Week 8: Falls

Monday

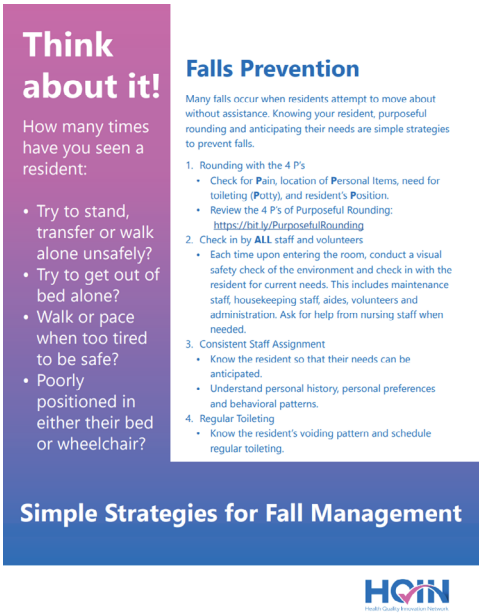
Today is a great day for a discussion on Falls! Talk about environmental hazards that may contribute to a resident falling.

How many can your staff name (wet floors, poor lighting, incorrect bed height, improperly fitting wheelchair, poor shoes, or resident needs such as the need to use bathroom, items not in reach, call bell not in reach)?

If you notice any of these hazards, correct or report immediately! Involve physical therapy, occupational therapy and your pharmacy consultant in the fall prevention program.

Print the Environmental Safety resource and review with your team, then post it for other staff members to have for reference. Create a Falls bulletin board to display educational resources to reduce falls for your team.

Tuesday



How many times have you seen a resident try to stand, transfer or walk unassisted? It takes a team, working together, to reduce falls.

If you see a resident that looks unsafe, let someone know. Purposeful rounding can be conducted by anyone (housekeeping, dietary, maintenance, nursing, social services, activities and volunteers) who is "walking" in the facility. It does not have to be a nurse. Everyone in the department should be aware of residents and help keep them safe!

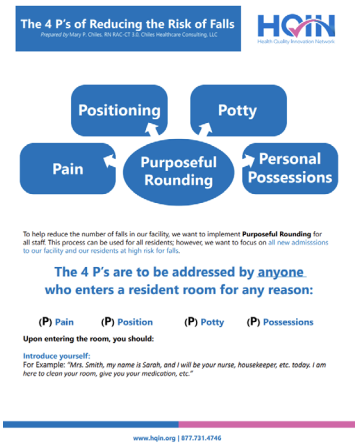
Print the Falls Prevention resource and share with team members, then post it for others to reference.

Wednesday

You talked about purposeful rounding yesterday. **Today, print and post the following resource on** The 4 P's of Reducing the Risk of Falls **and discuss them in depth with your staff.**

Also, download these 4 P's Cards **that can be cut out and shared with staff.**

What are the 4 P's to reduce fall risk? Pain. Potty. Positioning. Possessions. Implementing purposeful rounding for all staff can significantly reduce fall risk.



Thursday

It is time to talk about engagement and sleep hygiene. Improving mobility, psychosocial well-being and sleep hygiene has been shown to reduce fall risk.

Print and post Simple Strategies to Prevent Falls: Engagement and Sleep Hygiene **for your team.**

Discuss ways your team can improve sleep for your residents.

Friday

1. Who is tracking falls in your facility and are they including it as part of QAPI? Let the team know.
2. Is there a system of sharing information on falls and letting all members of the team know the facility's fall data?
3. Was your team able to create a falls bulletin board?

Designate a "falls champion" today and continue to find great information on fall reduction to share with your team. Charts and graphs can be great to share! Download the Health Quality Innovation Network (HQIN) Nursing Home Falls Tracking Tool and implement it into your team processes.

POST FALL EVALUATION COMPONENTS FROM AMDA CLINICAL PRACTICE GUIDELINES

Risk Category	Fall Risk	Post-Fall Evaluation
Fall History	Review history of falls	Review history of recent or recurrent falls and the circumstances of those falls
Medications	Review record for medications that could predispose to falls. Antiarrhythmics Anticholinergics Antidepressants (tricyclics, selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors) Antidiabetic agents Antiepileptics Antihypertensives Antiparkinsonian agents Antipsychotic medications (typical and atypical) Benzodiazepines (short and long acting) Cholinesterase inhibitors Diuretics Opioid analgesics Sedative hypnotics Urinary antispasmodic agents Vasodilators	· Review record for medications or combinations of medications that could predispose to falls · Stop or reduce the dosage of as many of those medications as possible · Review record for recent changes in the medication regimen that may have increased fall risk