

Leading Age Illinois

Momentum 2023 Annual Meeting & Expo

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1A Yes, you REALLY CAN prevent Falls! Part 1

Presented by:
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Nobody wants to be 'Basic'

... But Your EMR Assessments ARE! Yes, I said what I said!

► Our Goals For Today:

- Going Beyond 'basic' Falls Risk Assessment!
- Going Beyond 'generic' prevention Care Planning!

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Post-Admission Period = Danger Zone!

WHY?

- We don't yet know the resident's abilities, limitations and the risks they represent.
- The resident/family doesn't know (or trust) us...
- Falls during this post-admission period can cause injury to the resident AND to the facility in the form of regulatory and liability exposure. Surveyors will cite you and families will sue you!

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Info we can (MUST) find out upon admission!

- Use pre-admission information:
 - If resident has hx of falls and/or admitted re post-fall fracture, resident is high risk!
 - Interview resident/family re circumstances of fall(s) that occurred prior to admission. Review but don't rely solely on transfer info... it's not specific enough!
 - Assign the task: Who will interview the resident/family about prior falls?

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If you don't ask, you won't know!

- Ask *specific* questions/Use information:
 - Example: "Mom would get up numerous times during the night to use the bathroom; she didn't want to wake us up. She thought she could get there on her own... she would lean on the furniture... no matter how many times we told her not to go alone, she didn't listen..."

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What did we just learn?

- The resident believes she has to void often during the night; we should anticipate pattern. (Also investigate why)
- Doesn't seek assistance; no reason to believe she will in the facility.

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What did we just learn, cont.

- ▶ Placement of furniture was her 'assistive device'
- ▶ 'Educating' the resident won't work!
- ▶ We now have a REAL RESIDENT-SPECIFIC Initial Care Plan!
- ▶ (Assign the task) Who will communicate to direct care staff?

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Next: Fall Risk Assessment

- ▶ Complete the assessment process immediately... Why?
- ▶ But be aware: your Risk Assessment tool doesn't ask enough of the 'right' questions! Examples:
 - ▶ Cognitively intact but unwilling to accept limitations
 - ▶ Cognitively intact but behaviors/mood place resident at risk
 - ▶ Does not consistently wait for assistance

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Fall Risk Assessment

- ▶ Once leaning, unable to resume erect seating posture
- ▶ Has more difficulty on carpeted vs smooth floors
- ▶ Anything else unique about this resident that presents risk?
- ▶ Assign task: Who will be asking these 'Right' questions?

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Consider a Fall Risk Assessment Summary

- ▶ The opportunity to make the category scores specifically relate to the resident... turn the score into English!
 - ▶ Example: unsteady gait is different for each resident; how does it manifest in this resident? Underlying causes?
- ▶ Provides an opportunity to record the answers to the 'Right' Questions.
- ▶ Assists the care plan team to identify resident-specific interventions.

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Important Terminology: Let's use the Same Language!

Risky Behaviors!!! & The First Bite...

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Risky Behavior

Actions and/or Behaviors that place the resident at Risk for Falls...

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On-going Assessment & Monitoring

- ▶ If the resident engages in **risky behaviors**, i.e. attempts at self-transfer from bed to chair and/or stands up from wheelchair at the nursing station and/or leans over to pick up something from the floor...
- ▶ **SHARE this information!** Use it to develop care plan interventions to address risky behavior **BEFORE** the resident actually falls!
- ▶ **Assign task:** who will ensure that this information is shared with the ICP team?

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Admission/Initial Care Plan... *Before the Fall!*

- Use the Fall Risk Assessment **AND** the information from the 'Right' questions **AND** staff observations of Risky Behaviors!
- ▶ It's not **JUST** about the Fall Risk Assessment 'score':
 - ▶ There may be a *single* risk factor that places resident at risk but the overall score doesn't add up to the criteria for 'high risk for falls'. *Every* risk factor should be care planned...

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Admission/Initial Care Plan... *Before the Fall!*

- ▶ Identify initial *resident specific* interventions and implement immediately, based upon what you **DO** know... and what you **don't**!
- ▶ Consider implementing precautionary interventions during the post-admission evaluation period.
 - ▶ Example: if resident is cognitively impaired, we can predict that the resident may be unpredictable! Low bed, floor mats, silent bed alarm, motion detector...

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Admission/Initial Care Plan, cont.

- ▶ Immediate communication to caregivers of admission fall prevention interventions!
- ▶ Revisit during daily meetings, shift report... ASK (specifically) what staff have observed, what new information is available, are initial interventions effective so far?

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On-going Care Planning...

- ▶ Of course, we will include 'generic' interventions... **BUT** if that's all there is in the Initial Care Plan...
- ▶ Resident-specific interventions are the **KEY** to fall prevention!
- ▶ Modify the care plan **BEFORE** the next fall based upon observations of risky behaviors and ineffective interventions.
 - ▶ If the resident continues to engage in risky behaviors, removes alarms/devices... the interventions aren't effective. Change 'Em!

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Part II: Stay tuned for...

The Resident Just Fell

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