

Falling on the Job

So many reasons to actively manage fall risk:

Patient Quality of Life: If we are truly going to bring dignity to long term care, ensuring our residents' are living the best life possible while under our care needs to be an overarching goal. A single fall can result in limitations to a resident's functional independence and that will directly impact the resident's perception of their quality of life. Many of our residents feel like they've already lost so much independence, we should be doing everything in our power to help them continue to do the things they still are able to.

Preventing re-hospitalization: We want our residents to stay in our facility! Hospitalization can be traumatic for the patient and may leave them debilitated and at a lower level of function. We know our residents better than anyone else and if we can keep them safe and happy in our facility, it benefits both them and the facility.

Avoiding Quality Incentive Payment Program (QIPP) loss (TX only) and Quality Measures/Star Rating loss (national): Falls with major injury is one of the 4 key components of the QIPP program in Texas and have a direct effect on the level of reimbursement from Medicaid. Losing even a single percent in payment can affect the financial health of a facility. Both *Prevalence of falls* and *Falls with major injury* are components of the Quality Measures section of the 5-star rating system. While losing a star may not have the direct effect on revenue that the QIPP program does, it can have a profound impact on a facility's long term revenue.

Traditional methods of managing fall risk:

Medication management: Multiple classes of medications have been identified as associated with fall risk including: antidepressants, antihypertensives, antipsychotics, cholinesterase inhibitors, diuretics, NSAIDs, and sedatives. There aren't many residents in our facilities that aren't prescribed at least one of these and working closely with our medical practitioners to ensure correct dosages and monitoring of changes in condition is a vital step in reducing overall fall risk.

IDT-based fall prevention program: Oh no! Another meeting! This one is worth it, though. Getting everyone who is involved in patient care, from dietary and social services to nursing, therapy, and the physicians is essential to identify root causes of falls and develop action plans to prevent future falls.

PT/OT/ST: Each therapeutic discipline has its part to play in the screening, assessment, and treatment of patient conditions that increase fall risk (yes, even Speech Therapy!) Often times, therapy is called in only after a patient has fallen. A robust screening program for all 3 disciplines can identify patients with a decline in function prior to a fall and potentially prevent them from happening, in addition to boosting part B revenue!

Frequent eye checks, ensuring correct eyewear, and CNA training: Regular vision screening and the provision of appropriate eyewear cannot be overlooked when attempting to reduce fall risk. Some studies have determined that environmental hazards in long-term care cause up to as many as 25% of all falls. It is difficult to avoid a hazard you cannot see clearly! Training CNAs to remind patients to wear their glasses when getting out of bed in the morning or after a nap is important as it is an easy thing to overlook.

Appropriate footwear: Well-fitting shoes and non-slip socks are an inexpensive way to keep our slick, hardwood floors from causing an already proprioceptively-challenged population from tumbling to the floor.

Thinking outside the box:

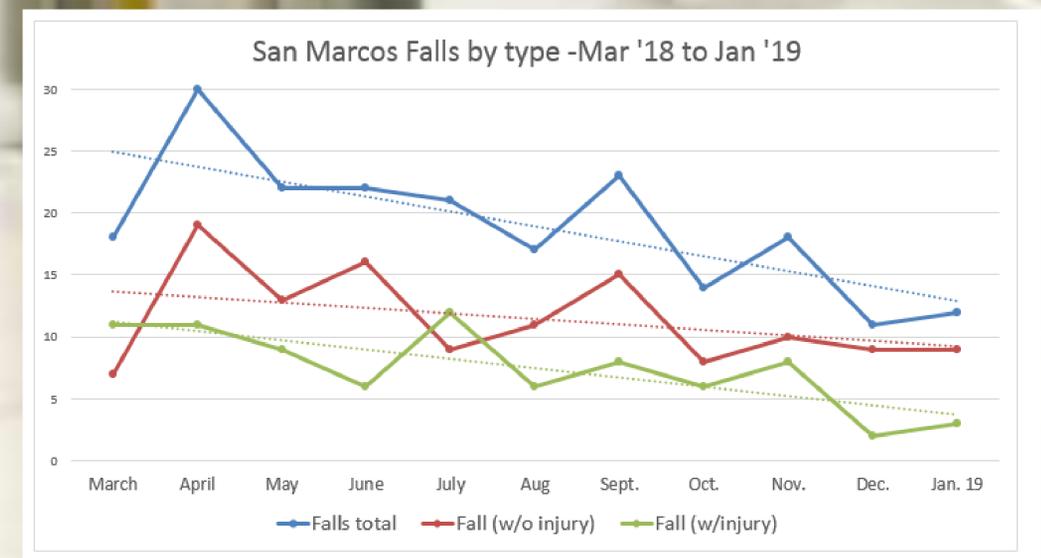
EarlySense: This is an integrated patient monitoring system using a contact-free, under mattress sensor that provides continuous vital sign monitoring for high-acuity patients while they are in bed. It has the added benefit of providing real time motion information, allowing nursing staff to monitor activity without use of the dreaded and out-of-fashion bed alarm. Using this system with residents identified as high fall-risk has allowed a significant reduction in staff response time, preventing numerous falls in our facility.

Boniva: A medication for the prevention and treatment of osteoporosis in post-menopausal women, but increasingly prescribed for osteoporosis in men as well. Boniva is available in oral or IV forms.

Vitamin D and Calcium supplementation/infusions: Recent research suggests that simultaneous vitamin D and calcium supplementation may reduce the risk for falls by 17% -21% in the general population, and in those with an existing vitamin D deficiency may see a 30%-47% reduction in fall risk. While there are complex medical interactions and contraindications that must be taken into account prior to implementing supplementation with any individual resident, examining the appropriateness of supplementation for each resident can prove beneficial.

A winning combination:

At our facility, using the methods listed above, we've been able to decrease our falls month-to-month, as shown in the accompanying graph. Our falls with major injury have also declined by almost 50% in that time. The most important piece of the equation has been getting staff from all departments on board and involved in the discussion when attempting to identify new and effective methods of managing our fall risk. As outcome-based payment models become more and more prevalent in our industry, ensuring that every approach and avenue is being considered to maintain our residents' health and quality of life will be paramount to our continued success.



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