STAFF EDUCATION

FALL REDUCTION PROGRAM

PRIME HOME HEALTH SERVICES

QUALITY MANAGEMENT DEPARTMENT

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PATIENT SAFETY/REDUCING FALLS IN THE HOME

QUALITY MANAGEMENT DEPARTMENT 1/2010

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History:

More than one third of adults 65 and older fall each year in the United States (Center for Disease Control, CDC). After age 75 the incidence increases (American Geriatrics Society). Of those that fall, 1 out of 40 will be hospitalized. Falls, even without injury, often cause a person to develop fear of falling, which, in turn limits their activity (Center for Disease Control)

In 2003, there were more than 309,500 hospital admissions for hip fractures (National Center for Health Statistics, NCHS 2006).

Clinicians can play a significant role in the reduction of patient falls through interdisciplinary communication, patient assessment, interventions that include patient/family education and evaluation of the actions

The key to a successful Fall Reduction Program is the identification of a patient's risk factors for fall, and the implementation of specific interventions to reduce the incidence of falls at home.

Prime Home Health Services will promote a proactive approach to falls prevention/reduction rather than a reactionary approach to individual falls.

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Definitions

Fall: A sudden unintentional change in body position in a downward direction coming to rest on ground or at a lower level.

Fall with injury: When an alteration in treatment is necessary to treat an injury sustained as a result of a fall. This excludes basic first aid which is defined as minor treatment not requiring a physician's order.

Fall without injury: No change in treatment is necessary as a result of the fall.

Fall Reduction: Fall reduction is defined as a strategy that utilizes specific interventions including patient assessment and education to reduce the risk of patients falling in the home.

Reducing/preventing falls is a major component of patient safety to decrease harm to patients and reduce hospitalization.

A Fall Reduction Program will be implemented at the agency to decrease the incidence of falls and protect the patient safety in the home.

The Fall Reduction Program will consist of six priorities:

- Assessment
- Identification of Risk Factors
- Proactive Falls Intervention for High Risk Patients
- Patient and Caregiver Education
- Actions to be taken when a patient falls
- Evaluation

Assessment

Clinicians will assess patients at **SOC/ROC/ Recertification**, after a reported fall or the addition of a high risk medication.

Clinicians will utilize the **Fall Risk Assessment Tool and the OASIS** to identify patients who are at risks for falls. Based on the score reported on the tool, the Clinician will determine the level of risk and design an intervention program for high risk patients.

Patients who score higher than 10 on multi risk fall assessment or higher than 19 seconds on Timed Up and Go assessment, will be identified as high risk with the potential for falling.

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Identification of Risk Factors

A. The Clinicians will conduct an assessment that includes but is not limited to the following:

- Age > 65
- Mental Impairment
- Visual or hearing problems
- Weakness of lower extremities
- Balance problems
- Medications especially drugs used for psychiatric or mood problems
- Past history of falls
- Pain
- Depression

B. Complete an environmental home safety assessment and evaluation, and assist the patient with the completion of the safety checklist form.

The Home Safety Assessment will include:

- Bedroom, hallway and bathroom lighting
- Throw rugs
- Loose flooring
- Clutter and obstructed pathways
- Extension cords
- Use of assistive devices
- Rubber mats in bathtub or shower

Proactive Falls Intervention for High Risk Patients

The nurse/coordinator of care will implement the following actions as appropriate for patients who score greater than 10 on the Fall Risk Assessment Tool

- Referral to rehabilitation services for PT, strengthening and gait training exercises, and OT for ADL/IADL Management
- Medication Management - nurse to review medications with patients
- Evaluation of vision and the recommendation for an annual medical evaluation
- Referral to Social Services for social support
- Placement or increasing current Home Health Aide hours to improve home safety.
- Communicate to interdisciplinary team patient's fall risk status and planned interventions
- Contact Clinical Manager and discuss the need for a case conference.

Patient and Caregiver Education

Patients and caregivers will be educated on risk factors for falls and strategies to decrease the risk of falls in the home at SOC/ROC/Recertification, and after a reported fall.

The Clinicians will utilize the following patient teaching tools:

- Patient Education Booklet on Safety and Reducing falls in the home
- Reducing falls in the Home Safety Checklist.

In addition to educational materials, Clinicians will ensure that the patient and caregivers understand the risk level for falling, and their specific role in maintaining safety at home

Actions to be taken when a patient falls

The Clinician/Coordinator will implement the protocol for patients at high risk for falls (See Fall Risk Assessment Tool)

- Report fall to MD immediately.
- Report fall to the case coordinator.
- If managed care case, coordinator to report fall to the case manager and request additional visits if necessary.
- Complete page 1 of the incident report form and the post fall assessment within 24 hours. (Incident Report Form)
- Forward form to the case coordinator/clinical manager within 48 hours.
- Educate patient/caregiver on falls reduction strategies.

Evaluation

Evaluation of the program will include monitoring the effectiveness of the interventions by the Quality Management Department. Quarterly tracking and analyzing of incident reports, timeliness of referrals to the appropriate disciplines and future benchmarking with other agencies

Quality Management Department will share progress on the program outcomes and success with staff. The agency will provide an overview of the Fall Reduction Program to:

- **Contract Vendors (Managed Care)**
- **Discharge Planners**
- **Physicians**

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We stand for

Preference:

We will strive to become your preferred provider by offering professional and prompt care.

Responsibility:

We take complete responsibility to provide optimal care tailored to our client's individual needs.

Integrity:

We provide our services with integrity, honesty and expertise, to meet the highest standards of health care.

Motivation:

We constantly motivate our staff and strive to be primary care providers with an exceptional service delivery mode.

Excellence:

We pursue excellence and quality continued improvement in customer satisfaction and innovation

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Prime Home Health Services are available:

24 hours a day
7 days a week

We offer these Services:

- Skilled Nursing
- Home Health Aide
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Medical Social Work
- Laboratory (by request only)
- Medical Supplies/Equipment
  (by referral only)
- PRI Screen Assessment

All services are available without distinction to every patient, regardless of Race, Age, Color, Creed, National Origin, Disability, Religion, Gender or Sexual Preference

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Fall Reduction Program was prepared by the Quality Management Department 1/2010

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