

What Can We Do About Falling?

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Program Objectives

- Learn about Falling and the impact on the individual
- Understand falls are not an inevitable part of aging
- Describe why we fall and what we can do about it
- Achieve the goal of systematic change concerning mobility and Nursing Home **Residents**



Fall Statistics

- Over 14 million unintentional falls per year reported in the US with over 38,000 deaths: **OK death rates are higher than the national rate**
- **Fall death rates** among adults age 65 and older **increased** about **30%** from 2009 to 2018
- Most recent statistics show the national average of reported falls is 27.6% with **OK at 29.6%**
- National average DEATHS = 78% **OK DEATHS = 130.6%**

OK fall percentages are higher than national average

Impact of Falls



- Medical costs for Falls are estimated to be **50 billion dollars** annually in the US
- Hospitalization rates increase with age
- Reported falls are **higher** for **women** while more **men die** from falls
- Restriction in **MOBILITY**
- **These injuries take a toll on health and independence**

Fear of *Falling*

Many people who *fall*, even if they are not hurt, become extremely afraid of *falling*. This fear may cause a person to change his/her daily activities and possibly become less active.

Decreased Mobility

leads to

increased weakness

which

increases

the chances of

falling.

WHAT LEADS to FALLING?

Decreased **MOBILITY**

WEAKNESS

Previous **FALLS**

- Mentation
- Dehydration
- Not enough sleep at Night
- Foot pain/numbness or poor footwear
- Medications that affect steadiness and balance
- Vitamin D deficiency
- Vision/Hearing problems
- Environmental dangers – Trip hazards

Risks for *Falling continued.....*

- Required use of a cane or walker
- Difficulty rising from a sitting position
- Shuffling steps
- Acute Illness (infections)
- Chronic Conditions

(Dementia, Alzheimer's, Arthritis, Parkinson's Disease, Stroke)

Falling has become just a normal occurrence that is associated with advanced age.

We must change this thought process

What MATTERS to your residents concerning falls?



What can we do?

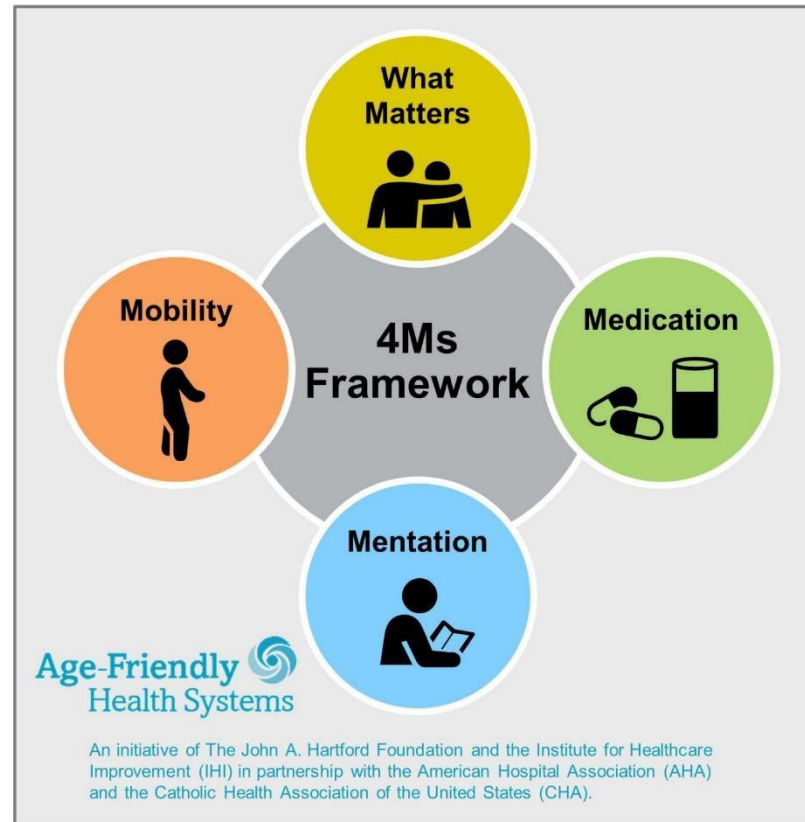
- Hydrate!
- Strengthen!
- Sleep at Night!



The Evidence-based Framework

- 4Ms Framework is an evidence-based model promoting person-directed care, placing the older adult at the center of care decisions
- Staff actions are redirected on key risk factors for poor patient outcomes
- IHI Model for Improvement was the model for 4Ms and Age-Friendly Health Care Framework

Age-Friendly Health Systems & The 4Ms



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Fundamental Characteristics of AFHS

- Leadership committed to addressing ageism
- Reliable use of evidence-based care
- Staff trained and proficient in care of older adults
- High performing teams focused on measureable outcomes
- Systematic approach for:
 - Coordinating care with other organizations
 - Engaging with patients and their caregivers
 - Process for eliciting and using patient goals and priorities

WHAT MATTERS TO YOU.....

- Ask residents **What Matters TO YOU** about your mobility *and* **What Concerns** do you have about falling?
- Document it
- Align the care plan with **What Matters** most to them always
- Share **What Matters** most with the team



- **WHAT CAN WE DO?** **Medications**

Review Resident Medications on a regular basis using the **BEERS** list
Get assistance from your Pharmacist for deprescribing



• WHAT CAN WE DO? Dehydration

- Dizziness when standing may be due to dehydration (can cause your blood pressure to drop) and/or medications
- Try to drink 2-3 gulps (1/2 cup) of water every half hour between 8AM and 4PM
- Make your water appealing to you!
Add fruit, vegetables, or a combination to a pitcher and keep it in the refrigerator



WHAT CAN WE DO?

Sleep at night-Why Does it Matter?

Studies show that people getting continuous uninterrupted sleep are not as likely to FALL

- **Teach the resident** to limit fluids after dinner and do not offer them except while taking medications (make sure they have access though!)
- ASK: **WHAT** is keeping you awake at night?
- Offer **toileting** on a regular basis especially **before sleep**

Practice Sleep Hygiene

- ✓ Establish a bedtime routine
- ✓ Make sure the sleep environment is comfortable for **them**
- ✓ Limit daytime naps to 30 minutes when possible
- ✓ Avoid caffeine and nicotine close to bedtime

SLEEP AT NIGHT - Continued

Staff: Reduce noise during shift change and all through the night: Check carts that roll in the halls, doors for creaking (fix them!), and TV's, (this is another reason for getting rid of alarms including bed and chair alarms)
Use lighting individualized to the person

- After checking with the nurse, do not disturb and **do not turn every 2 hours** at night – use of high-quality mattress can do what turning would do and give them more quality hours of sleep
- Aim for 6 hours of uninterrupted sleep, but if you need to start at 4 hours and increase – JUST GET STARTED!

MENTATION

Use assessment tools to screen for:

- Delirium
- Dementia
- Cognitive Impairment
- Depression

Manage manifestations of dementia and factors contributing to depression/delirium/cognitive impairment

WHAT CAN WE DO?



Safety- Check for Safety using a Checklist in your NH!

- Make sure residents get an annual eye exam
- Use contrast in the NH if needed
- Foot wear- fully enclosed, fits well, slip resistant soles (avoid slippers)
- Ensure residents get a physical from their Doctor or Care Provider on a regular basis as well as Hearing Tests

ASK YOUR RESIDENTS WHAT MATTERS TO YOU!

- ✓ Give time for residents to speak up and ask questions!
- ✓ Help them keep a running list of questions and concerns for next visit from their Care Provider
- ✓ Talk about the results of their Timed Up and Go and other assessments with them
- ✓ Give your residents the WHY when reviewing their medications and referring to NH Pharmacist for deprescribing help

MOBILITY Instead of FALLS – What can we do?

Strengthen

- **Poor Balance, weakness especially in the lower extremities, and decreased endurance can cause falls.**

What can we do?

- ✓ Ambulation program, range of motion exercises, educate on safe transfer techniques
- ✓ When toileting in the morning as the resident gets up and toileting at night before bedtime ask them to do squats over the toilet. Start with 1 and work up to 5.
 - **You are already in the room, they can't fall because they are over the toilet and it will help with strengthening muscles where they need it!**



What Can We Do?

Develop a **FALLS TEAM** in your facility:

- To **review existing policies and protocols** that pertain to *fall* prevention
- To conduct **General Environmental Assessment**
- To conduct **Resident Assessments**
- To conduct **Medication Assessments** using **Beers** criteria
- To provide the staff with **evidence-based** *fall* interventions and strategies to reduce the number of residents who *fall* and also *fall* and sustain injury.

INDIVIDUALIZE INTERVENTIONS

All interventions do not apply to everyone

Interventions must be individualized for each resident

- Refer to PT for more exercises that increase leg strength and improve balance
- Have all assistive devices fitted appropriately
- Have feet checked, cared for and use appropriate footwear
- Reduce the noise
- Eliminate alarms and similar noises

What Can We Do - Continued...

**Prevention interventions do not apply to everyone:
Interventions must be individualized for each resident**

- Watch for and remove trip hazards and clutter
- Staff to perform exercises that increase leg strength and improve balance according to the Care Plan
- Have eye and hearing exams provided on a regular basis
- **Make changes as needed:** adjusting bed heights to fit the resident; place grab bars; raised toilet seats; handrails and better lighting if needed

Strategically place posters in hallways, bathrooms, and common areas as a means to increase daily fall risk management, new staff implementation, and continued participation improvement



Referrals to Physical Medicine

- Physical medicine components include exercise, assessment of the physical environment, and correct assistive technology fitting (Rimland et al., 2015)
- Of those in the community with a previous history of falls, only 25% of those referred to a physical therapist for gait and balance training. Only 16% performed an annual standardized functional assessment (Smith et al., 2015)
- Use the assessments in the previous slide to help determine referrals to physical medicine

Why Should We Hold Group Classes?

- Evidence shows easily accessible, small classes composed of similarly aged people, emphasizing mobility and balance are key motivational factors to gain attendance (Shirakawam, Mulligan and Waters 2009)
- Classes ought to be lead by an instructor capable of guiding the group as a whole, also having the ability to guide individual progression. Older adults prefer programs focusing on enhancing life, promotion of social interactions, and respect for individual goals; while avoiding negative messages regarding fall risk interventions
(Bunn et al., 2008; McInnes and Askie,2004)
- **It is vital for any and all residents capable of understanding to know what the intervention is and why they are taking part in it**

Fall Prevention Classes Available from OHAI

Matter of Balance

- Evidence based program designed to reduce participants fear of falling and improve activity levels.
- Program is designed to be taught in eight, 2-hour sessions to small groups
- Classes available online and in person
- Train the Trainer opportunities are available

Tai Chi

- Evidenced based program known to improve balance. Provided 2 times a week in 6, 8, and 12- week class set up.
- Classes available online and in person
- Train the Trainer opportunities are available

Staying Active and Independent for Life

- Evidence based strength, balance and fitness program designed for individuals aged 65 and older.
- Classes available online and in person
- Train the Trainer opportunities are available.

STEADI—Older Adult Fall Prevention: This program offers free **video tutorials** and examples of these assessments



- [30-Second Chair Stand](#) (Test at cdi.gov)
- [The Timed Up and Go \(TUG\)](#) (Test at cdc.gov)
- [Centers for Disease Control and Prevention. CDC twenty four seven. Saving Lives, Protecting People Test at *cdc.gov*](#)
- <https://www.cdc.gov/steady/materials.html> (under resources)

QUESTIONS?

Thank You!

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