evaluate the effectiveness of the Falls Management Program

In conclusion, an effective Falls Management Program, communication and training of staff, and setting realistic expectations with the family can lead to success in reducing the risk of falls for our seniors. As with all things, this will take an ongoing effort by the facility to stay apprised of recommendations and changes that are published by CDC, CMS, ACHA and other related resources.

ADDITIONAL RESOURCES

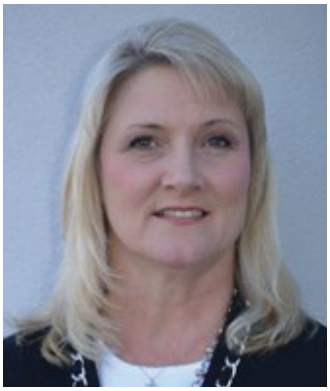
Centers for Disease Control and Prevention

Agency for Healthcare Research and Quality

American Health Care Association

McKnight's Long-Term Care News

About the Authors



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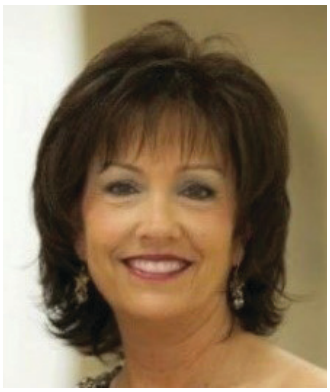
Tammy Bowman, LPN, ALA, RMC, RAC-CT, CDP, CADDCT is a loss control specialist for the Senior Living Risk Partners division of Gallagher Risk Management Services. Tammy has worked in the Senior Living Industry since 1993 and has held various positions including PPS/MDS coordinator, risk management nurse, restorative nurse, admissions/marketing director and health and wellness director and direct resident care provider.

Tammy is a past member of the Board of Examiners for Assisted Living Administrators and is a member of the Education Committee for the Alabama Assisted Living Association. She graduated from Wallace State Community College in Hanceville from the Licensed Practical Nursing Program and holds a Category II Assisted Living Administrators License.

Tammy also holds certifications in Risk Management for Long Term Care, Resident Assessment Coordinator and in 2017, she received her certification as a Certified Dementia Practitioner and a Certified Alzheimer's Disease and Dementia Care Trainer from the National Council of Certified Dementia Practitioners and International Council of Certified Dementia Practitioners. Tammy has completed the Nursing Home Infection Control Prevention (NIPP) training program with RB Health Partners©.



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Michelle Skaggs, RHIA, CRM, RMC, CDP is the loss control program manager for the Senior Living Risk Partners division of Gallagher Risk Management Services. In 1982, Michelle started her career in risk management, quality assurance and health information management in the long-term care and acute care health settings. She provides risk management and loss control direction for a staff of experienced risk management/loss control consultants for senior living industry in various states. Michelle holds a bachelors of science degree in health information management from the University of Alabama in Birmingham. In 1998, she completed the Certified Healthcare Safety Professional training, masters level. In 2001, she received her certification as a Certified Quality and Risk Management Specialist and, in 2009, she received her designation as a Certified Risk Manager from the National Alliance for Insurance Education and Research. In 2017, she received her certification as a Certified Dementia Practitioner from the National Council of Certified Dementia Practitioners. Michelle is a member of the Alabama and American Health Information Management Associations and the Alabama Society for Healthcare Risk Management. Michelle has been employed with the Senior Living Risk Partners division of Arthur J. Gallagher Risk Management Services since 1993.

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