Fall Prevention in Home Health

Fall Prevention and the Home Healthcare Client
Program Objectives

- Describe components of a fall prevention program
- Present most common factors that contribute to falls in the home
- Describe methods and strategies to prevent falls in the home
- Present strategies to educate patient/family on ways to prevent falls and subsequent injuries
Fall Definition

• A fall is defined as:
  “An unintended event in which a home care patient comes to rest unintentionally on the ground or other lower level”  

• Preventing a fall is challenging, as home care staff are not present with patient around-the-clock

• Many falls in the home are not observed
Fall Prevalence and Statistics

• Nearly 1/3 of adults 65+ in U.S. fall each year \(^1,2\)

• 85% of falls occur in home \(^3\)

• Falls are a leading cause of injury deaths among adults 65+

• Falls are most common cause of nonfatal injuries and hospital admissions for trauma \(^4\)

• Falls cause 90% of hip fractures \(^5\) and 20% die within a year of their injury \(^6\)

• Total direct cost for falls among older adults in 2000 was about $19 billion \(^7\)

• Falls are a leading cause of emergency department visits among children \(^8\)
Components of a Fall Prevention Program

• Conduct an initial fall risk assessment
• Determine patient’s level of fall risk
• Develop patient-specific fall prevention strategies
• Educate patient/family about how to implement fall prevention strategies
• Communicate patient’s fall risk and fall prevention plan of care to others
• Reassess patient’s fall risk and update plan of care ongoing
Determining Patient’s Fall Risk: Intrinsic Risk Factors

Personal Risk Factors
- Advanced age 65+
- History of previous fall(s)

Physical Conditions
- Balance and gait
- Musculoskeletal system
- Mental status
- Vision
Determining Patient’s Fall Risk: Intrinsic Risk Factors, continued

Acute Medical Conditions

• Low blood pressure/orthostatic hypotension
• Stroke
• Seizure

Chronic Medical Conditions

• Parkinson's disease
• Arthritis
• Meniere's disease
• Diabetes or epilepsy
• Brain disorders

• Cataracts or glaucoma
• Heart rhythm abnormalities
• Alzheimer’s disease/dementia
• Osteoporosis
Determining Patient’s Fall Risk: Extrinsic Risk Factors

Home Environment

- Condition of ground surfaces
- Bathtubs and toilets
- Design of furnishings
- Illumination conditions

Medications

- Polypharmacy
- Drug-drug interactions and side effects
- Affects the central nervous system
- Can cause urgency in elimination
- Can cause postural hypotension
- Treatment supplies
Determining Patient’s Fall Risk: Extrinsic Risk Factors, continued

Type and Condition of Footwear
- Improperly-fitting shoes from edema or other foot problems
- Incompatible soles

Assistive Devices
- Improper use of device
- Canes
- Walkers
- Wheelchairs
Fall Risk Assessment Activities

- Review patient’s demographics, diagnoses and history of falls
- Review all medications, including home remedies
- Assess patient’s cardiovascular status, hydration, heart rate, rhythm and blood pressure for cardiac arrhythmias and orthostatic hypotension
- Observe home environment for unsafe conditions
- Confirm patient’s proper use of ambulatory aide
- Perform timed “Up and Go” test \(^9\)
Fall Prevention Strategies

Cognitive/Memory Problems

- Consider bed/chair alarms to alert family when patient is attempting to transfer on own
- Check frequently on patient
- Place mobility aids directly next to patient’s bed on side that patient exits
- Instruct patient to use mobility aid frequently
- Instruct patient not to get up without help
- Minimize distractions
- Reinforce activity limits and safety precautions
- Consider use of sitters
Fall Prevention Strategies

CVA
• Transfer patient toward stronger side
• Approach patient toward unaffected side to maximize participation in care

Incontinence, Nocturia or Urgency
• Implement bowel and bladder programs to decrease urgency and incontinence
• Consider obtaining an order for medication to reduce urgency
• Place urinal or commode at bedside

Orthostatic Hypotension
• Instruct patient to rise slowly from bed to prevent fainting
• Monitor cardiovascular status, heart rate, rhythm and blood pressure
• Encourage adequate hydration and nutrition
Fall Prevention Strategies

Gait/Mobility Problems/Weakness/Neuropathy
- Request that physical therapist (PT) or occupational therapist (OT) assess patient
- Implement PT and OT recommendations
- Approach and transfer patient to stronger side
- Consider use of a helmet to reduce head injuries (i.e., patients on anticoagulants, severe seizure disorder, etc.)
- Place patient care articles within reach
- Instruct patient to wear nonskid footwear

Fear of Falling
- Consult PT or OT for strength and balance training

History of Fractures/Osteoporosis
- Encourage weight bearing exercises
- Encourage use of hip protectors
Fall Prevention Strategies

Environmental

• Place assistive devices on exit side of bed and frequently used items within reach
• Remove clutter, tripping hazards, spills etc.
• Place hospital bed in the “low or very low” position
• Use chair that is sturdy and easy to get out of
• Place “rest stops” in hallways
• Use night light that goes on automatically at dusk
• Assure room is well lit
• Place slip resistant strips in tub and grab bars in shower
• Adapt toilet seat to a height that allows easy transfer or install transfer bars
• Install a shower stool so the patient may sit while showering
Fall Prevention and the Home Healthcare Client

Fall Prevention Strategies

Medication

• Provide instruction in medication time/dose, side effects and interactions with food or other medications/supplements

• Caution patient against use of alcohol

Coordination with Family

• Include patient/family in development of an individualized home safety and fall prevention plan

• Encourage patient’s family to provide assistance, while maintaining patient’s independent functioning

• Recommend a sitter/companion to provide one-to-one observation with patient and to maintain a safe environment
Fall Prevention Strategies: Working as a Team

- Communicate fall risk status and risk factors with others involved in patient’s care
- Review medications with physician for possible modification/discontinuation
- Obtain orders for PT or OT to:
  - Evaluate patient’s gait and balance
  - Evaluate strength and function of lower extremities
  - Review use of/need for an assistive device
  - Assist with ADL management
  - Provide gait training and strength training
  - Establish home exercise program with balance training
- Obtain orders for a social worker (MSW) to provide extra support
- Obtain orders for a home health aide
Evaluate Fall Prevention Program

- Collect data on patient falls
  - Observed versus unobserved falls
- Analyze data and determine reasons for falls
- Could fall have been prevented?
- Observe for adverse patterns and trends
- Develop targeted action plan to reduce fall incidence
- Monitor effectiveness of fall prevention program on an ongoing basis
Sources:


