

fastfacts

Resources for Nursing Home Professionals

Fall Prevention

Falls in elderly people are a common cause of injuries and hospitalizations. In a typical 100-bed nursing home, there are about 100 to 200 falls per year and many go unreported. Aside from being injured, residents who fall typically lose confidence, become depressed, and suffer from social isolation. It is important for all nursing home staff to learn how to prevent falls. Below are key evidence-based fall prevention strategies.

Fall Prevention Interventions

- **Multifactorial Intervention Program.** A review of the literature shows that multifactorial interventions—targeting staff, residents, and the environment—can prevent falls and reduce the rate of injury. These interventions include staff education, modifying the environment, providing hip protectors, implementing exercise programs, reviewing drug regimens, and having post-fall conferences. Interventions are integrated into the plan of care as soon as possible.
- **Interdisciplinary Assessments After Falls.** Residents should be assessed on admission and re-assessed after a fall. Assessments should look for recent changes in health or function, an evaluation for need of medications, and an examination of the possibility of increasing frailty. One study found that a comprehensive assessment completed after a fall (within a week) can reduce future hospitalization. Another study found that falls decreased by 20 percent after instituting a fall prevention assessment program.
- **Communication.** Check the communication between licensed nurse, the interdisciplinary team, and the hands-on caregivers to make sure fall risk and treatment plans are consistently communicated.
- **Target Known Fallers.** Identifying residents that are frequent fallers is crucial to preventing future falls. A literature review showed that interventions targeting an unselected group on basis of risk factors or age are less likely to be effective than those that focus on known fallers.
- **Muscle Strengthening and Balance Retraining Programs.** Exercise programs, gait, and balance training have been shown to be important strategies to prevent falls for older adults. Exercise programs that have a minimum duration of at least 10 weeks are more successful than shorter programs.
- **Medication Review and Modification.** Staff should review medications, including sedatives and anti-anxiety drugs, since they can increase the risk of falls and fall-related injuries in nursing homes. Residents who have fallen should have their medications reviewed and altered or stopped as appropriate. Nursing home staff should consider reducing medications for residents who take four or more medications and for those who take psychotropic medications. One study showed that withdrawal of psychotropic medication significantly reduced the risk of falling. Screen and treat for pain in residents with agitation.
- **Group Tai Chi Exercise Programs.** A 15-week group Tai Chi exercise program was found to reduce the risk of multiple falls by over 47 percent.
- **Bed-Exit Alarms.** Most falls in nursing homes occur while the resident is getting in or out of bed. Bed-exit alarms can be used to alert nursing home staff when patients attempt to leave their beds without assistance. However, alarms do not actually prevent falls. Alarms must be answered. They should be used with other fall prevention programs in order to properly reduce patient falls.
- **Reduce Use of Physical Restraints.** In recent years, it has been shown that physical restraints are not effective in preventing falls. In fact, older adults who are restrained are more likely to experience a fall than those who are not restrained. They also negatively affect a resident's mobility, care dependency, and quality of life. Nursing home staff need to use non-restrictive alternatives to physical restraints.

Fall Prevention

- **Evaluate Environmental Factors.** Since tripping and slipping are common reasons for falls, physical hazards should be minimized. Staff should perform environmental assessments to improve overall safety of the nursing home. Such modifications may include adding grab bars, transfer poles, raised toilet seats, lip mattresses, night lights, bathroom lights, and handrails in hallways. Also check the need for improvement in flooring and footwear, and lower the height of beds.
- **Provide Hip Pads or Protectors to Prevent Hip Fractures.** Hip pads or hip protectors are anatomically designed garments that are made to absorb the impact of a fall and reduce the risk of fracture (although poor adherence to wearing hip protectors can undermine their overall effectiveness). While hip pads don't actually prevent falls, one study showed that the use of an external hip protector slightly, but not significantly, decreased the number of hip fractures after falls.
- **Complete a Continence Assessment Program.** Since some falls occur in bathrooms or during activities of daily living, a continence assessment should be completed to determine the type and severity of a patient's incontinence. Residents may also benefit from a toileting program.
- **Assess Walking Aids and Wheelchairs.** Staff should ensure that residents are using appropriate walking aids such as canes, walkers, or crutches. Ensure that wheelchairs are maintained by an occupational therapist and are a good fit for the resident. An ongoing assessment of these assistive devices should be a component of any fall intervention program.
- **Offer Staff Education.** Educational programs for the staff involved in fall prevention are necessary but not sufficient alone to reduce falls. Also, review your facility's fall prevention strategy on a regular basis.

References

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Insufficient Evidence for Preventing Falls

A review of the literature found that the following interventions showed inconclusive or insufficient evidence for preventing falls: nutritional supplementation, vitamin D supplementation, group delivered exercise, individual lower limb strength training, correction of visual deficiency, and interventions using a cognitive/behavioral approach alone.

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