

Preventing Falls and Injuries BY SHAWN PROCTOR

Falls are a leading cause of injury and death among older adults. More than one-third of people who are age 65 and older fall each year, according to the CDC. Even worse, the National Safety Council reports that 18,800 deaths result from unintentional falls each year.

PREVENT FALLS

Every long-term care facility should have a fall reduction program in place, says Nancy Gorman, MS, RN, NHA, field director of surveyor management and development at the Joint Commission. Organizations need to provide caregivers with suitable interventions and educate staff, residents and families.

Pay attention to risk factors such as age, impaired vision, a history of falls, mobility limitations, prescription drug use and conditions such as Alzheimer’s disease and dementia. Routinely reassess residents and pay attention to symptoms of a decline in health or ability. In some cases, referring the resident for physical therapy or therapeutic exercise can prevent future falls and improve overall quality of life.

“These services work to improve strength and balance to get residents to their highest level of functioning,” says Brenda Abbott-Shultz, RN, MBA, vice president of resident and family services at Benchmark Assisted Living, Providence, R.I.

Even the most physically able resident is at risk if a facility contains hazards such as poor lighting, slippery flooring, cluttered hallways or rooms, throw rugs, malfunctioning medical equipment and low or high furniture.

EVERYONE’S CONCERN

Because you may not see all the risks yourself, empower residents to act as informed and involved members of the health care team.

“The care team should work collaboratively and the resident really is the team leader. This is key for fall prevention and quality care in general,” Abbott-Shultz says.

For example, if a resident notices that her wheelchair locks have malfunctioned, she could avert a fall simply by alerting her caregivers. If a new medication makes her feel dizzy or off-balance, which is common in this population, she could ask for assistance.

COMMUNICATION IS KEY

It’s vital to thoroughly communicate between shift changes. Use the acronym SBAR to remember to tell the next caregiver

the details of the resident’s situation and background, as well as your assessment and recommendation.

This transfer shouldn’t be simply left as notes or a recorded message, which do not allow for follow-up questions or clarification. “Face-to-face communication is essential,” Gorman says. “You can’t take shortcuts or it is going to harm patients.”

REPORT FALLS

In the case of a fall, first ensure the resident has not been injured, then fill out an incident report and alert the family. Every accident should be analyzed to determine the contributing conditions and review ways to avoid similar situations in the future.

Lastly, administration should review the fall-reduction program regularly. If it is not meeting the needs of the residents, then implement a process improvement plan and incorporate it into the organization’s quality assurance program so trends can be identified and addressed. ■

For more information, visit the Joint Commission’s patient safety web site at www.jointcommission.org/patientsafety/nationalpatientsafetygoals.

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