Falls Prevention Strategies & Interventions
(Submitted by Kentucky’s Office of Inspector General)

EQUIPMENT

Alarms
- Sensor Alarms
  - Floor sensor alarm
  - Chair alarms
  - Bed alarms
  - Bathroom alarms
  - Pressure alarms
Motion sensor alarms set to allow resident to turn in bed; alarm sounds upon motion associated with getting up from bed or chair.
Alarm can be equipped with voice message to “Please lie down; you are at risk for fall. Call for assistance has been made.”
- Personal alarm
- Appropriate alarms
- Voice-activated alarms
- Clip and pressure alarms
- Use of alarms; tab, mat, laser
- Use alarms as appropriate
Bed/chair alarm on which family can record message. “Mom, don’t get up until someone is there to help you.”
(This worked really well for us.)
- Sensor pads in bed and chair
  - Motion sensor

Hipsters
Low bed
Electric low bed
Mats
  - Fall mats
    - Mats on floors
    - Mats on floor at bedside
    - Low bed with mats
    - Low bed with mat at bedside
    - Low beds/mats as appropriate

Non-skid Items
  - Non-skid strips on floor by bed and in bathroom
  - Non-skid strips in bath

Velcro seat belt
  - Use Velcro in chair to assist resident from sliding down in the chair

Walker or wheelchair
  - Non-tip wheelchair
  - Correct devices with appropriate size (walker/wheelchair)

Transfer Assistive Devices
  - Ensure staff uses gait belt
  - Transfer resident with gait belt
  - Pull-up pole-pole that runs floor to ceiling, placed by bed/chair, provides assist
  - Transfer poles-Resident can grab, provides stability for rising or transfer

Mattresses/Bedding
  - Winged mattress
  - Better quality mattresses
  - Concave mattress cover
  - Perimeter mattress
  - Use Dycem mats to prevent residents from sliding out of wheelchairs, and from sliding down in bed when HOB is up.
  - Dycem in chair
  - Better quality sheets (high thread count)
  - Bed warmers
  - Down blankets
Use “Stop” signs to prevent awaking resident
Roll guards
Reacher
Non swivel chairs/lazy susan type things that might be used for leaning
Lift chairs, if able to use
Use mechanical lifts when needed
Non-traditional call lights
Increase wattage of light bulbs if safe to do so in room

STAFF ACTIONS

Information gathering
- Check blood sugars
- Check blood pressure-lying and standing, to see if resident has orthostatic hypotension
- Medication review
- Check on-going use of hypnotics. If use is on-going, investigate depression/pain factor
- Review meds with consulting pharmacist for polypharmacy, which may have side effects causing falls
- Monitor appropriate labs
- Pharmacy/pharmacist review of medications
- Is there a need for medication adjustments
- Have recent adjustments been made that could be contributing to falls
- Evaluate medication regimen for new meds—side effects that could be problematic
- Check labs for changes.
- Check for accurate reconciliation of noted concerns
- What caused the fall?
- Assessed for side rails
- Evaluate ambulation/gait
- Read history of ambulation and transfer
- Monitor patient’s gait
- Use information in daily routine

Eyeglasses
- Check/clean glasses
- Eye exam
- Make sure glasses are worn daily
- Wear glasses during ambulation

Have PT screen after fall, if not isolated
Assess for basic needs—hunger, pain, toileting

Toileting
- Evaluate need to offer additional opportunities for toileting
- Respond to individual toileting needs
- Incontinency evaluation
- Scheduled toileting
- Increase toileting plans as appropriate; review staffing schedule to determine adequate to carry out toileting plans
- Toilet every two hours or less
- Prompted toileting
- Toilet before and after meals, and at bedtime
- Toileting program offered to residents with reoccurring falls

Review investigation and implementation of interventions and evaluation—look at what the surveyor reviews

Devices—determining if devices are restraints

Occupational Therapy (OT) patient screens
- Is the resident experiencing pain?
- Interview patient and family
- Therapy screen/evaluation
- Track/trend the falls—may give insight into what is going on
- Educate staff on interventions
- Patient referral

Get rid of over-the-bed tables when not is use
Staff education and supervision
- Educate staff about slippery floors
- Adequate staff supervision
- Specify what supervision is needed; do not just write “provide supervision”
- Educate staff...Educate staff...Educate staff

Assist with ambulation
Reeducate resident if alert and oriented
Call light education/reminders

Ambulation
- Care plan
- Therapy/strengthening
- Provide restorative and follow up on effectiveness
- Ambulate when attempting to get out of wheelchair
- Ask if resident is tired and have resident lie down
- Reposition residents who are in wheelchair
- Try getting resident out of bed safely, then provide food, fluids, and company.
- Resident might comply with care better with one nursing assistant than another (bath)
- Answer call bells promptly. Don’t say, “I’ll be there in a minute” and not go back (falls, incontinence can occur)
- Don’t say, “I just took you five minutes ago.”
- Family assistance
- Keep in sight—close by for interaction
- Have all departments get involved in falls prevention
- Ambulation schedule

RESIDENT ACTIVITIES

Activities, activities, activities
Walking with assist to dine/activities at certain times related to falls
Individualized activities
Activities provided at appropriate cognitive level
Activities for residents used to waking during the 11-7 shift, and who are up during the night.
Sit resident at nurses’ desk ???

Therapy
- Involve, encourage, re-invite to activities
- Offer activities of past and present interest
- If resident continually tries to get up offer to walk them
- Example: Resident has retired from desk job, and is a frequent faller, anxious, and medicated without successful outcome. The nursing home created a fake bank check book so he could make out checks. This worked and kept him busy.
- For residents who cannot sit still: Offer a doll (soft body, weight with bean bag) or stuffed animal to nurture
- Purse/Bag with zipper—Put “safe” objects inside. Remove the pull from zipper. Residents can arrange items.
- Redirection—use their personal history to devise plans
- Planned walks to meet motion needs
- Hour of Sleep bathing/backrubs to aid sleep
- Music
- Sing to (or with) resident
- Turkey/milk at hour of sleep for snack
  (Turkey does have the makings of a natural sedative in it, an amino acid called tryptophan. Tryptophan is an essential amino acid, meaning that the body can’t manufacture it. The body has to get tryptophan and other essential amino acids from food. Tryptophan helps the body produce the B-vitamin niacin, which, in turn, helps the body produce serotonin, a remarkable chemical that acts as a calming agent in the brain and plays a key role in sleep.)

Plant therapy
Pet therapy—lap cat or dog
Offer daily exercise program to increase flexibility and strengthening
Body Recall—for seniors
Start a “walking” club. Measure hallways/courtyard, then make a challenge chart. Reward meeting goals
- Keep items in easy reach
- Lower voice, speak softly and calmly
ENVIRONMENT

Keep area free from clutter
Remove clutter from rooms and public areas
Arrange room to have clear passage-ways. (Clear path from bed to bathroom to chair, etc.)
Keep environment free of hazards
Decrease noise
Slow, soft music or white noise (waterfall)
Noise reduction at night
Decrease traffic in hallways
Proper lighting for resident’s toileting
Nightlights in bathrooms
Night lighting
Aromatherapy
Bolster pillows and wedges. Residents used to bigger beds and partner can use bolster to hug
Set the tone for sleep
Secured curtains out of resident’s reach
Keep frequently used items (phone, remote control) close
Rearrange resident room
Label bathroom door
In bathroom, paint walls a slightly darker color so white toilet is easier to see
Use non-glare wax on floors
Mix sand with floor wax, cover high-traffic areas of resident's room

PERSONAL

Properly fitting shoes
Non-skid shoes
Provide proper footwear: No slip-ons (with the backs out) and no shoes with slick soles
Non-skid socks
Do not walk around in socks
Encourage use of gowns instead of pajamas
   (Some residents get tangled up in their pajama bottoms when they go to the bathroom)
Bathing prior to bed
Lavender lotion
Soft massage
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EQUIPMENT/ENVIRONMENT

Rearrange room to make better pathways to meet residents needs (like bathroom)
Change room mates to one with less medical equipment or "stuff" (clutter)
Move personal items closer
Relocate to room closer to nurses' station
Add verbal warning alarm using the resident's or family members' voice.
Add non-skid strips on chair or floor in slick spots; non-skid tips on assistive devises
Non-skid socks or slippers
Proper fitting shoes
Add bed/chair/floor alarm
Padded side rails with colored noodles
Wander guard alarm system
Add body or sensor pad alarm or self release belt alarm
Utilize mechanical lifts
Use top 1/2 bed rails as enablers
Eliminate decorative tile in middle of floors as they can be perceived as "holes"
Improve lighting and reduce glare in corridors, patient rooms, showers, and bath rooms
Add night lights or motion lights
Beside commode or bed pan or raised toilet seat
Place picture of toilet on the bathroom door
Add resting stations (bench) on long corridors, but be cautious not to create trip hazard
Reduce or eliminate clutter in common areas.
Eliminate low obstacles that can be trip hazards.
Make regular rounds looking for discarded clothing or wet spots.
Add grab bars or other assistive devises for bed, toilet or shower.
Non-skid rubber backed bath mats
Elevate chair to facilitate getting up
Evaluate housekeeping practices—are cleaning technique or chemicals creating slip hazards
Create adequate spacing between tables in dining room
Always "lock" wheels of equipment if possible in hall as residents may use to steady
Wheel back rolling prevention devise
Built-up or colored wheel chair brakes
High back wheel chair
Back weighted wheel chair to prevent tipping
Add or remove leg rest on wheel chair
Add or remove low bed
Add or remove mat beside bed
Front and back tippers
Assess for perimeter defining mattress
Bolsters to bed
Wedge Cushion
Helmet and hip/knee/shoulder pads
Add Merry Walker or other equipment such as stroller or wheel chair
Lateral supports and stabilizers/arm troughs
Pommel cushion
Hip thrust cushion
Prosthetic devices/splints
Quad cane
Drop seat in wheel chair
Self releasing Velcro belt/seat belt
Hip clip belt
Orthotic chair
Lab buddy
Tray table
Recliner/lounge chair
Recliner chair with tray table
Stop signs or door exits or other patient rooms
Dycem matting to stabilize seating
Utilization of a rocking chair
Make doors and exits look like something else or have mirrors on exits

CLINICAL/THERAPY

Enhance restorative program and maximize benefit to residents
15 or 30 minute checks
Insure screening process for restorative/ambulation program in place
Bowel and bladder training programs in place and effective
Smoking cessation treatment
Therapy assess for adaptive devices for sitting, ambulating, reaching, positioning etc.
Review meds with consult pharmacist to insure drugs/interactions not causing dizziness
Review assessment worksheet to insure fall prevention strategies are included
Assess for pain
Assess for UTI
Assess functional status
Dietician assessment
Social service assessment for behavioral issues
Psych service assessment for behavioral issues
Mini mental exam to assess cognitive deficits
Assess sensory deficits (vision, hearing)
Review activity schedule and therapy schedule for increase, decrease or rearrangement
Gradual dose reduction of psychoactive drugs
Evaluation of change in condition via labs/x-rays
Education on gradual position changes for resident/staff
ADDITIONAL STRATEGIES & INTERVENTIONS

Scavenger List: “Let’s see if we can find: exit sign, green rug, magazine, someone wearing a uniform, tree, television, coffee cup.” When you find the coffee cup, stop and share some coffee, and celebrate a job well done.

Falls & Restraints Web Site Addresses

Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults

Preventing Falls: What Works-A CDC Compendium of Effective Community-based Interventions from Around the World
http://www.cdc.gov/ncipc/preventingfalls/CDCCompendium_030508.pdf