

FALLS IN THE ELDERLY POPULATION – PREVENTION IN THE LONG-TERM CARE SETTING

Falls suffered by the elderly pose one of the highest risk factors for mortality in the long term care population. Studies show that suffer a hip fracture increases the likelihood of mortality by as much as 83%.ⁱ Falls occurring in nursing homes and assisted living facilities result in significant injury to elders and corresponding legal liability for the facility. Many falls are preventable in the long-term care setting if the facility promptly identifies an individual's risk factors for falling, and puts in place an appropriate care prevention plan to prevent the fall in the first instance.

Generally risk factors for falling increase with age and may be greater for women than with men. Typical risk factors for falling include the following:

- Dementia, Alzheimer's disease, or other neurological condition
- decreased bone density or osteoporosis
- muscle weaknesses or disturbances in gait
- recent hospitalization causing physical limitations or disorientation
- vision problems
- medications that can cause confusion or disorientation
- unsafe environment, including slippery or wet floors, rises in carpets, or other obstacles

Long-term care facilities are required to retain trained professions who are knowledgeable in assessing risk factors for falling. They are obligated to put fall prevention protocols in place to prevent serious injury or death. At the time of admission, the standard of care requires that every resident of a long-term care facility get thoroughly evaluated for risk factors for falling. If that risk factor analysis determines that the resident is at increased risk for falling, a fall prevention care plan should be put in place immediately.

A care plan is a multi-disciplinary tool where various specialized disciplines (nursing, physical therapy, occupation therapy, treating physician, recreation aids, etc) get together to come up with a multi-disciplinary approach to the problem. A care plan for fall prevention may include the following:

- keeping the floor free of debris or dangerous objections
- providing strengthening of a patient's muscles through physical therapy
- providing gait orientation and training through physical therapy
- evaluating whether medications are causing lethargy, disorientation or dizziness
- providing medications to help increase or prevent the further loss of bone density
- providing assistance with ambulation, which can range from personal assistance to a walker, depending on an individual's ability to ambulate safely
- implementing routine toileting schedules so a patient does not have to get up from bed to go to the bathroom by himself or herself
- bed alarms to alert the staff when the resident is getting up without needed assistance

- providing a low bed or bed with floor pads and safety cushions
- bed rails on the beds for patients who, because of dementia, insist on getting out of bed without using the call bell. Bed rails should have safety cushions to prevent patient entanglement.
- hip protectors or pads to cushion a patient during a fall
- wheelchair alarms to alert staff when a resident is getting out of a wheelchair
- wedge cushions to prevent a resident from sliding out of a wheelchair

Long-term care facilities also have access to various devices that allow residents to ambulate safely even without assistance. Such devices include a merri-walker, which actually surrounds the patient so that he or she can traverse through the nursing home safely. Long-term facilities should be vigilant in re-evaluating a patient's risk factors for falling as they may increase during a resident's prolonged stay at the nursing home.

If you have questions about whether a nursing home is properly protecting your loved one from suffering injury from a fall, ask the charge nurse what's included in the care plan to prevent falls. Share your views in a constructive way, and ask if you can participate in the next care plan meeting. If you are not the power-of-attorney for the resident, you may have to get permission to participate, or get appointed as co-power of attorney, to assist in the health care decision making process.

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ⁱ The effect of hip fractures on mortality, Frederick D. Wolinsky, Ph.D., American Journal of Public Health, Volume 87, p. 398 (March 1997)