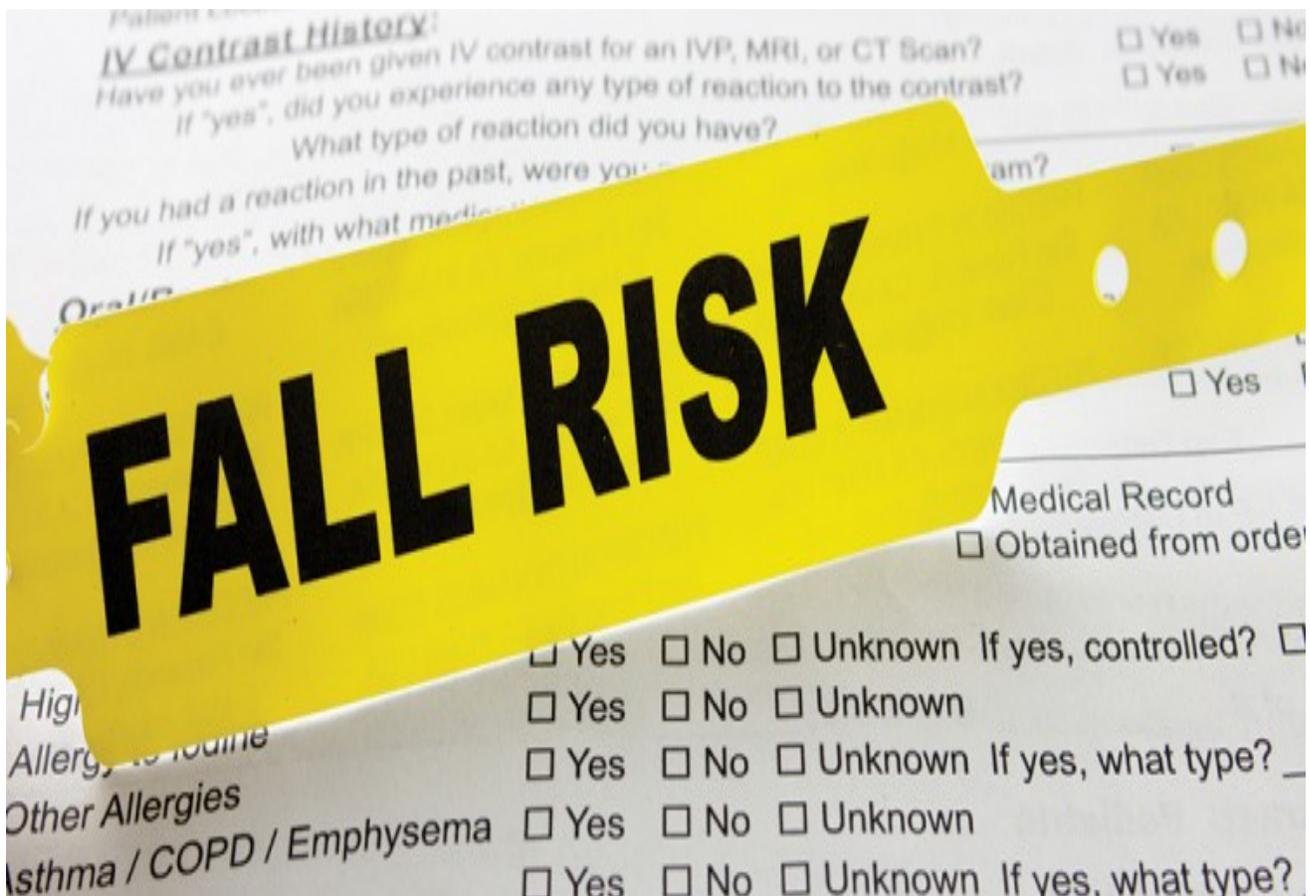




Resource Tool-kit

Quality Measure (QM) 410: Residents experiencing one or more falls with major injury



QM 410: Residents experiencing one or more falls with major injury:

A fall is defined as a person coming to rest on the ground or another lower level; sometimes a body part strikes against an object that breaks the fall. Typically, events caused by acute disorders (e.g., stroke, seizure) or overwhelming environmental hazards (e.g., being struck by a moving object) are not considered falls.

In the United States, falls are the most frequent cause of accidental death in older adults; more than 1,800 nursing home residents die each year due to injuries sustained from falls. While about five percent of adults over the age of 65 live in nursing facilities, they account for nearly 20 percent of fall-related deaths in this age group. Up to 20 percent of residents who fall sustain serious injuries that can lead to a decline in functional ability and mobility impairment. Fear of future falls can lead to self-imposed restrictions in mobility and other activities, increasing the risk of subsequent falls.

Falls threaten the independence of older adults and cause a cascade of individual and socioeconomic consequences. However, physicians are often unaware of falls in patients who do not present with an injury because a routine history and physical examination typically does not include a specific evaluation for falls. Many older adults are reluctant to report a fall because they attribute falling to the aging process, because they fear being subsequently restricted in their activities or being institutionalized.

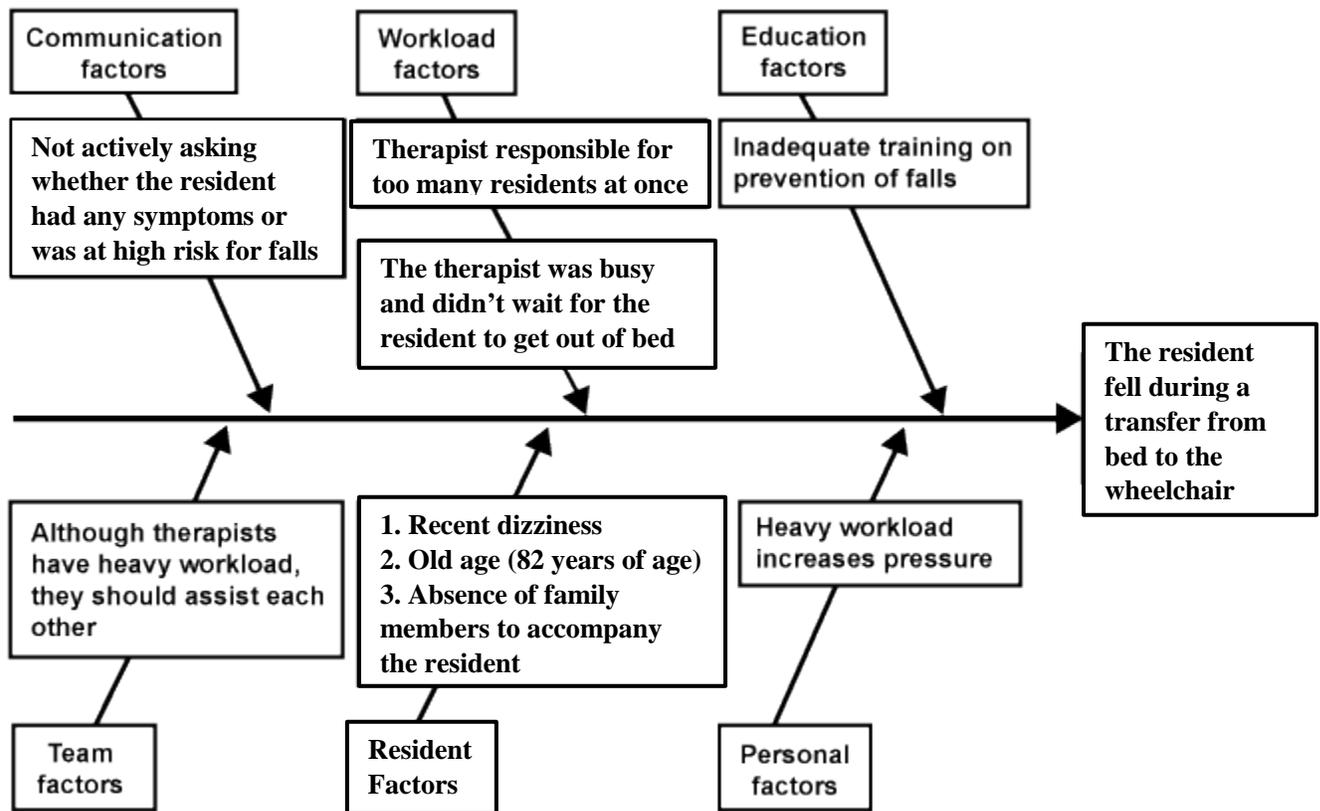
Most falls occur as a result of multiple contributing factors; therefore, managing the risk of falling begins with identifying the factors that contribute to fall risk. A successful fall risk management program requires a thorough clinical assessment of residents and their environment, with input from all members of the interdisciplinary team. Each resident should be assessed for fall risk on admission and with an acute change in condition, as well as at least quarterly thereafter. When a fall occurs, the initial fall risk assessment should be repeated, along with a thorough investigation of the circumstances of the fall.

Falls can cause people to restrict their activities, lead to depression, helplessness, social isolation, loss of confidence in independent mobility, injuries and even death. Most falls occur as a result of multiple intrinsic and extrinsic factors. A successful fall risk management program requires organizational commitment and an interdisciplinary team approach to prevent and minimize falls.

Root Cause Analysis:

The utilization of the RCA process may help your facility gain insight into why residents may be falling in the NF, through a review of the timeline of events. This process is intended for the analysis of falls that take place in your facility and is especially important for those falls resulting in major injury. This review may also provide gap information indicating there may have been a deviation from the fall prevention policies and procedures that your facility has. It may provide an opportunity for improvement in the process of your facility's fall risk assessment policies. It is important to remember that the RCA process is not intended as a punitive function but rather as a learning and growth opportunity for your staff. The fishbone process, also known as the cause and effect process, can be used to identify the many possible causes for a problem. Using

this tool allows for ideas to be sorted into useful categories. Below is an example of this process for resident falls:



Once an RCA has been completed, it is important that processes are put in place to eliminate the root cause of falls in your facility, with attention being paid to those falls that result in major injury. This can best be accomplished through the use of the Evidence-Based Practice (EBP) information provided in this tool-kit.

Assessment:

Fall risk assessments are completed within 24-hours of admission, with changes of condition, and quarterly. Documentation includes:

- Gait and balance
- Evaluation of lower extremity strength
- Review of medication regimen - including poly-pharmacy, specific medication classes that could increase fall risk, and recent medication changes
- Orthostatic blood pressure measurements – documenting the actual values
- Environmental issues
- Underlying conditions – such as previous falls and chronic medical conditions

After a fall occurs, a post-fall investigation is initiated within 24 hours. Documentation includes:

- Re-evaluation of gait and balance
- Re-evaluation of lower extremity strength
- Medication regimen and changes review
- Orthostatic blood pressure measurements – documenting the actual values
- Intrinsic and extrinsic risk factors that may have contributed to the fall

Care Plan:

The care planning process requires development of resident-centered interventions for preventing falls and fall-related injuries, based on the findings of fall risk assessment and/or post-fall investigations. The use of any particular intervention should be based on the strength of the evidence provided by existing clinical trials or literature reviews. The effectiveness of fall risk management interventions should be evaluated periodically, and the care plan revised as necessary to reflect changes in the fall risk assessment. A current care plan for fall risk management and injury prevention includes:

- Measurable goals for fall risk management and injury prevention
- Planned interventions that address the individualized intrinsic and extrinsic fall risk factors identified during the fall risk assessment
- Interventions reviewed and updated based on the findings of the reassessments and/or post-fall investigations including:
 - Individualized interventions which are re-evaluated and updated to prevent or minimize the risk of falls
 - Individualized interventions based on causal factors and/or identified risk factors
 - Dates of falls and causal factors (if a fall occurred) o Dates of falls and causal factors identified
- Interdisciplinary team (IDT) involvement in identifying individualized interventions to prevent falls

A care plan should be developed for any individual who is at risk for falling or has a history of falls. The care plan for managing fall risk should include person-centered interventions, based on the findings of fall risk assessment and/or post-fall investigations. Individualized intervention programs addressing multiple risk factors are the most successful in reducing falls and fall-related injuries. The most beneficial interventions include comprehensive assessment, environmental adjustments, staff education, medication simplification, exercise interventions and treatment of underlying disorders. Individualized interventions require a team approach (physician/NP/PA, nurse, nurse aid, physical and occupational therapists, dietitian, pharmacist, activity director, etc.).

Problems/Needs	Goals	Interventions/Approaches	Team
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			Members
<p>Potential for falls and injuries related to _____ (specific intrinsic and/or extrinsic risk factors identified during the assessment process)</p> <p>Date of actual fall related to _____ (possible causal factor) as evidenced by _____</p> <p>(Care plans should be reviewed after a fall has occurred and with a change of condition because it may require a modification in the problem/needs, goals, and interventions)</p>	<p>Measurable short and long-term goal(s) for fall and injury prevention related to identified risk factors</p> <p>Measurable short and long-term goals(s) related to a specific fall</p> <p>Revision of goals (both short term and long term)</p>	<p>Individualized interventions addressing the intrinsic and extrinsic risk factors identified in the comprehensive fall risk assessment conducted on admission, with changes in condition, and quarterly such as:</p> <ul style="list-style-type: none"> • Interventions to improve gait, balance lower and extremity strength – physical and/or occupational therapy services, restorative or exercise programs • Evaluations of medications – pharmacy consultant and/or physician/NP/PA review • Evaluations of orthostatic blood pressures to rule out orthostatic hypotension • Interventions to address environmental issues such as poor lighting, slick surfaces, trip hazards or improper use equipment • Interventions to address underlying medical conditions – physician referrals for further evaluation, such as: Ophthalmologist, ENT, Podiatrist, Neurologist, Psychiatrist, and Orthopedist <p>After a fall, previously selected individualized interventions should be re-evaluated and new and/or modified individualized interventions should be implemented</p> <p>Care plan interventions should be developed, implemented and periodically monitored by an interdisciplinary team</p>	<p>Indicate who is responsible for each approach</p>

Outcomes:

- Individualized interventions identified in the care plan are implemented
- Effectiveness of the individualized interventions is monitored and evaluated

Implementing a fall risk management system using evidence-based best practice can reduce the prevalence of falls in the nursing facility, while limiting the potential for fall-related injuries.

Responsibilities by Discipline:

CNAs: With unintentional falls being the most common cause of nonfatal injuries and accidental death for people older than 65 years, it is important for the CNA to understand their role in the prevention of falls in this population. Falls are a growing public health problem that needs to be addressed. Falls and related injuries have been associated with a decline in the quality of care provided to residents in nursing facility setting.

The definition of a fall is "An unplanned descent to the floor with or without injury."

The CNA plays a very important role in preventing falls. Studies have shown that older adults residing in a nursing facility are most likely to fall when trying to obtain a personal item or perform self-care. The CNA can prevent falls by promptly meeting the basic needs of the residents. When basic needs are met regularly and frequently, residents will be less inclined to try to reach something or attempt the care by themselves and risk falling.

Since falls are considered preventable, fatal fall-related injuries should never occur while a resident is being cared for in a nursing facility.

There are four basic steps you can take to prevent patient falls:

- Discuss your resident's risk for falling with the RN on your unit. They will usually complete a Fall Risk Assessment on all residents who are at risk for falls.
- Communicate this risk to the other CNAs you are working with.
- Check on high risk residents frequently.
- Improve the safety of the resident's environment.

Nursing Staff: Nurses play an integral role in keeping residents safe. Nearly every nurse can recall an incident in which a resident fell, and how devastating this was for the resident, family and for the nurse. Nurses need a systematic way to identify who is at risk of falling and utilize preventative measures to make the healthcare environment safer for the resident. Ways in which the nurse can prevent falls include:

- Utilize a valid and reliable standardized fall risk assessment tool
- Rule out orthostatic hypotension and dizziness
- Assess for incontinence/urgency issues
- Meet with family/caregiver to discuss risk factors and interventions being considered
- Check feet and shoes
- Can any tethers be removed or set up in a safer way? Catheter leg bag, portable O2 use, etc.
- Set up medication review with the prescriber/pharmacy consultant
- Create list of suggested referrals for the practitioner

The nurse has an important role in evaluating and educating residents, caregivers, and co-workers on strategies to reduce falls. Individualized interventions can be planned when the nurse has direct contact with the residents and their caregivers in the facility.

Physician/Practitioner: There are many ways in which the Physician/Practitioner can prevent falls in the NF. Below are some basic considerations for managing fall risk:

- Review nursing fall risk assessment, interventions, and referral list
- Is there a history of falls?
- Is there a complaint of dizziness?
- Carefully review medications for opportunities to decrease, replace, change times/dosing, etc.
- Consider nutritional/dietary needs to reduce risk of injury from falls (Ca, B12, D3, etc.) and from bed rest (protein, etc.)
- Carefully consider need for and make all appropriate referrals to PT, OT, SLP, auditory, eye MD, etc.
- Consider hip protectors, appropriate foot wear, scheduled toileting, volunteer/family schedule for one-to-one assistance for the resident, etc. as appropriate

Resources:

Additional resources related to falls prevention include:

- Evidence-based Best Practice for Nursing Fall Risk Management (PDF) summarizes the key elements of an effective fall risk management program:
<https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/providers/long-term-care/qmp/qmp-fall-risk-mgmt-ebbp.pdf>
- Best Practice System Summary/Technical Assistance Worksheet (PDF) identifies key elements of an effective fall risk management system, and can be used by facility staff to identify opportunities for improvement:
<https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/provider-portal/QMP/technicalassistancesheet.pdf>
- Measuring Orthostatic Hypotension (PDF) provides instructions for measuring orthostatic vital signs and interpreting the findings:
<https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/provider-portal/QMP/measuringorthostatichypotension.pdf>
- Fall Risk Management Care Plan Highlights (PDF) can assist facility staff in developing individualized care plans for fall risk management:
<https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/provider-portal/QMP/fall-prevention-careplanhighlights.pdf>
- Medications with Fall Risk Precautions (PDF) identifies medications that may contribute to an increased risk for falls: <https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/provider-portal/QMP/Medications.pdf>
- American Geriatrics Society (AGS) Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults(link is external) provides access to the 2015 revision to the Beers Criteria and related resources. Note: Access to these resources requires registration at the AGS website: <https://geriatricscareonline.org/toc/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001>

- American Geriatrics Society (AGS) and the British Geriatrics Society AGS/BGS Clinical Practice Guideline: Prevention of Falls in Older Persons 2010(link is external). This guideline is designed to assist health care providers in developing a system for fall risk management. Originally published in 2001, the recommendations in this update are based on an analysis of the most current evidence available:
https://geriatricscareonline.org/ContentAbstract/updated-american-geriatrics-societybritish-geriatrics-society-clinical-practice-guideline-for-prevention-of-falls-in-older-persons-and-recommendations/CL014/CL014_BOOK003
- Falls Among Older Adults: An Overview(link is external) includes fact sheets, graphs, podcasts and brochures about falls and fall prevention for older adults:
<https://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>
- Fall Prevention Center of Excellence(link is external) provides information to consumers and professionals on topics relating to falls and fall prevention: <http://stopfalls.org/>
- Falls Toolkit(link is external) provides information for designing a system for fall risk management, along with interventions for preventing falls in high-risk individuals. The toolkit also includes educational information for residents, their families and facility staff on managing fall risk and preventing injuries:
<https://www.patientsafety.va.gov/professionals/onthejob/falls.asp>
- Timed Up and Go Test (PDF) (link is external) is an assessment of mobility, used to identify individuals at risk for falls. The assessor times the individual as he or she completes the test, with times of 12 seconds or more indicating a high risk for falls:
https://www.cdc.gov/steady/pdf/tug_test-a.pdf
- Tinetti Assessment Tool (PDF) (link is external) is used to evaluate gait and balance. A score is assigned based on the resident's ability to complete tasks as instructed, with scores below 19 indicating a high risk for falls: <http://fallpreventiontaskforce.org/wp-content/uploads/2014/10/Tinettitool.pdf>
- Berg Balance Scale (link is external) is an evaluation of static balance and fall risk, with 14 separate tasks that are scored based on the resident's ability to complete the activity. A resident with a score 20 or below is considered to be at high risk for falls, and an eight point difference between any two assessments is considered a change in function:
http://www.aahf.info/pdf/Berg_Balance_Scale.pdf
- Orthostatic Hypotension (link is external) discusses how a change in blood pressure when assuming an upright position can result in a fall. Information about this topic is available in for both professionals and consumers:
<http://www.merckmanuals.com/professional/cardiovascular-disorders/symptoms-of-cardiovascular-disorders/orthostatic-hypotension>
- Falls in the Elderly (link is external) is an overview of fall risks and how to avoid them. Information about this topic is available for both professionals and consumers:
<http://www.merckmanuals.com/professional/geriatrics/falls-in-the-elderly/falls-in-the-elderly>
- AMDA – The Society for Post-Acute and Long-Term Care Medicine (link is external) (formerly known as the American Medical Directors Association) is the only medical specialty society representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in the various post-

acute and long-term care (PA/LTC) settings. The Falls and Fall Risk Clinical Practice Guideline is available for purchase: <http://www.paltc.org/product-store/falls-and-fall-risk-cpg>

- Prevention of Falls and Fall Injuries in Older Adults (link is external), Registered Nurses' Association of Ontario, will help increase knowledge, skills and abilities in identifying adults at risk of falling: <http://rnao.ca/bpg/guidelines/prevention-falls-and-fall-injuries>