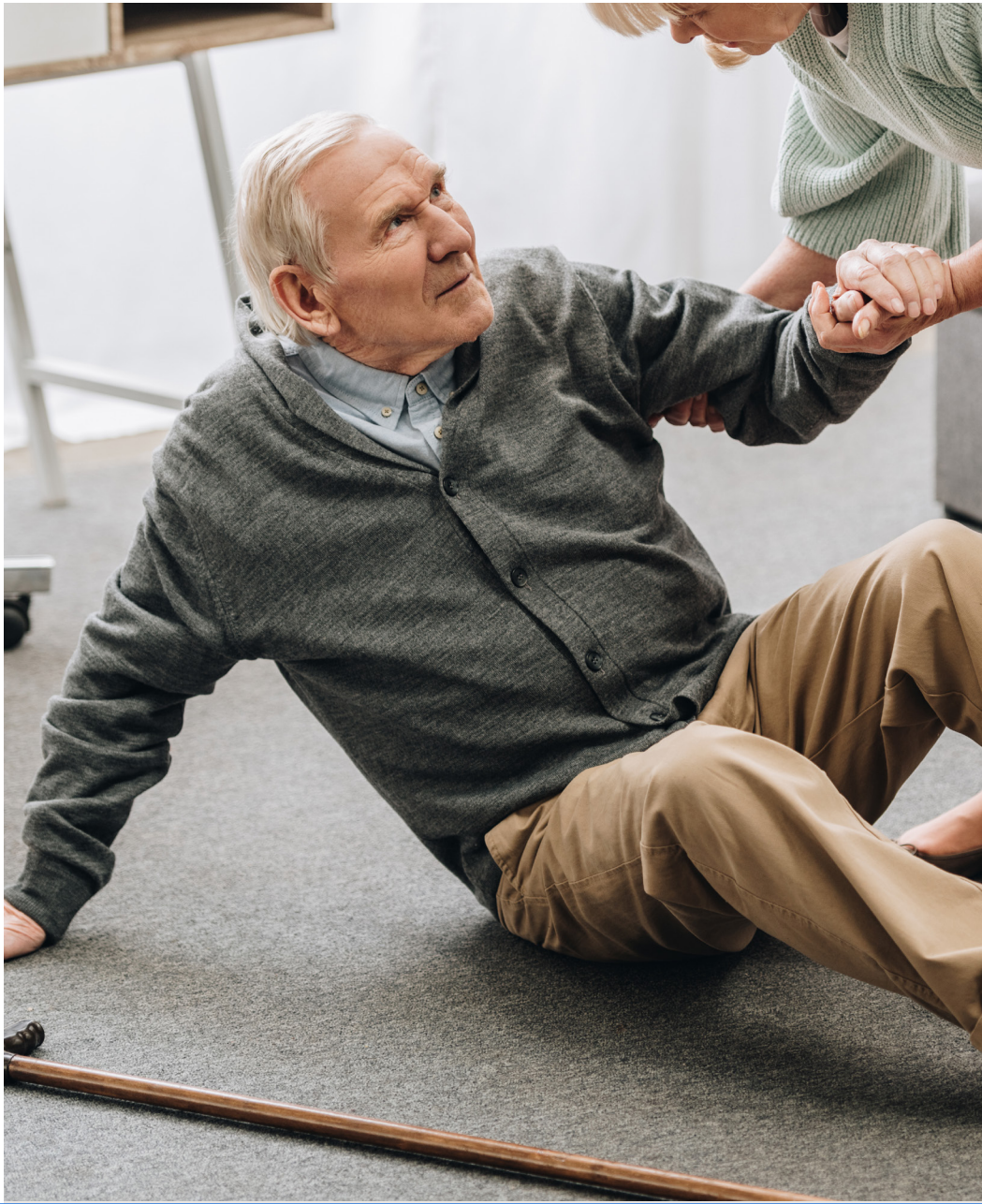
Fall mitigation guide for senior living



According to the Centers for Disease Control and Prevention (CDC), between 50-75% of nursing home residents fall each year.[1] This is twice the rate at which other older adults fall when living outside of nursing homes. Falls are the leading cause of injury for adults ages 65 years and older.[2] Falls can occur in a split second but can have long lasting effects, which can include: loss of life, pain and suffering, regulatory fines, increased insurance costs, etc. Despite an increased focus on fall mitigation, the incidence of falls continues to rise and is projected to continue doing so.

Reducing fall-related injuries and fatalities requires an ongoing effort to train, implement and repeat, comprehensive fall mitigation strategies.

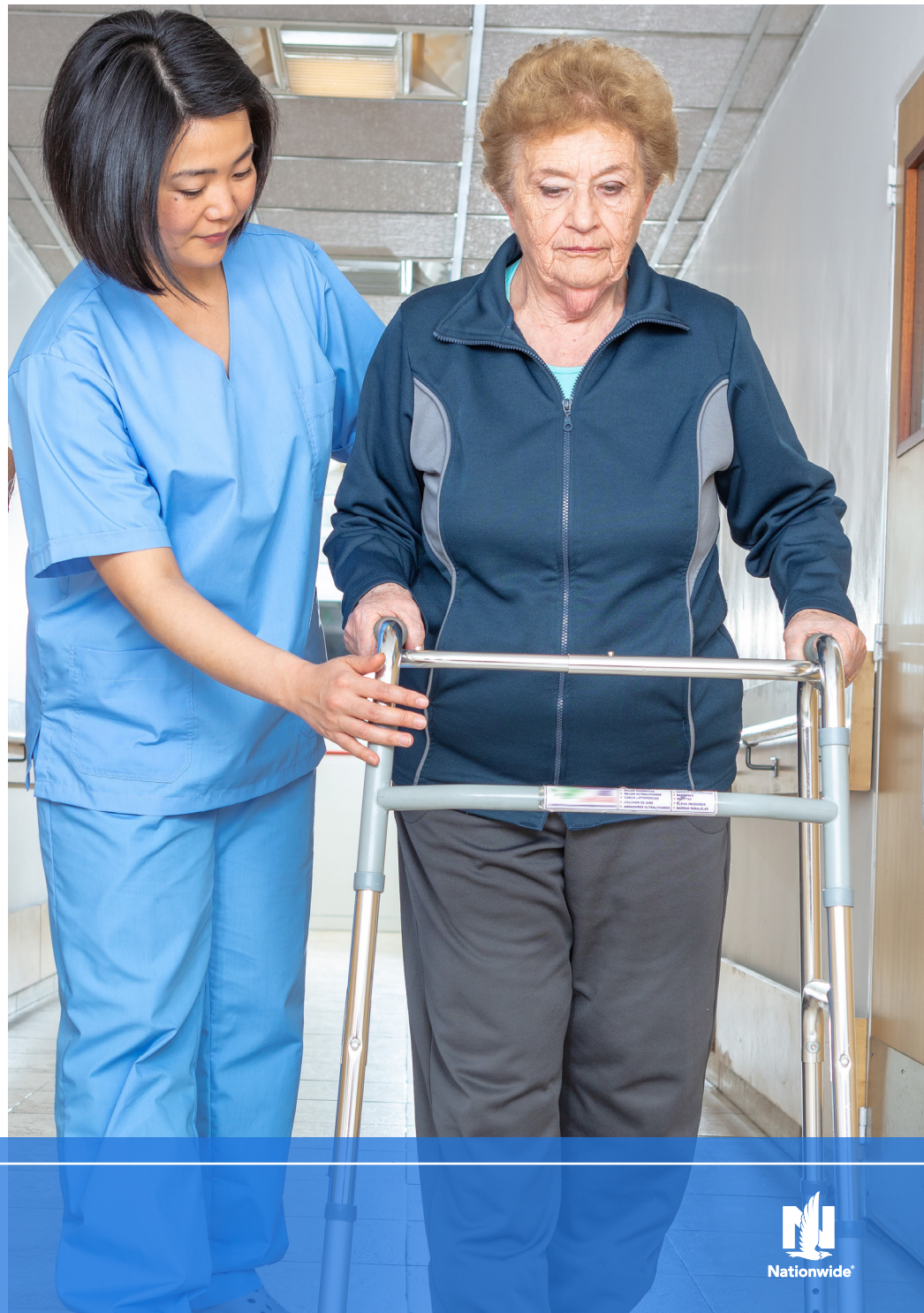
[1] Centers for Disease Control and Prevention (CDC). Falls in Nursing Homes. Released April 2012.

[2] Centers for Disease Control and Prevention (CDC). Older Adult Falls Data. Released May 2024.

Program overview

Nationwide has assembled this program guide to help you through some of the basic requirements of fall mitigation. This guide will:

- Assist you in understanding the critical roles, responsibilities, and best practices for evaluating hazards.
- Provide tools to help identify the causes of falls and mitigating associated risks.
- Help set realistic expectations for residents/family/and designated representatives.
- Explain the use of shared risk agreements.
- Detail pre- and post-fall resident assessments.
- Help evaluate the causes of falls.
- Provide guidelines for documentation following a fall.
- Discuss other controls to help reduce exposure to professional liability claims.



Which of the following are considered a fall?

Yes	No	
☐	☐	1. Resident lost balance and staff intervened to help.
☐	☐	2. Resident had a fall without injury.
☐	☐	3. Resident was found on the floor.
☐	☐	4. Resident rolled off of a mattress close to the floor.

Click here to reveal the answers.

Setting realistic expectations

Falls are a common and serious problem for older adults living in senior living facilities. They can result in injuries, disabilities, hospitalizations, and even death. Therefore, it is important to have realistic expectations with families about the possible consequences of falls.

Failure to understand and manage the expectations of residents and family members can lead to conflicts, distrust by the family members and ultimately potential claims if residents fail to receive anticipated services and care. Setting realistic expectations with the resident and family members during the pre-screening process will help manage the family expectations and mitigate fall risk.

To minimize unrealistic fall expectations from residents and/or families, implement a formal pre-admission, admission, and care planning process that includes discussion and education on the resident's diagnosis/disease which place them at risk for falls.

Setting realistic expectations, continued

Provide the family with the risk factors associated with the diagnosis/disease related to potential falls and inform them on the potential adverse consequences associated with falls:

- Bruising
- Skin tears
- Cuts
- Breaking a bone
- Hitting their head
- Bleeding in the brain which could result in death

This information should be reviewed during the care plan conference, quarterly, with a significant change condition and post-fall.

Document the family response and obtain the resident/family signature acknowledging their understanding of adverse consequences. Depending upon the resident/family response, consider using a Shared Risk or Hold Harmless Agreement.

By setting realistic expectations with families about the consequences of falls in the senior living facility, we can help them understand the situation, cope with the challenges, and support the resident's well-being.

Related Articles:

Memory care: Setting realistic expectations

Setting realistic expectations in senior living communities

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Factors that contribute to fall risk

Environmental Factors

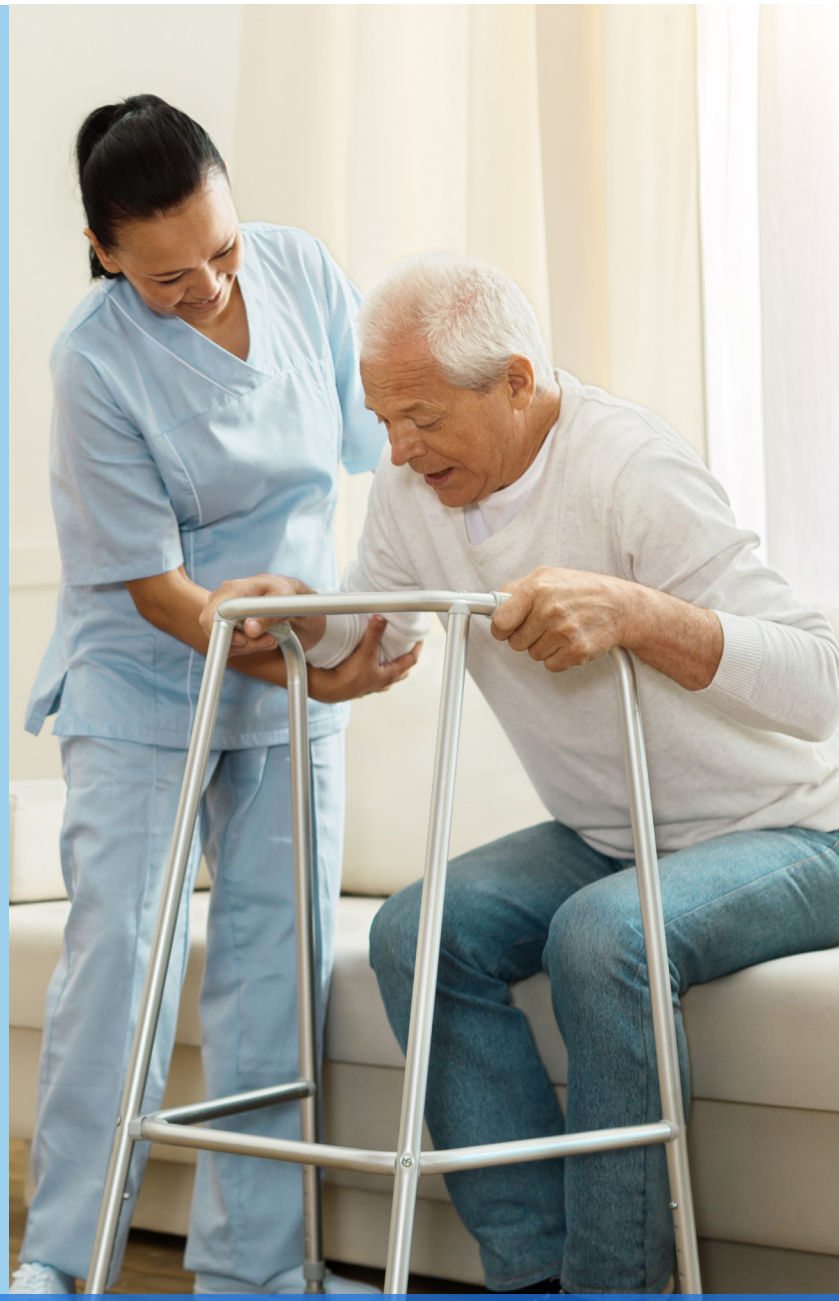
- Poor lighting
- Slippery or uneven floors
- Loose rugs or carpets
- Cluttered walkways or stairways
- Lack of grab bars or handrails
- Poorly designed furniture
- Room placement of high-risk residents

Internal Factors

- Muscle weakness
- Gait and balance problems
- Chronic diseases
- Cognitive impairment
- Vision or hearing impairment
- Side effects of medications (i.e., dizziness or confusion)
- Depression and/or sleep deprivation
- Poor safety awareness

Lifestyle Factors

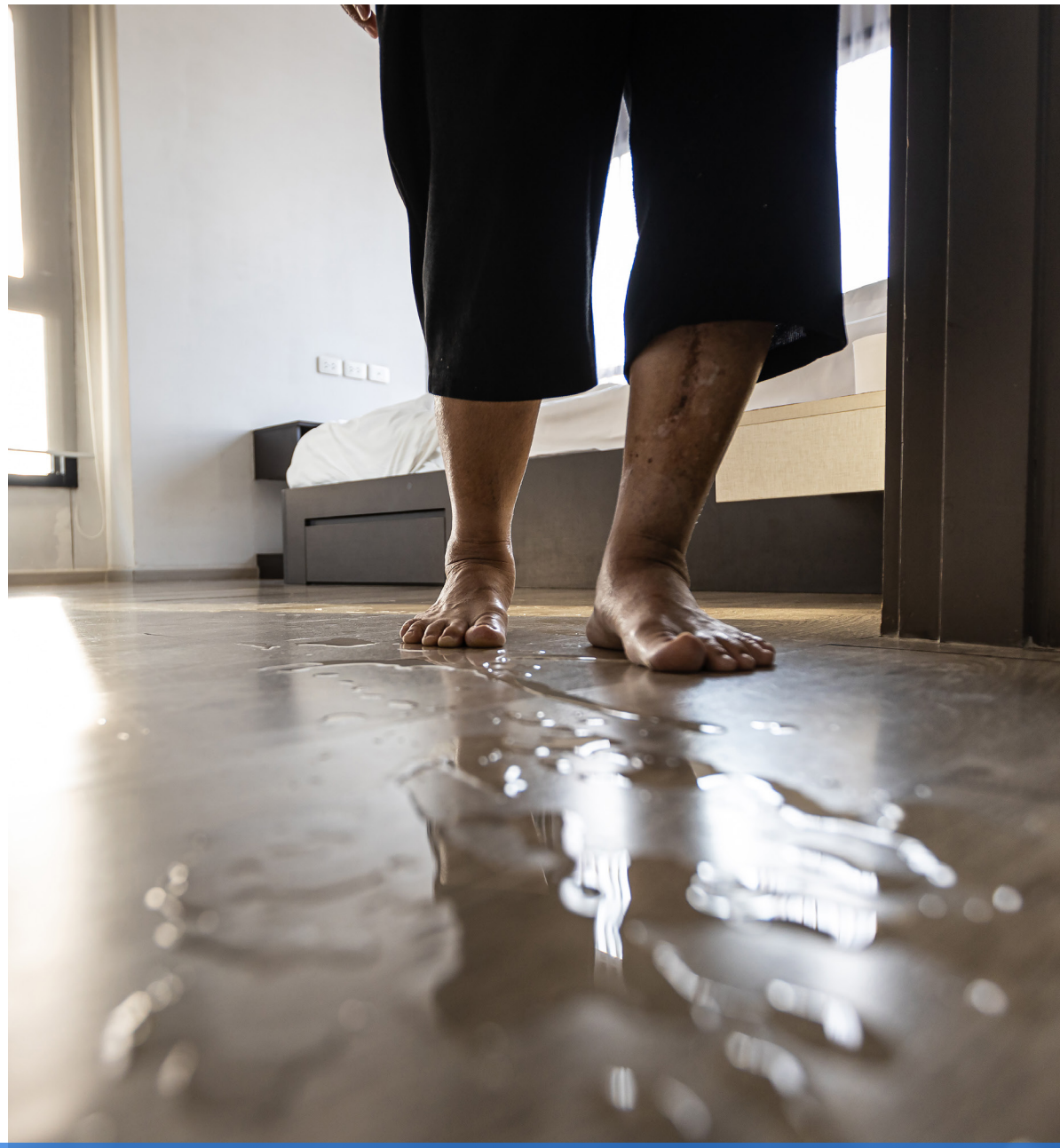
- Sedentary lifestyle
- Poor nutrition
- Dehydration
- Alcohol or drug use
- Lack of exercise or physical activity
- History of previous falls
- Fear of falling
- Improper use of assistive devices
- Improper footwear



Environmental factors and modifications

Hover over bolded items to reveal additional details about each factor and modification.

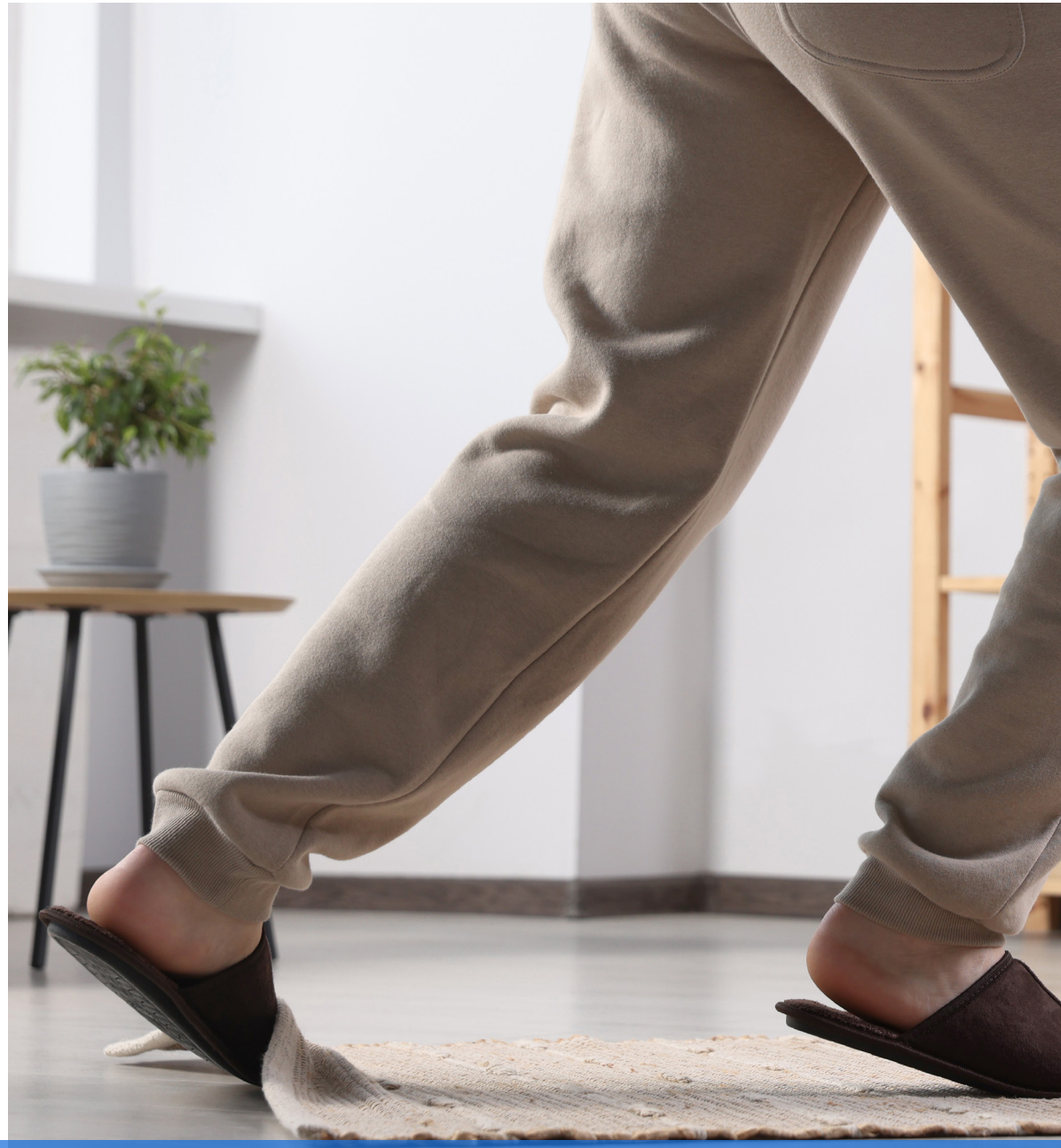
- **Lighting**
- **Slip resistant flooring**
- Remove throw rugs
- Secure upturned edges of area rugs
- Railings on both sides of the stairway
- **Ensure residents have the necessary durable medical equipment**
- Handrails in long hallways
- Sturdy seating options in large areas or long hallways
- **Rearrange furniture for clear pathways**



Environmental factors and modifications, continued

Hover over bolded items to reveal additional details about each factor and modification.

- Clearly mark uneven surfaces
- **Preventative maintenance**
- **Room setup**
- Strategic room placement of high fall risk residents close to staff spaces
- Secure cords away from walking areas
- Remove items in stairwells or hanging on handrails
- Store frequently used items within reach
- Limit loud or unexpected noises
- Fall risk identifiers
- Providing appropriate supervision/staffing
- Keep floors clean and dry; no sticky, wet or slick areas



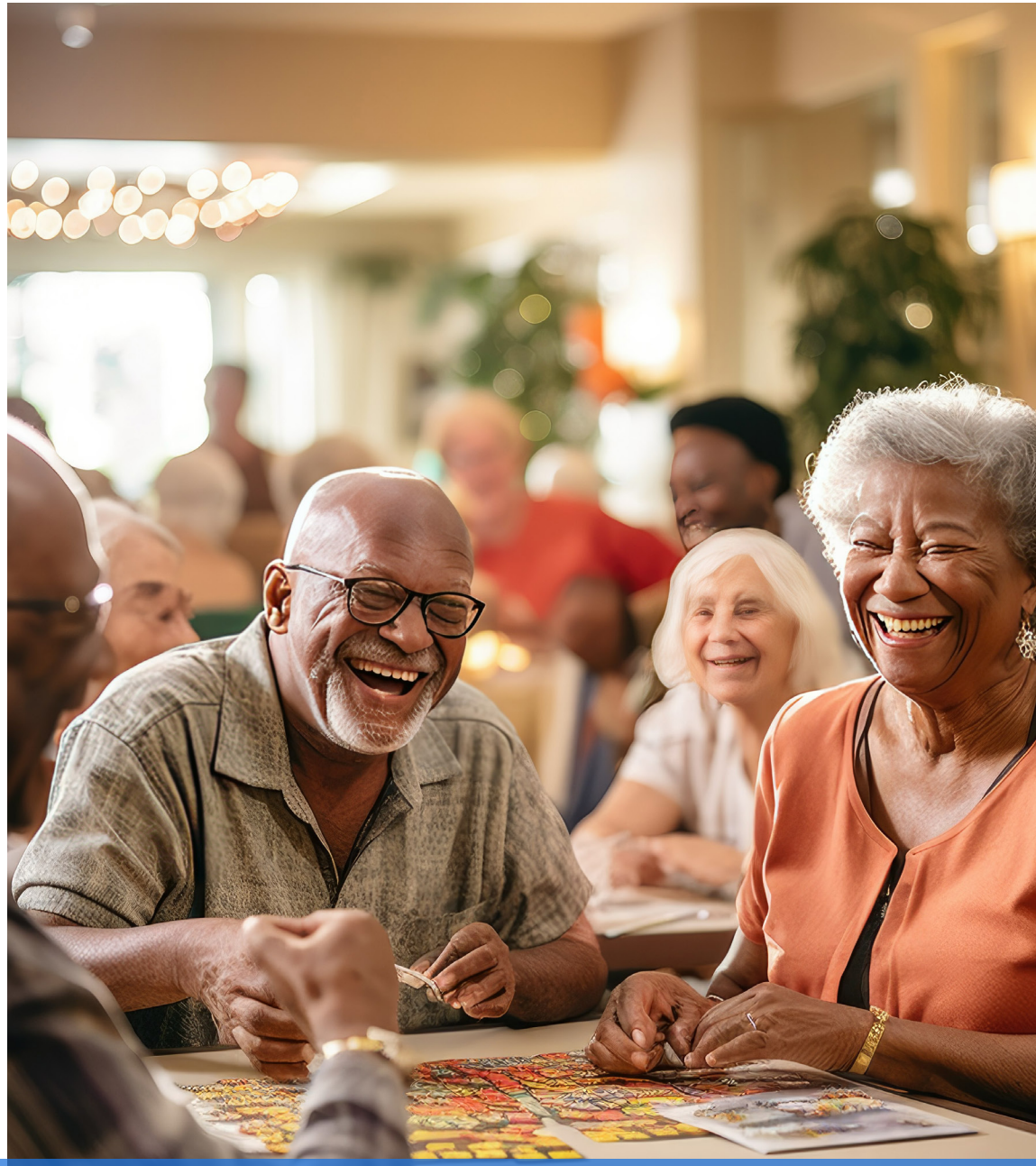
Internal factors: Assessment and interventions

- Provide proper assessments, interpretations and plans for:
  - Balance and gait
  - Vision and hearing
  - Pain
  - Postural hypotension
  - Incontinence
  - Safety awareness
  - Cognition
  - Depression
  - Sleep habits
  - ADLs and IADLs
- Obtain H&P
- Promote wellness and physical activities:
  - Varying levels of group exercise classes
  - Walking clubs
  - Wellness goal setting
  - Shopping trips
  - Game nights
  - Learning opportunities
  - Volunteer opportunities within the community
- Medication reviews
- Toileting program

Lifestyle factors and modifications

Hover over bolded items to reveal additional details about each factor and modification.

- Encourage residents to socialize and participate in community led events.
- Engage residents, family, caregivers, and staff in fall mitigation education.
- Ensure proper fit of shoes and clothes.
- Ensure proper fit and use of assistive device and adaptive equipment.
- Provide orientation to the community.
- Create a fall reduction culture by collaborating with interdisciplinary teams.
- **Nutrition and hydration programs.**
- Structure activities around direct care staff shift changes.
- Introduction to community exercise equipment.
- Root cause analysis of previous falls.
- Partner with PT/OT/ST for annual screens of residents.
- Regularly ensure residents are living in the appropriate level of care.
- Implement life-skills stations in Memory Care.



Assessments for falls

Senior living residents require a documented comprehensive fall risk assessment during the initial on-site screening, admission, post-fall, and with any change in health status (physical, or cognitive).

Fall risk assessments play a crucial role in senior living falls programs for early detection and tailored interventions to reduce injuries and keep residents safe.

Fall risk assessment tools:

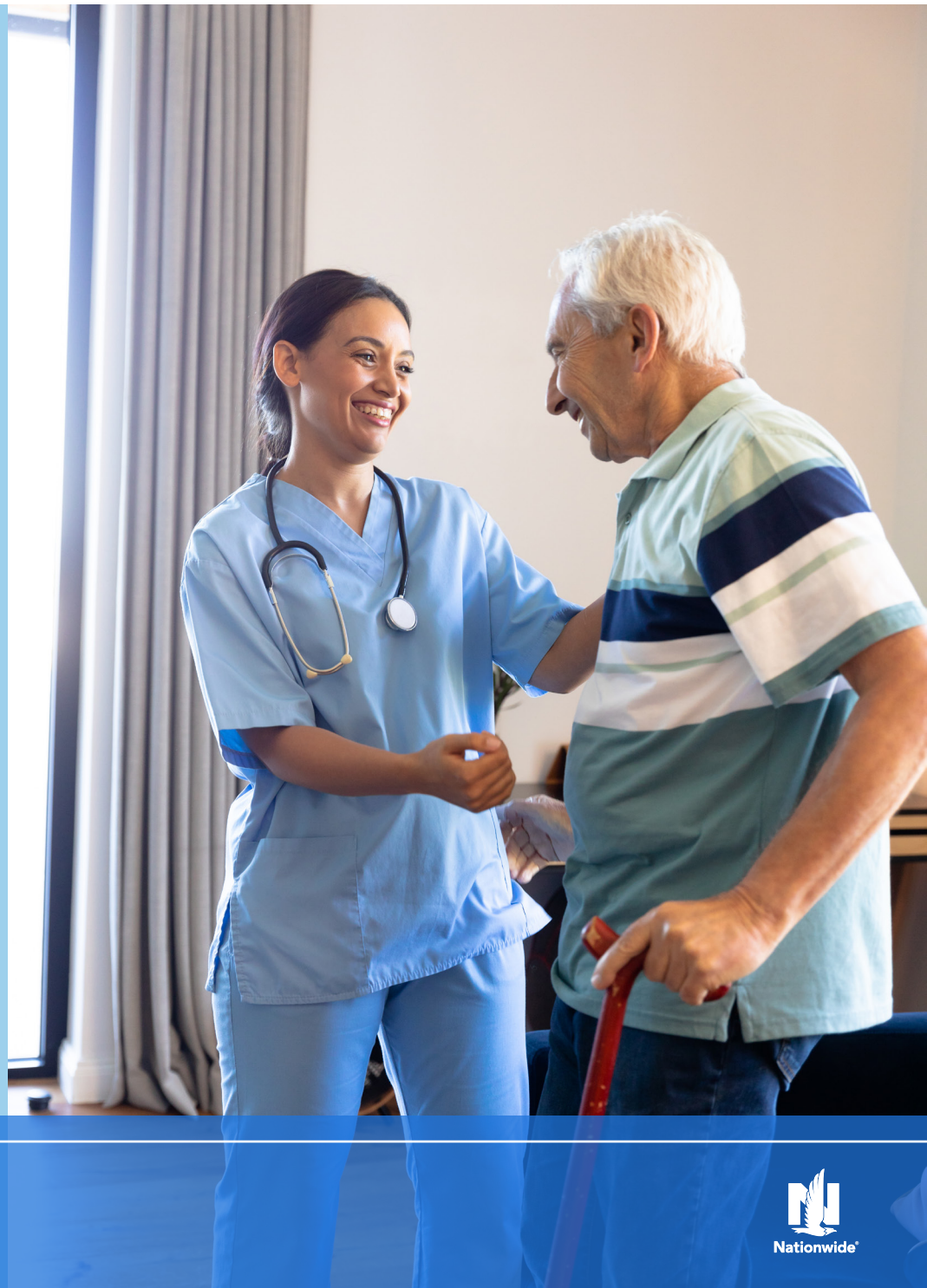
1. CDC: STEADI Fall Risk Checklist
2. National Council on Aging: Fall Risk Checklist
3. AHRQ: Fall Prevention Self-Assessment Worksheet
4. Fall Risk Assessment Scoring System (FRASS)

Assessments for falls, continued

Utilizing standardized assessment tools is key to ensure consistency and efficiency for fall risk identification. These tools are based on research and clinical evidence. By using them, healthcare professionals follow best practices, leading to better outcomes for residents. This is a great opportunity for interdisciplinary work with your therapy team.

Standardized assessment tools:

1. Hendrich II Fall Risk Model (Get Up and Go Test)
2. Timed Up and Go (TUG)
3. 30-Second Chair Stand
4. The 4-Stage Balance Test



Evidence-based fall mitigation programs

The Falls Management Program: This is a falls management program from the Agency for Healthcare Research and Quality. It is designed to assist nursing facilities in providing individualized, person-centered care, and improving their fall care processes and outcomes.

STEADI (Stopping Elderly Accidents, Deaths and Injuries): This is a comprehensive program developed by the CDC to help providers identify and manage fall risk factors. The 3 main components are Screen, Assess, and Intervene.

Tai Chi: Tai Chi is a gentle form of exercise that has been shown to improve balance, strength, coordination and ultimately reduce the risk of falls. Healthcare providers can offer Tai Chi classes to individuals at high risk for falls.

Stepping On: This is a community-based fall mitigation program designed for older adults. The program includes group sessions that focus on improving strength and balance, home safety, medication management, and vision.

Otago Exercise Program: This is a home-based exercise program that focuses on improving strength and balance. The program includes individualized exercise plans that can be adapted to the individual's level of fitness.

Matter of Balance This is a group-based program that focuses on reducing fear of falling and improving balance. The program includes group discussions, problem-solving, and exercise sessions.

Care plans

Develop and implement care plans which are resident driven and specific, meaning the resident is involved in planning their care based on their personal goals and desired outcomes.

Care plans should not put the facility at risk for unrealistic expectations, failure or potential claims.

Problems

- At risk for falls r/t history of falls at home.
- At risk for falls r/t prior fall history.
- At risk for falls r/t poor safety awareness.
- At risk for falls r/t new living environment.
- At risk for falls r/t limited functional status.

Goals

- Resident will walk to meals daily.
- Resident will be reminded to use walker.
- Resident/family will voice understanding of risk factors for falls.
- Resident/family will voice understanding of the potential adverse outcomes from falls.
- Resident will ambulate ad lib with walker.
- Resident will attend _____ (therapy) and gait training 3x per week.

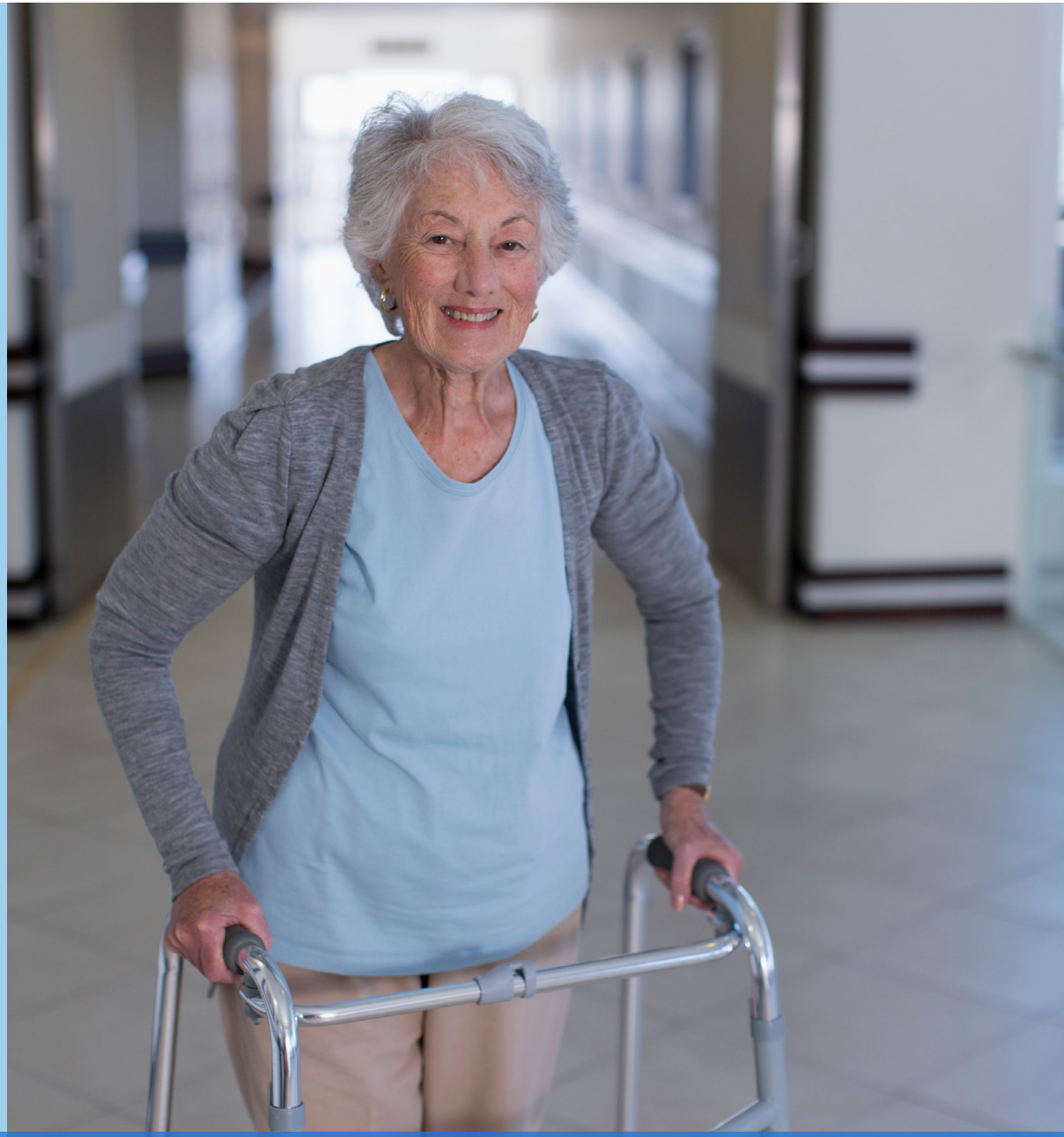
Care plans, continued

Interventions

- Provide footwear and encourage use.
- Use fall risk identification.
- Keep resident's room free of clutter.
- Keep call light within reach.
- Remind resident to wear pendant per resident's choice.
- Encourage assistance when getting out of bed.
- Exercise classes/therapy for gait strengthening.
- PT three times/week.
- OT three times/week.
- Walk to dining room and activities daily.
- Educate the resident on their fall risk factors. Have a conversation with resident about their individual risk factors that increase their risk for falls as well as the safety measures in place and document in the care plan notes.
- Educate the resident that the potential adverse outcomes from a fall can include bruising, skin tears, cuts, breaking a bone, hitting their head, bleeding in the brain which could result in death.

Related resources

Care plan conferences play an important role in risk management



Post-fall assessment

The priority after a resident fall is to ensure basic life support needs are met—airway, breathing, and circulation. If the resident sustained a life-threatening injury, staff should immediately call 911 emergency services (EMS). The trained clinical staff should initiate CPR if the resident is a code, and no pulse is detected. Actions following a fall include:

1. **Immediate evaluation and stabilization:** The clinical staff should immediately assess the resident's condition.
    - Check the vital signs and the apical and radial pulses.
    - Check the cranial nerve.
    - Check the skin for pallor, trauma, circulation, abrasion, bruising, and sensation.
    - Check the central nervous system for sensation and movement in the lower extremities.
    - Assess the current level of consciousness and determine whether the resident has had a loss of consciousness.
    - Look for subtle cognitive changes.
    - Check the pupils and orientation.
    - Observe the leg rotation, and look for hip pain, shortening of the extremity, and pelvic or spinal pain.

    Note any pain and points of tenderness.

Post-fall assessment, continued

2. **Stabilize and Provide Treatment:** If necessary, the clinical staff should stabilize the resident and provide immediate treatment, to include transfer to the hospital if an injury is identified or the status of the resident declines. Quick intervention is essential to prevent further harm.

   Remove any broken equipment or visible causes of the fall.

3. **Notification and communication:** Notify the Primary Care Provider, family or Designated Representative, and regulatory bodies (if the fall meets the State's requirements for reporting).

4. **Monitor resident for 72 hours:**

   - Residents should receive increased monitoring for the first 72 hours after a fall.
   - During each shift, nurses should record any changes in symptoms, treatments provided, and reference the fall in their notes.
   - Vital signs (temperature, pulse, respiration rate, blood pressure), postural blood pressure, and other relevant parameters should be assessed.

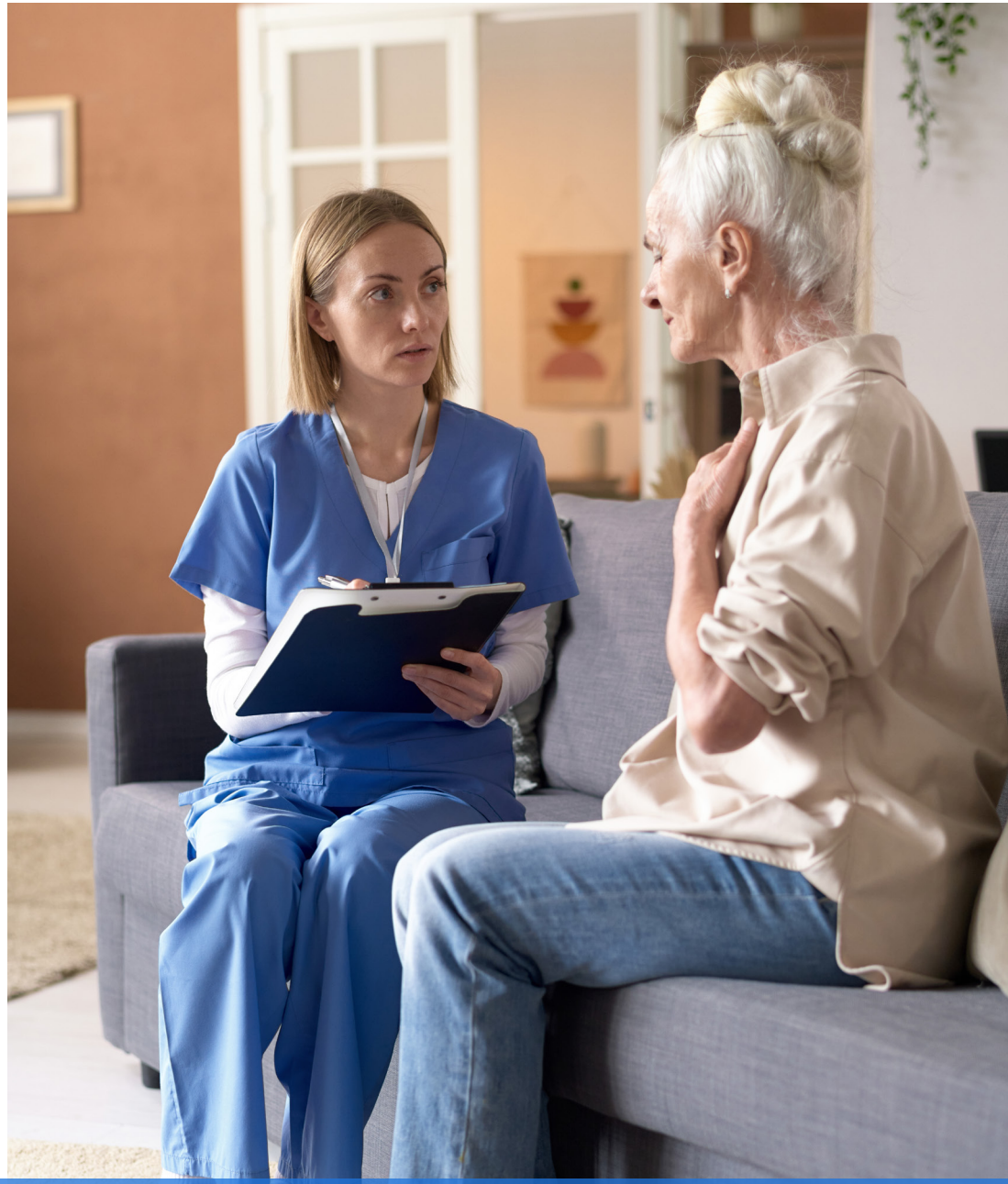
5. **Documentation:** Follow the facility fall documentation policy requirements for post-fall documentation. Thorough documentation helps ensure that appropriate nursing care and attention were provided to the resident.

Post-fall assessment, continued

6. **Investigate fall circumstances**
    - Even if the fall was unwitnessed, clinical staff should investigate the circumstances surrounding the incident. Determine what the resident was trying to do before the fall.
    - Address the risk factors for the fall such as the resident's medical condition(s), any environmental issues, or staffing issues.
7. **Revise the Care Plan**
    - Revise the resident's care plan to reflect the implemented interventions to minimize the fall from re-occurring.
    - Communicate the new interventions to the care team.
    - Review the interventions periodically to reduce the chance of another fall.

Related Resources:

1. Ensuring Safety: Best Practices for Post-Fall Assessment in Senior Living Communities
2. Post-Fall Assessment Policy Sample
3. Post-Fall Assessment Checklist



Shared risk/hold harmless agreements

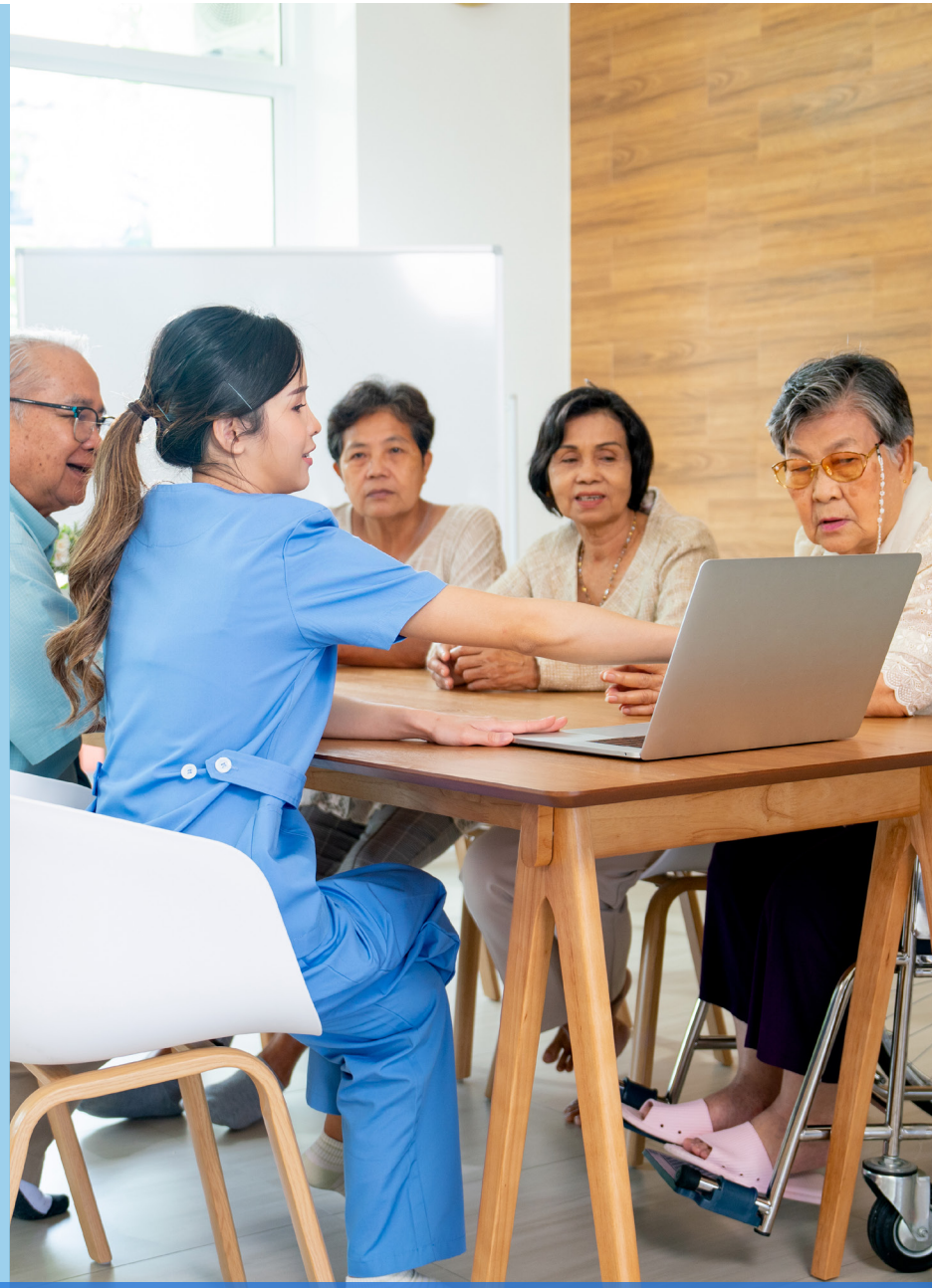
Falls are the leading source of liability claims in senior living communities and the basis for litigation and other regulatory enforcement actions. Not all falls are preventable despite the community's provision of acceptable care and services directed by the individual resident.

Shared risk agreements are a valuable way for communicating with the family and assisting the resident/family in making informed decisions. They will also help set realistic expectations for the type of care and services the community will and will not provide to the resident.

A shared risk agreement should include the following[1]:

- The risk concern (specific and only one) that needs to be addressed.
- The resident/family preference(s).
- The potential negative consequences for the risk concern.
- Alternative approaches to minimize the risk.
- An agreed upon course of action.
- The resident's desire to remain at the community-provided education on alternative placement/move to a higher level of care.
- An acknowledgement releasing the facility of responsibility/limitation of community's liability regarding the risk concern.

Any shared risk agreement should be reviewed by your legal counsel.



Additional Reference Material

U.S. Department of Health and Human Services. "Study of Negotiated Risk Agreements in Assisted Living: Final Report".

[1] bakerdonelson.com/bakers-dozen-negotiated-risk-agreements-in-the-assisted-living-community-setting

Resources

- Wheelchair Footrests and Resident Safety in Senior Living Communities
- Comprehensive Nursing Documentation in Senior Living Communities
- Ensuring Safety: Best Practices for Post-Fall Assessment in Senior Living Communities
- Post-Fall Assessment Policy Sample
- Post-Fall Assessment Checklist
- Nationwide Loss Control Services: Senior Living Resource Page
- CDC: Preventing Falls—A Guide to Implementing Effective Community-Based Fall Prevention Programs
- CDC: What Works for Community-Dwelling Older Adults
- National Council of Aging: Falls Prevention for Older Adults
- CDC: Older Adult Fall Prevention
- CMS: Accidents Critical Element Pathway