Falls Prevention Process in Assisted Living Communities

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• Wisconsin Center for Assisted Living (WiCal)
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400+ Assisted Living Communities who participate in WCCEAL
Presentation Objectives

• What is a typical falls assessment and prevention process in Assisted Living?
• What components should be incorporated into a falls risk assessment and a falls prevention program?
• What process can be utilized to assess why a falls occurred in your community and how to implement an intervention to minimize future falls?
• What is the current state of falls prevention in ALC in Wisconsin?

What do we know about falls in older adults?

National Information

• For older adults (65+)¹,
  – 1 in 3 fall each year
  – 64% of non-fatal injuries are due to falls
  – Hospitalizations for falls is 5x greater than other causes for older adults
• Falls with injury impact independence and mortality¹
• 16.5% of Nursing Home and 21.1% of residential care community residents had a fall in the past 90 days.²
• However, no specific national falls data exists for ALCs

³ http://www.cdc.gov/injury/wisqars/nonfatal.html
⁴ http://www.cdc.gov/nchs/data/nsltcp/ser03_038_figure_slides.pptx
Falls in Older Adults: Wisconsin

- Rate of falls per 100,000 population for:
  - Hospitalizations is 2,436.6
  - Emergency Room Visits is 4,011.1
- Medical cost of falls is:
  - Approximately $800M every year
  - 70% is paid by programs like Medicare and Medicaid
- 87% of fall deaths involve individuals over 65
- 40% of individuals admitted to a nursing home fell in the past 90 days
- Again, the data does not reflect the number of falls in ALC.

75% of falls requiring either a hospital stay or ED visit are treated in the ED. (Burns et al, 2014)
Average ED Cost is $4,829 vs. $30,550 for a hospitalization. (Burns et al., 2016)

Falls are a significant cause of injury in all ages of the U.S. population, but a particular burden in those individuals age 60 years and older. One third of people over the age of 60 falls every year. Ten percent of these falls are severe enough to require hospitalization. Falls may also lead to premature death. Wisconsin has one of the highest rates of death from unintentional falls in the nation. In fact, the death rate due to unintentional falls is 10 percent to twice the national average. The goal now is to reduce the number of falls and improve falls prevention.

The mission of the Wisconsin Falls Prevention Initiative, an initiative of the Wisconsin Department of Health Services, is to reduce falls and fall-related complications and deaths among Wisconsin’s older adults through the integrative use of comprehensive, evidence-based prevention approaches. The System of Falls Prevention (SoPF) suggests resources, and it shows how to integrate evidence-based strategies into high-quality care.

These informational data provide information about falls and falls prevention in general and more specifically about falls发生的 Living facilities in Wisconsin address this important public health concern.

WCCEAL
Wisconsin Center for Excellence in Assisted Living

Estimated Cost of ALC Self Reported Falls with Injury (Millions of Dollars)

Calender Year

Average ED Cost is $4,829 vs. $30,550 for a hospitalization. (Burns et al., 2016)

WCCEAL Members Falls Rate with Injury per 1,000 Resident Days

Rate of Falls

Quarter

0.00

0.10

0.20

0.30

0.40

0.50

0.60

0.70

0.80

0.90

2011

2012

2013

2014

2015
What is a Falls Prevention Program?

AGS/BGS Clinical Practice Guidelines: Falls Screening and Assessment

**Screening**
- Falls history
- Gait or balance issues

**Falls Assessment**
- Medication review
- Neurological Function
- Muscle strength of the lower extremities
- Cardiovascular status
- Visual Acuity
- Feet and Footwear
- Activities of Daily Living Skills
- Perceived functional ability/fear of falling
- Environmental assessment

Falls Risk Factors and Assessment for Residents with ID/DD

<table>
<thead>
<tr>
<th>Category</th>
<th>Area of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Use of Assistive Devices Seizures</td>
</tr>
<tr>
<td></td>
<td>Changes in behavior, function, self-care or daily routine</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>Endurance</td>
</tr>
<tr>
<td></td>
<td>Reaction Time</td>
</tr>
<tr>
<td></td>
<td>Hypothyroidism</td>
</tr>
<tr>
<td></td>
<td>Sensitivity to touch and pain</td>
</tr>
</tbody>
</table>

Intrinsic Risk Factors
- Use of assistive devices
- Medical
  - Seizures
  - Urinary incontinence
  - Foot pain
- Behavioral
  - History of destructive behavior
  - Behavior change
- Medications
  - Antipsychotic
  - Anti-seizure/epilepsy
  - Taking 4+ medications

Hsieh, Kelly, and James Rimmer. "Identification of Falls Risk in Adults with ID."
AGS/BGS Clinical Practice Guidelines: Falls Intervention Components

- Appropriate exercise program (balance, strength and gait training)
- Environmental adaptation or modification
- Review and change medications including anti-psychotics meds
- Manage hypotension
- Address foot problems and footwear
- Include an educational component tailored to intervention
- Follow-up vision assessment, if needed
- Offer appropriate vitamin D supplements, if needed

ICTR Funding: Falls in Assisted Living

Falls in Assisted Living

- Assisted Living Communities provide multiple levels of care.
- Little national or state guidance exists about implementing fall programs in ALC.
- With ICTR funding, we surveyed ALCs about their falls programs and interviewed ALCs and Assisted Living Associations about existing falls prevention programs.

Lessons Learned: Initial Assessment

- Initial assessment varied across ALCs
- "ALC developed" vs. standardized risk vs. no initial risk assessment.
- Components of the assessment

<table>
<thead>
<tr>
<th>Falls Risk Assessment Component</th>
<th># of ALCs</th>
<th>% of ALCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications</td>
<td>12</td>
<td>92%</td>
</tr>
<tr>
<td>Gait/Balance</td>
<td>11</td>
<td>85%</td>
</tr>
<tr>
<td>History of Falls</td>
<td>10</td>
<td>77%</td>
</tr>
<tr>
<td>Predisposing Disease/condition</td>
<td>10</td>
<td>77%</td>
</tr>
<tr>
<td>Mental Status/cognition</td>
<td>9</td>
<td>69%</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>8</td>
<td>62%</td>
</tr>
<tr>
<td>Vision/Sensory Status</td>
<td>6</td>
<td>46%</td>
</tr>
<tr>
<td>Continence (ALCs)</td>
<td>5</td>
<td>39%</td>
</tr>
<tr>
<td>Impulsivity (behaviors?)</td>
<td>2</td>
<td>15%</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>1</td>
<td>8%</td>
</tr>
</tbody>
</table>
Lesson Learned: Falls Prevention Programs

- Proactive vs. reactive falls prevention programs.
- Barriers included:
  - Not a top priority
  - Lack of a clear vision for falls prevention
  - Unable to access resources
  - Time
  - Resident engagement

Lesson Learned: Falls Prevention Programs

- Most of the ALCs utilized some type of root cause analysis to evaluate a fall
- Four ALCs involved Physical Therapy
- Three ALCs repeated their pre-falls assessment
- Frequency of falls risk re-assessments varied but 9 out of 13 ALCs did not indicate how often they follow-up

Lesson Learned: Communication

- Family or Primary Care Physician (Interviews)
  - 7.5% communicate with family
  - 6.5% had a process to communicate with the PCP
- Residents (Survey)
  - 12.9% provide residents with written information about falls prevention program.
  - 6.5% ask the resident to review or identify falls risk
- Staff (Survey)
  - 83% provide information at staff or in-service meetings
  - 66% have a process to share and communication about their falls prevention program.
  - 57% did not indicate how often information is communicated
  - 78.5% use meetings or training to orient new staff to the falls prevention program
Lessons Learned: Documentation and Feedback

<table>
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<tr>
<th>Processes Utilized by ALCs to Report and Track Falls</th>
<th>N (N of Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resident specific reporting</td>
<td>58 (62.4%)</td>
</tr>
<tr>
<td>2. Community falls database, report or spreadsheet</td>
<td>32 (34.4%)</td>
</tr>
<tr>
<td>3. Staff verbal communication (e.g., via huddle, discussion or other indication of a verbal exchange)</td>
<td>7 (7.5%)</td>
</tr>
<tr>
<td>4. Follow-up intervention</td>
<td>48 (51.6%)</td>
</tr>
<tr>
<td>5. Indication that the ALC policy and procedures is followed including QI/QA</td>
<td>8 (8.6%)</td>
</tr>
<tr>
<td>6. Incident communicated with MD or Family or other individuals</td>
<td>6 (6.5%)</td>
</tr>
<tr>
<td>7. Other (e.g. Root Cause Analysis, Review of Prior Falls)</td>
<td>7 (7.5%)</td>
</tr>
</tbody>
</table>

Discussion Findings

- Falls risk assessments in ALCs are
  - Not consistent or do not follow AGS/BGS guidelines
  - Do not focus on behavioral issues
- It is not clear how many Wisconsin ALCs
  - Have a falls prevention program or
  - Utilize evidence-based falls prevention programs
  - Follow a specific falls prevention process
- ALCs indicated a need for additional education on falls.
- Identified a falls prevention process
Case Study Introduction

Falls Prevention Process
1. Assessment
2. Intervention
3. Feedback

Case Study 1: Mrs. Axel

- **Demographics**
  - 88 year old female
  - Mild dementia
  - Just entering ALC
- **Med History:** TIA’s, well controlled hypertension, degenerative joint disease, vision problems, cardiac issues
- **Mobility:** Uses a cane when she remembers, repeated falls while getting to the bathroom
- **Meds:** Blood thinner, anti-inflammatory medication, anti-hypertensive, Alzheimer’s medication, sleeping pill

Case Study 2: Mr. Smith

- **Demographics**
  - 52 year old male
  - Living in AFH for over 10 years
  - Occasional near falls
- **Med History:** cognitively delayed, hypertension, behavioral aggression at times, knee pain, sensory defensiveness to touch, IQ level approx. age 7
- **Mobility:** Walks without cane or walker, knee occasionally gives out, reluctant to use either while walking
- **Meds:** On several medications for behavior and mood including Trazadone, sertraline or Paxil, as well as anti-anxiety medications. He also takes an antihypertensive and a narcotic for knee pain.
For further information:
CHSRA: www.chsra.wisc.edu
WCCEAL: wcceal.chsra.wisc.edu/