Statistics Regarding Falls

According to the Centers for Disease Control:

* One out of five falls causes a serious injury such as broken bones or a head injury
* Each year, 2.8 million older people are treated in emergency departments for fall injuries
* Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture
* Each year at least 300,000 older people are hospitalized for hip fractures
* More than 95 percent of hip fractures are caused by falling, usually by falling sideways
* Falls are the most common cause of traumatic brain injuries (TBI)

These statistics are well known to those who work with the elderly—especially nursing homes. Nursing homes are required by federal law (and often state law) to create individualized care plans for those at risk of falling and to ensure that its residents do not fall unless clinically unavoidable. Why such stringent regulations? Because one bad fall can dramatically change or end the life of an elderly person. The stakes are too high for "mistakes."

Causes and Risk Factors for Falls

According to the Centers for Disease Control, the following conditions place people at a greater risk for falls:

* Lower body weakness
* Vitamin D deficiency (that is, not enough vitamin D in your system)
* Difficulties with walking and balance
* Use of medicines, such as tranquilizers, sedatives, or antidepressants. Even some over-the-counter medicines can affect balance and how steady you are on your feet.

G-3

* Vision problems
* Foot pain or poor footwear
* Home hazards

Many nursing home or assisted living residents are at a greater risk for falling because they suffer from several of these conditions.

Preventing Falls

Preventing a person from falling may appear a difficult, but the task is not insurmountable. The science behind fall prevention remains rather basic. First, the nursing home or assisted living facility must know their residents. Meaning, the staff must take the time to properly assess their residents and reassess their residents whenever someone has a significant change, to identify whether or not that resident has a risk for falling. Pnce the staff has ascertained what risks a particular resident has for falling, they are in a better position to identify how to predict a fall.

The Federal Regulations recognize the predictability of falls in the elderly and codify these simple assessments:

*C.F.R. 483.20—Resident Assessment*

Facility must conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity

*C.F.R. ,§' 483.20 (b) (1)*

Comprehensive assessment must include, inter alia:

* Customary routine
* Cognitive pattern
* Vision
* Continence

*C.F.R. § 483.20*

* The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts

The federal regulations also mandate nursing homes to use these assessments to create an individualized care plan for each resident. Naturally, there is no "one size fits all" solution to preventing falls. The nursing home must take the time to know their resident and create a plan that keeps him or her from falling based upon that knowledge.

*C.F.R. § 483.20(k)—Comprehensive Care Plan*

* The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment
* The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being

This regulation requires the nursing home to not only identify each resident's fall risk, but to also specifically list which interventions it plans to utilize to ensure that the resident remains safe and does not fall. Such interventions often include: bed and chair alarm, toileting schedule, lowering the bed, and frequent checks by the staff.

The Federal Regulations also mandate that residents be kept safe from accidents that are avoidable.

*C.F.R. 483.25—Quality of Care*

Accidents: the facility must ensure that:

* The resident environment remains as free of accident hazards as is possible; and
* Each resident receives adequate supervision and assistance devices to prevent accidents

Bottom line: nursing homes and assisted living facilities cannot warehouse their residents! They must assess each resident's needs individually, determine what qualities each resident has that may put him or her at risk for falling, and then create an individualized care plan with specific interventions to try and prevent these falls.

G-4

Reporting Falls

The federal regulations require nursing homes to report significant incidents to the state and to analyze these events to determine what changes are necessary to prevent further occurrences.

*C.F.R. § 483.13(c)(4)—Resident Behavior and Facility Practices*

* Facility must report the incidents to the state within five working days *C.F.R. 483.I3(c)(2)*
* Facility must have procedures to report all substantiated incidents to the state agency and to all other agencies as required, and take all necessary corrective actions depending on results of investigation.

Analyze the occurrences to determine what changes are needed, if any, to policies and procedures to prevent further occurrences.

While elderly people are often at a risk for falls, nursing homes and assisted living facilities can and must prevent such accidents when possible. One fall can lead to a devastating injury that forever changes the quality of life, and the life expectancy, of a nursing home or assisted living resident. Nursing homes and assisted living facilities have a legal and moral duty to keep their residents safe.