

Fall Prevention: A Primer for CNAs

1.0 Inservice Hour

NOTE: This course is not accredited for RNs, LPNs, LVNs, or APNs.
This course is approved for 1 contact hour (1 inservice hour) for Certified Nursing Assistants.

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Fall Prevention: A Primer for CNAs

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Objectives:

At the completion of this course, the student will be able to:

- Identify risk factors for falls
- Describe the safety measures for preventing falls
- Explain strategies for fall prevention; balance training and physical activity, medical management, and environment
- Provide a safe, environment for patients to prevent falls
- Actively participate in a fall prevention program

Prevalence of Falls among the Elderly

Falling is a serious health risk among the elderly. It is the 14th leading cause of death. For persons over the age of 65 years, falls are the primary etiology of accidental death and the leading cause of, more than 1.6 million elderly persons, injury-related visits to emergency departments in U.S. hospitals. Falls are often the marker of poor health and declining function. Falls are more likely among those that suffer with circulation, diabetes, heart disease, thyroid or the nervous systems problems.

Each year, 1 in 3 people age 65 years or older falls each year. Falls are a common source of injuries among elderly in the community and in institutions. More than sixty percent of residents in long-term care facilities fall each year. Falling is not a normal part of aging and it is important that the elderly, their families, caregivers, and healthcare providers work together to prevent falls in the elderly. With proper attention to causes, risk factors, and intervention strategies, a majority of falls are preventable.

Falls are the number one cause of fractures in the elderly, and they are the leading reason for loss of independence. The fractures caused by falls can be quite traumatic to one's health and lead to extensive hospital stays, rehabilitation, or even disability.

Studies indicate that most falls occur in bedrooms and bathrooms and in the evening, between 6pm and 9pm. In healthcare facilities, falls are more likely to occur during shift changes, because staff is busy going off and coming on duty, resulting in confusion in who is responsible for responding and answering resident calls. Each year, nursing homes

with at least 100 beds report over 100 falls. Many falls also go unreported. In 2003, over 13,000 adults over the age of 65 died of fall-related injuries. Another 1.8 million were treated for nonfatal injuries related to falls in emergency departments.

Falls seem to occur in nursing homes more than in the community. People in nursing home are generally more fragile than the older adults living in the community. Nursing home patients tend to have difficulty walking, suffer from more chronic illnesses and are older. Other problems that may exist are problems with their memory or thinking which could cause difficulty with their activities of daily living.

Fall related injuries among older adults can be very costly to patients and insurance companies who are responsible for payment of the treatment. Direct costs include fees for community-based services, use of medical equipment, prescription drugs, hospital and nursing home care, doctors and other professional services, rehabilitation and changes made to the home. They do not account for the long term effects such as lost time from work, reduced quality of life, disability or dependence on others.

Studies have shown that the average health care cost of a fall injury was over \$19,000, including the emergency room, home health care, nursing homes and the hospital. In the year 2000, the direct cost of fall injuries, for people 65 and older, was over \$19 billion.

Risk Factors for Falls

As age rises, the risk of falling rises. There are many risk factors that make older persons more susceptible to falls, such as demographical factors, historical factors, physical deficits, and environmental hazards. Among these factors increasing the risks of falls are: a history of falls, weakness, slow reaction time, poor vision, confusion, disorientation, decreased mobility, foot problems, shoes that fit poorly, elimination needs, urinary incontinence, dizziness and lightheadedness, joint pain and stiffness, muscle weakness, low blood pressure, balance problems, drug side effects, vision problems, over-use of alcohol, depression, strange setting, poor judgment, memory problems, and improper use of wheelchairs, walkers, canes and crutches. Recent changes in the dosage of some medications along with the total number of medications that a person is taking has also been associated with an increased risk of falling.

Risk factors have been categorized as a personal risk or an environmental risk.

- Personal risk factors and risk factors in the environment interact with each other, causing the risk of a fall to be even greater.
- Personal risk factors focus on health, behaviors and lifestyles. As people age their bodies change causing them balance problems, loss of muscle and several other risk factors mentioned earlier.
- Environmental risk factors focus on indoor and outdoor hazards; such as, bathtubs without grab bars or non-slip surfaces, poor lighting, broken sidewalks and poor snow or ice removal.

Many falls are a result of one's personal health or physical condition, whether it is a chronic disease or one's balance and gait. Among personal risk factors is muscle weakness in the legs, which is a leading risk factor among the elderly. Older persons with weakness in their muscles are more likely to fall than those with a higher level of endurance. Also, the elderly who have poor balance control or unsteady gait are more likely to fall than other older adults.

Strategies for Fall Prevention

Many falls among the elderly can be prevented. Preventive measures including making personal lifestyle changes, being physically active, and being "medication savvy," which means reviewing medications with the health care provider and knowing the actions, reactions and side-effects of the medications being taken. Falls can also be prevented by using the assistance of walking aides or devices.

Care-giving staff has a responsibility to assist in the prevention of falls among patients. There are several safety measures that can prevent falls in long-term care facilities including:

- making sure fluid needs are met
- glasses and hearing aids are worn as needed
- the person is properly positioned when in bed
- correct procedures are used for transfers
- tubs and showers have nonslip surfaces
- safety rails and grab bars are in showers
- floors have wall-to-wall carpeting
- scatter area and throw rugs are not used
- floor coverings are one color
- floor and stairs are free of clutter
- furniture is placed for easy movement
- chairs have armrests.

It is also important to make sure the bed is in the lowest horizontal position, wheelchairs, walkers, and canes fit properly, rooms, bathrooms and hallways have good lighting, light switches are within reach and are easy to find, nonskid footwear is worn and clothing fits properly. The caregiver should also make sure the patient is taught how to use the signal light and that frequent checks are made on persons with poor judgment or memory.

Another important preventive measure against falls is to take steps to maintain or improve bone health. As part of this, doctors should conduct a patient bone mineral density test to see how strong the bones are. Doctors should discuss with the patient an exercise program that will keep the patient strong and to improve the flexibility of joints and ligaments.

Older adults' vision and hearing should be tested often to help prevent falls. The slightest change in both these senses can make a person less stable. One example is when new eyeglasses are prescribed; the eyes would need some time to adjust to the new eyeglasses.

Lastly, it is suggested that the amount of alcoholic beverages consumed be limited because even a small consumed amount can affect one's balance and reflexes, possibly leading to a fall.

Consequences for Falling

The number one cause of death from injury in people aged 65 and older are complications from falling. Falling brings about several consequences, including mortality, psychological issues, immobility, and the use of physical restraints. Several people who fall, and are not injured, develop a fear of falling. This fear can lead to a reduction in their daily activities and physical fitness which can increase their actual risk of falling.

Studies show that over 25% of people who fall suffer from injuries such as bruises, hip fractures, or even head traumas. These moderate to severe injuries can make it difficult to get around and it can limit a person's independence. The most common fractures of older adults caused by falls are of the spine, pelvis, hip, forearm, leg, ankle and hand.

Effectiveness of Fall Prevention Programs

The goal of all fall prevention programs is to increase the fall prevention awareness in the elderly and the general public, as well as decrease the number of falls in a given facility. Studies have shown that it has been difficult to study and evaluate specific interventions due to varying populations and logistical interventions. There is no simple strategy that will work for all patients and residents across healthcare.

A strong fall prevention strategy, that is more likely to be successful, consists of a number of different interventions and targets multiple risk factors. The success of a program is dependent on a comprehensive interdisciplinary program and not a specific intervention.

A useful outline of the key components for a comprehensive fall prevention program is as follows:

- Assessing and screening for risk factors for falls.
- Using triggers to implement a fall prevention protocol.
- Implementing protocols according to patient needs.
- Assessing and reassessing patients and modifying as appropriate.
- Reporting falls (internal and external).
- Measuring/monitoring fall rates.
- Improving the fall prevention program.

In addition, all staff should be required to complete fall prevention competencies.

Fall prevention programs often include health promotion materials about reducing fall hazards that are distributed at central locations, such as senior centers or health fairs. However, these materials alone may not promote behavioral changes. Many programs employ home-hazard checklists that can be used by the caregiver, visiting nurse or home health aide to help people identify fall hazards and to suggest corrective actions such as eliminating potential tripping hazards caused by clutter and throw rugs. A checklist may also be given to residents to help them assess personal and environmental risks and to take preventive action, including making behavioral changes.

Selective populations have effectively reduced falls by over 40% by implementing fall prevention programs, including various combinations of exercise, education, medication assessment, risk factor reduction and environmental modifications. These programs are expanded to include multiple intervention components tailored for a diverse population of the elderly and evaluated for effectiveness.

Most adults over the age of 65 live independently, so it is important for a fall prevention program to include effective strategies to promote behavioral changes. Problems associated with fall-related fractures will continue to increase unless intervention strategies are effectively developed and implemented to improve fall prevention interventions and expand existing programs.

Older adults must take an active role in reducing their risk for falling. Innovative and effective fall prevention strategies are needed to reduce future morbidity and mortality associated with fractures, increase independence, and improve quality of life for the growing number of older adults.

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