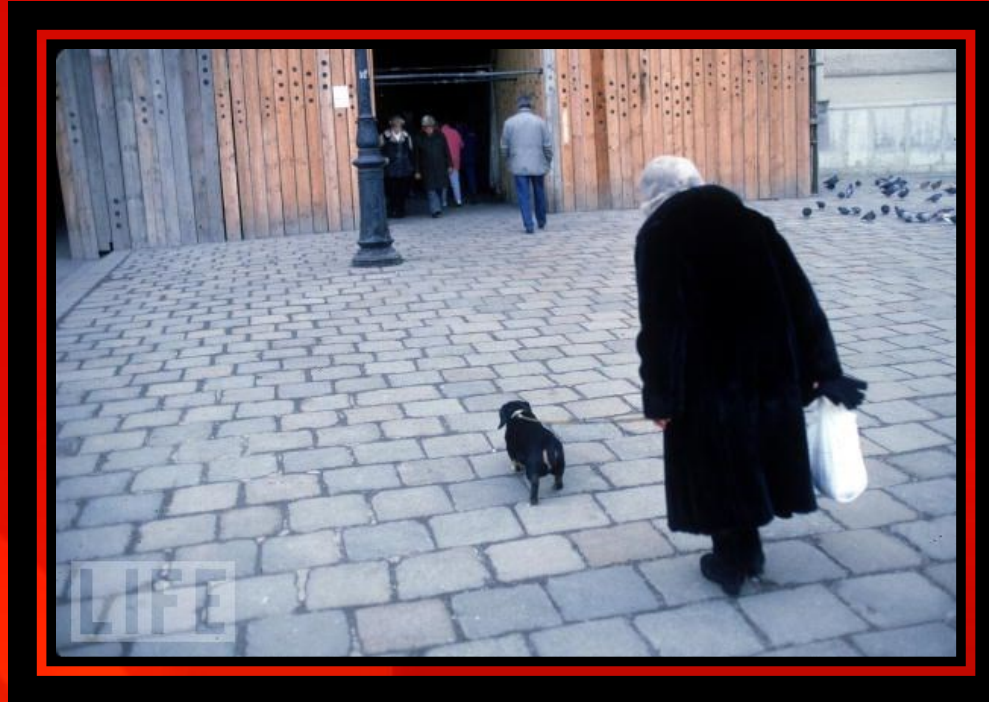


FALLS



Morningside Ministries

TRAINING

delivered to you



Cell Phones and Pagers



Please turn your cell phones off or turn the ringer down during the session. If you must answer a call, please be considerate of other attendees and leave the room before you begin to have your conversation.

Presenter

Maria Wellisch, RN, BBA, LNFA





Elizabeth McGown Training Institute
San Antonio, TX

Georgie Briscoe Resource Center
Uvalde, TX

Online Video Training for Family Caregivers, Healthcare Professionals and Pastoral Caregivers



Ask a question online!

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Falls Occur

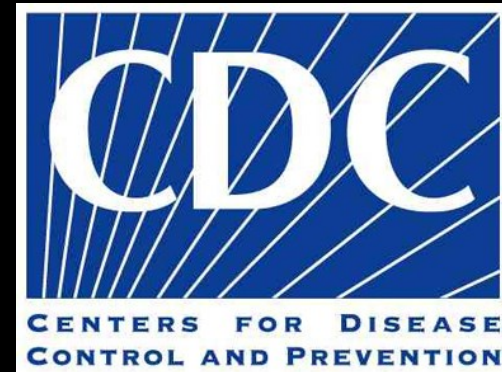
- In the home
- In the community
- In Independent Living facilities
- Assisted Living
- Skilled Nursing
- Hospitals



Did You Know ?

- Falls are the leading cause of fatal and nonfatal injuries of older adults in the United States
- Every 35 minutes an older adult in our country dies from a fall

There is So Much Information on Falls



Texas Department of Aging and Disability Services

Quality Monitoring Program Resources

The screenshot shows a web browser window displaying the Texas Department of Aging and Disability Services Quality Monitoring Program Resources page. The page features a header with the Texas state logo and the department's name. Below the header, there is a navigation menu with links to various resources. The main content area is titled "Quality Monitoring Program Resources" and includes a section for "Managing Fall Risk". This section contains an "Overview" link, a paragraph describing the DADS Quality Assurance and Improvement vision for the prevention and management of falls in LTC, and a "Definitions and Scope" section. The "Definitions and Scope" section defines a fall as an unintentional change in position resulting in landing on the floor or ground, and mentions the prevalence of falls in Texas nursing facilities. A sidebar on the right contains "Quick Links" to various tools and resources, including a Nutrition Toolkit, BMI Calculator, Borun Center for Gerontological Research (UCLA), Dietary Guidance, Effect of liquid dietary supplements on energy intake in the elderly, Hypodermoclysis: An Alternative Infusion Technique, Palliative Care Form, Presentation: Tube Feeding (End of Life Care), Prevention and Management of Dehydration, Unintended Weight Loss: Feeding Tips, and When to Treat Dehydration in the Terminally Ill Patient.

Quality Monitoring Program Resources

Focus Areas

- Advance Care Planning
- Anxi-anxiety Medications
- Dehydration
- Managing Fall Risk
- Indwelling Bladder Catheters
- Influenza
- Medication Regimen Simplification - Medication Review
- Pain
- Pneumonia
- Psychotropic Medication Use
- Restraint Reduction
- Sedative/Hypnotic Medications
- Toileting for Incontinence
- Tube Feeding
- Unintended Weight Loss

Managing Fall Risk

[Overview](#) | [Resident Evaluation](#) | [Care Planning](#) | [Quality Improvement](#) | [Related Technologies](#) | [Related Tags](#) | [Presentations](#) | [Additional Resources](#) | [Bibliography](#) | [Reviewers](#) | [Feedback](#)

Overview

The DADS Quality Assurance and Improvement **vision for the prevention and management of falls** in LTC is:

Resident-centered risk assessment, fall evaluation and injury treatment.

Definitions and Scope

A fall occurs when there is an unintentional change in position resulting in landing on the floor or ground. A fall is often the result of cumulative risk from both intrinsic (resident-related) and extrinsic (environmental) factors. Although residents who fall may sustain serious physical injuries such as fractures and head trauma, most resident falls do not result in such injuries. However, falls can lead to a loss of confidence in independent mobility, depression, helplessness, social isolation, functional decline and increased risk of subsequent falls.[1,2,3]

The prevalence of falls in Texas nursing facilities remained at ~11% per quarter from 2000 through 2002 [31]; the national average for all nursing facilities was ~15% for 2000 quarters.[32] These figures suggest an annual fall risk of 44%-60% in US nursing homes. For comparison, it is estimated that 30% of community dwelling persons over age 65 experience falls each year, and half of them have fallen before.[33]

Quick Links

- RD
- RPh
- RM
- Other

- Nutrition Toolkit
- BMI Calculator
- Borun Center for Gerontological Research (UCLA)
- Dietary Guidance
- Effect of liquid dietary supplements on energy intake in the elderly
- Hypodermoclysis: An Alternative Infusion Technique
- Palliative Care Form
- Presentation: Tube Feeding (End of Life Care)
- Prevention and Management of Dehydration
- Unintended Weight Loss: Feeding Tips
- When to Treat Dehydration in the Terminally Ill Patient

<http://qmweb.dads.state.tx.us/Falls.asp>

Managing Fall Risks

- Overview
- Resident Evaluations
- Care Planning
- Quality Improvement
- Related Technologies
- Related Tags
- Presentations
- Additional Resources





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Allegations of Abuse/Neglect Always Scare Us

- Resident falls in 2009 accounted for 44% of all claims (by allegation)
- Death in 2009 accounted for 41% of closed claims by injury
- Fractures in 2009 accounted for 26% of closed claims by injury



Resident Outcomes After Falls

- Hospitalizations following a fall are usually double that of other stays and about only half will be alive 1 year later



Resident Outcomes After Falls

- Between 10-25% of persons who have fallen admit to avoiding activities because of their **fear of additional falls and injuries**
- Evidence suggests that falls may precipitate symptoms of anxiety and depression

It's All About the Resident

- Bruising
- Pain
- Fear
- Isolation
- Embarrassment



What Do You Think Might Be the #1 Cause of Falls

Muscular Weakness
(especially in lower extremities)



What We Know and Keep Training

- Risks for falling (Intrinsic)
 - » Muscle weakness
 - » Gait and Balance Disorders
 - » Dizziness or Vertigo
 - » Confusion
 - » Incontinence
 - » Stroke
 - » Parkinson's
 - » Vision and Hearing Impairments
 - » Seizure Disorders
 - » Depression
 - » Previous Falls

Lets Look at What We Need to DO!

For Muscle Weakness

- » Are we effectively using Physical Therapy?
- » Are we appropriately and fully utilizing our restorative aides?
- » Do our Activities program promote balance and strength programs?
- » Do we request a consult after falls for PT?
- » Do we create Muscle Weakness ourselves?



Vertigo and Dizziness

- Are we teaching the residents and aides about allowing residents to move from one position to another slowly.....
- Lets talk about orthostatic hypotension here...



Vision and Hearing Impairments

- Lighting
- Glasses
- Hearing Aides



Previous Falls

We know that previous falls account for fear of falling and may lead to more falls.

» How can we build confidence?

Incontinence

- Why does this lead to falls?



Extrinsic Reasons for Falls

- Lack of handrails
- Poor lighting
- Wet floors
- Loose rugs
- Foot wear
- Alcohol
- Assistive devices

Extrinsic Reasons for Falls

- Medications
 - » Antipsychotics
 - » Sedatives and Hypnotics
 - » Antidepressants
 - » Certain Antihypertensives
(including diuretics)
 - » Use of 5 or more meds

Can We Really Do Much to Prevent Falls?

YES



Assignment Sheets

- Fall risk is not enough information
 - » Why is the person at risk?
 - Medications – sleeping meds, diuretics
 - Previous falls
 - Weakness in extremities
 - Dementia
 - Medical conditions: incontinence, diabetes, inner ear dysfunction

HOME HEALTH AIDE CARE PLAN

Patient Information: Name, Address, Phone, etc.

Home Health Aide Information: Name, License No., etc.

Table with columns for dates and times, and rows for various services (e.g., Personal Care, Medication Management, Meal Preparation).

Low Beds



Back to the Question...
Can We Prevent Falls ?

YES



Exercise

- So many programs, so little utilization
 - » Tai Chi
 - » It's a Matter of Balance
 - » Stepping Out
 - » Stepping Up



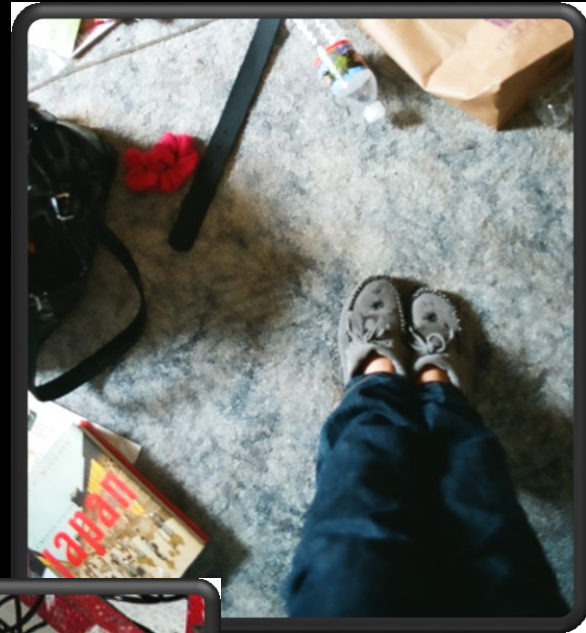
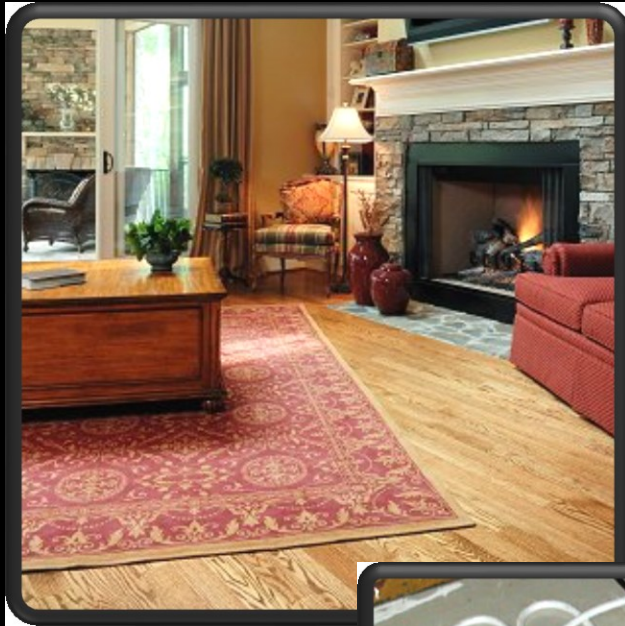
Pets



Footwear



Cords, Rugs and Clutter





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How Many of You Are Wearing Glasses?

- Do you keep them clean?



Assistive Devices

The question is- do assistive devices help prevent falls?

- » Does the person consistently use the assistive device?
- » Is the device properly fitted?
- » Does the individual know how to use it properly?
- » Is the device accessible to the person?
- » Is it possible the device is causing the fall rather than preventing the fall?





After the Fall

- Evaluate and assess the resident for injury. Take immediate appropriate intervention
 - » Medical emergency
 - » No injury noted but requires observation- not just for a day!!!!!!
 - » Reporting to physician, family, and means of notifying staff
 - » Remember the Orthostatic Blood Pressure Monitoring

Geriatric Emergencies

[Home](#)[Healthcare Professionals](#)[Pastoral Caregivers](#)[Fan](#)

Main Menu

- » [Photo Gallery](#)
- » [Video](#)
- » [Contact Us](#)
- » [Calendar of Events](#)
- » [Resources](#)
- » [Morningside Ministries](#)
- » [Technical Support](#)

Online Courses Available for Healthcare Professionals*

Some programs are free to employees of Morningside Ministries. If you are an employee and wish to enroll, please contact your training coordinator and provide your employee ID number to receive a discount code.

Common Geriatric Emergencies in Long Term Care

2.07 Contact Hours - This informative program was developed to provide professional nursing staff with the information required to define acute change of condition in the long term care setting as it relates to the MDS, Quality Indicators. The professional nurse will be able to discuss the implications of early recognition of acute changes of condition in the long term care setting and protocols for physician notification.

[Learn more.....](#)



Post Fall Counseling

- Physical Therapy to evaluate
- Nursing care plan updated
- Pharmacy consultant review
- Risk Management or QA to review



Incident Reports Are Not About Regulators or Lawyers

- Incident reports can tell us
 - » Where the most falls occur –
 - » Is it on one hallway/ unit more than another
 - » Can we identify that a single caregiver has more falls occur on his or her shift
 - » Are we using restraints
 - » Was the assignment sheet up to date
 - » Are there adequate lifting devices
 - » What shift-What time



Incident Reports

Matching Documentation

- Incident Reports are for QA not for the medical record
- All information on the Incident Report that is reported in the Medical Record should be consistent
- Incident Reports should not be addressed in the medical record
- Documentation after a fall should be complete and meaningful



Quality Improvement/ Assurance

- It is more than completing a report
- How do we plan interventions



Risk Assessment Tools

According to the dads quality monitor web site,

“There is no well-validated assessment tool for identifying residents that have a high risk for falls.”



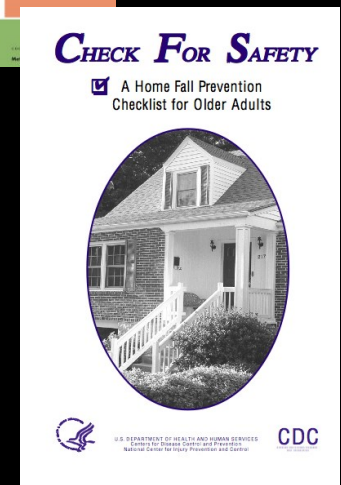
When Should Assessments Occur

- Upon admission
- Every Quarter
- With Significant Change of Condition
- With Falls



Assessments Are Not Just for Nursing Facilities

- Home Assessment tools are readily available on line from many sources
 - » AARP
 - » CDC
 - » National Safety Council
 - » NCOA/ASA



Training - Training - Training

- Staff- not just nursing
 - » Transferring residents safely
 - » Modification of rooms
 - » Risks, hazards, medications,
 - » Activities
- Families
- Residents/Patients/Individuals



So, I want to Ask You Some Questions

- Do you know the top three events associated with falls in your facility?
- Where do most of your falls occur
- How do you know that staff are performing resident rounds every 1-2 hours
- Do your rounds address positioning, toileting, placement of call light, water, tissues, glasses and assistive devices.

I Have More Questions

- Does your staff receive the appropriate training regarding falls
- Can your nurses and medication aides identify which medications are likely to increase a resident's risk of falling
- Are you looking at residents visual acuity as it relates to falls
- Is your resident service plan or care plan really addressing falls and who sees it

Even More Questions

- Are interventions discussed with the family
- Do your service/care plans specify when two employees are required for transfer...or mechanical lifts are to be used
- Do your staffing levels allow assistants to remain with residents in bathroom if required..is it on the care plan

Do You...

- Utilize low beds
- Hip Protectors/ helmets
- Implement interventions to prevent residents from sliding out of chairs
- Check all assistive devices for safety
- Have your mechanical lifts/ slings evaluated for safety

We Cannot Prevent All Falls

We must try to prevent as many falls as possible.



Evaluations

- For guardians all forms must be submitted within 7 days of this program or there is a processing fee of \$10.00 for the certificate.
- Program will be written contact hours for nurses. If you are interested, cost is \$20.00. Send us an e-mail for more information.



mmLearn.org

- Wandering and Elopement
- Recognizing and Reporting Change of Condition
- Dementia
- MRSA/VRE
- Geriatric Emergencies
- Ask the Geriatrician



Please click on SURVEY

SURVEY

Please Click Here to Take Our Survey!

Take it online or fax it in.



Contact Us

info@mmlearn.org

www.mmLearn.org

