

# FALLS

## REQUIREMENTS FOR NURSING HOMES



BUREAU OF HEALTHCARE STANDARDS AND QUALITY  
DIVISION OF QUALITY ASSURANCE

JANUARY 2000

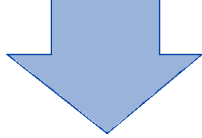
**BOB TAFT**  
Governor

**J. NICK BAIRD, M.D.**  
Director of Health

An Equal Opportunity Employer/Provider

# RESIDENT FALLS ASSESSMENT PROCESS

**PRE-FALL**  
Pre-admission Screening:  
Admission Assessment/History



**Is the Resident at Risk for Falls?**

**YES**

Initial Care Plan  
Immediate Intervention

**NO**

**RAI MDS PROCESS**  
\* MDS Assessment Schedule: Admission, Annual, Quarterly, Significant Change as needed based on clinical judgement.  
\* Evaluate MDS Data and other facility specific requirements to determine if resident is at risk for falls.



**Is the Resident at Risk for Falls?**

**NO**

**YES**

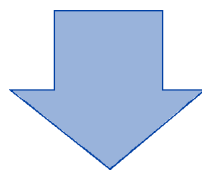
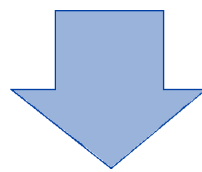
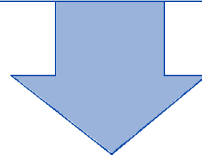
**Is the Plan of Care Appropriate?**

**YES**

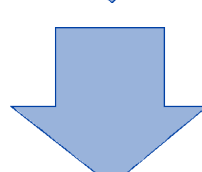
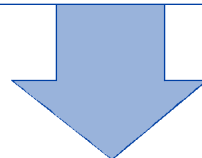
**NO**

Go To Falls Protocol  
Part II and III

**POST-FALL**  
Fall has Occurred



**CURRENT FALL EVALUATION**  
  
Evaluation After Fall:  
\* Immediately assess the resident for injuries and provide any necessary treatment.  
\* Evaluate each fall individually.  
\* Begin to gather the needed information to evaluate the cause of the fall.



# FALLS PROTOCOL

START

## PART I

### Individual Comprehensive Assessment

#### RAI

\* Incorporates falls and other relevant RAPS based on assessment and clinical judgment.

#### Other information

- \* Determines baseline behavior.
- \* Identifies resident specific diagnosis that put the resident at risk for falls.
- \* Identifies underlying causes of falls.
- \* Provides a realistic evaluation of resident's intact and impaired function.
- \* Gathers information from resident, family and friends to determine resident's past behaviors and beliefs to facilitate understanding.
- \* Compares current condition with prior assessments.
- \* Identifies risks and benefits of various interventions to the resident.
- \* Analyzes information.

## PART II

### Interdisciplinary Team Meeting (Including resident/family)

- \* Plans interventions based on an understanding that interventions cease to be therapeutic if they cause stress or decrease quality of life.
- \* Right to self-determination.
- \* Evaluate all factors placing the resident at risk and/or causing the fall.
- \* Determines the resident's needs and assures that the falls are not the result of an unmet need.
- \* Investigates appropriate interventions.
- \* Weighs risks and benefits of interventions.
- \* Develops measures to attain or maintain highest level of function and minimize risk of resident decline.
- \* Determines need to change plan of care.
- \* Consider falls and other relevant RAPS.

Reassessment and Re-evaluation

Implementation

## PART III

### Comprehensive Individualized Plan of Care

- \* Developed with input from resident, family and physician.
- \* Builds on resident's strengths as identified through MDS assessment.
- \* Risks and benefits are explained to family/resident to assure that appropriate health care decisions are made.
- \* Addresses medical symptoms.
- \* Addresses identified safety issues.
- \* Includes measures to attain or maintain highest level of function and to minimize risk of resident decline.

# CONSIDERATIONS

## General

- Involve all staff in falls prevention program.
- Interventions must be individualized to the resident's specific needs.
- Remember that many falls are predictable.
- Always consider doing a falls risk assessment after changes in condition.

## Intrinsic

- Always look for the underlying physical problems that may cause falls.
- Evaluate resident's vision and hearing, potential hypotension, dizziness or vertigo, etc.
- Does the resident have pain, is there a pain management program in place?
- Evaluate sleep patterns.
- Is the resident cognitively impaired?
- Is the resident in denial or exhibiting poor judgment?
- What can the resident do or not do?
- Are resident's abilities over estimated by self or by staff?

## Medication Review: Pharmacist or other qualified staff should evaluate resident for:

- Withdrawal symptoms.
- Overlapping drug therapy (one drug started before previous drug out of system).
- Inappropriate medication administration.
- Peak action of meds at time of falls.
- Inappropriate meds or excessive dosage.
- Synergistic reaction.
- Drugs that predispose resident to falls.

## Environmental Factors

- Each resident should be carefully assessed before a specific chair is selected. Assessment should include evaluation of height requirements, slant, sturdiness quotient, center of gravity, pattern of behavior and increased pressure points.
- Evaluate all assistive devices to ensure that they are the appropriate type, height, weight and that the resident knows how to use the device correctly.
- Rest areas should be positioned frequently along areas where residents ambulate.

## RESOURCES FOR MORE INFORMATION

### Ohio Department of Health District Offices:

Akron - (330) 643-1300                      Cambridge - (740) 432-3012  
Columbus - (614) 466-5357              Dayton - (937) 285- 6250              Toledo - (419) 245-2840

State Long Term Care Ombudsman -1-800-282-1206

Complaint Hot Line - 1-800-342-0553