



care. giver.

Falls Management & Restraint Reduction

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Falls Management/Restraint Reduction

Background

- ◆ Institute of Medicine 1986
 - Use of restraints as a determiner of quality care
- ◆ Kendall Corporation 1973
 - Untie the Elderly
- ◆ 1987 Federal regulation F221
 - Right to be free from physical restraints
 - Restraints may constitute an accidental hazard
- ◆ 1987 Federal Regulation F323
 - Free of Accidents

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Background *continued...*

- ◆ FDA Medical Alert 1992
- ◆ Annals of Internal Medicine 2010
 - Restraints should not be used
- ◆ Federally contracted QIOs focus on improving quality in long-term care
 - In the 7th, 8th and 9th Scopes of Work (SOW)
 - Remains a focus in the 10th SOW
- ◆ Goal of Advancing Excellence in America's Nursing Home Campaign



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Risk of Falls

- ◆ 1.5 million people age 65 and older lived in nursing homes in 2003
- ◆ This will double to 3 million by 2030
- ◆ About 5% of adults 65 and older live in nursing homes, but these residents account for nearly 20% of deaths related to falls for this age group



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Risk of Falls *continued...*

- ◆ A typical 100-bed nursing home reports 100–200 falls per year
- ◆ 3 of 4 nursing home residents fall each year, twice the rate of older adults living in the community
- ◆ 2.6 falls per person per year is the average rate in nursing homes



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Risk of Falls *continued...*

- ◆ 50% who fall suffer moderate to severe injuries that limit mobility and increase the risk of premature death
- ◆ 20% of falls cause serious injury, including fractures and subdural hematomas
- ◆ About 1,800 people living in nursing homes die each year from falls



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Why do falls occur more often in nursing homes?

Falling can be a sign of other health problems and, compared to older adults living in the community, people in nursing homes are

- generally more frail and older
- have more chronic conditions, difficulty walking
- tend to have problems with thinking or memory
- have difficulty with daily living activities, need help getting around or taking care of themselves



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Consequences of Falls

- ◆ Loss of function and independence
- ◆ Increased risk for
 - pain
 - pressure ulcers
 - urinary or upper respiratory tract infections (UTIs/URIs)
 - contractures
- ◆ Increased fear of falling
- ◆ Higher acuity level and increased care



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Consequences of Falls *continued...*

- ◆ Poor relations with families and community
- ◆ Poor survey results
- ◆ Monetary awards from lawsuits
- ◆ Increased insurance premiums
- ◆ Increased costs for care and staffing



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Fall Risk Factors: Effects of Aging

- ◆ Visual
 - Decreased acuity, contrast sensitivity
 - Decreased peripheral and night vision
 - Increased sensitivity to glare
- ◆ Gait
 - Reduced arm swing
 - Decreased step length and step height
 - Slowed reaction time
 - Slower movement



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Fall Risk Factors: Effects of Aging *continued...*

- ◆ Urinary Changes
 - Feelings of urgency
 - Frequency
 - Incontinency
- ◆ Chronic Diseases
 - Diabetes, stroke, hyper/hypotension
 - Osteo and rheumatoid arthritis, foot problems
 - Parkinson's, Alzheimer's, other dementias
 - Depression
- ◆ Acute Diseases
 - Elder response



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Fall Risk Factors: Effects of Aging *continued...*

- ◆ Poor Safety Practices
 - Management of environment and equipment
 - Toileting, bathing
 - Transfer, ambulation
 - Behavior management
- ◆ Environment
 - Clutter, lighting, flooring, handrails
 - Bed wheels, side rails and beds
 - Hard to reach items



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Fall Risk Factors: Medications

- Antidepressants
 - Antihypertensives
 - Antipsychotics
 - Benzodiazepines
 - Diuretics
 - Digoxin
 - Narcotics
 - Sedatives/hypnotics
- ◆ Residents on 5-9 medications are 4 times more likely to fall
 - ◆ Taking over 10 medications was associated with a 6-fold increase in falls



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Fall Risk Factors: Medications *continued...*

- ◆ Taking antipsychotics, antidepressants or benzodiazepines makes residents 2-3 times more likely to fall because of side effects:
 - Drowsiness, over-sedation
 - Agitation, confusion, pacing
 - Unsteadiness
 - Gait disturbance
 - Dizziness, orthostatic hypotension



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Fall Risk Factors: In Summary

- ◆ 24% of falls in nursing homes are related to muscle weakness, walking or gait problems
- ◆ Environmental hazards in nursing homes cause 16% to 27% of falls
 - Hazards such as wet floors, poor lighting, incorrect bed height, and improperly fitted or maintained wheelchairs
- ◆ Medication type/number increases risk
- ◆ By 2040, the annual rate of hip fracture in the U.S. will be >500,000 with an annual cost of \$240 billion



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It is Impossible to Prevent All Falls!

But you can use an interdisciplinary team to:

- ◆ Reduce fall frequency
- ◆ Reduce severity of injuries related to falls
- ◆ Reduce likelihood of litigation
- ◆ Reduce poor survey outcomes
- ◆ Improve overall quality of life



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Strategies to Reduce Fall Risk

- ◆ Complete falls assessment/evaluation upon admission, annually, with each fall and with a change of condition, to include:
 - Level of consciousness
 - Ambulation equipment
 - Gait and Balance
 - Blood pressure
 - Falls history
 - Medications
 - Predisposing diseases or conditions
 - Contenance status
 - Vision and Hearing
 - External applications present, such as:
 - IV or heparin lock
 - Feeding tube
 - Casts/braces
 - Anchored catheter



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Strategies to Reduce Fall Risk *continued...*

- ◆ Develop individualized care plans and evaluate/modify after an assessment or fall
- ◆ Conduct therapy evaluation, to include:
 - OT/PT evaluation
 - Gait and balance training
 - Evaluate equipment/posturing devices
- ◆ Evaluate behaviors
- ◆ Provide low beds, mats, or concave mattresses



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Strategies to Reduce Fall Risk *continued...*

- ◆ Increase activity programs individualized to resident desires and ensure they include routine up hours for residents
- ◆ Develop individualized toileting programs
- ◆ Schedule detailed, routine foot inspections
- ◆ Use pool noodles and hip protectors
- ◆ Provide activity boxes/books
- ◆ Increase exercise programs



thank. you.

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