

# Fall Prevention

## Prevention and Wellness Practice Guideline



### Overview of the Condition/Disease

**Definition:** An unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury. All types of falls are included, whether they result from physiological reasons or environmental reasons.

**Pathophysiology:** Falls may be precipitated by intrinsic or extrinsic factors.

- Intrinsic factors: Related to the member's physiological condition, this includes factors such as syncope (i.e., fainting) or stroke.
- Extrinsic factors: Related to the member's physical environment, this includes factors such as wet floors or inappropriate footwear.



### Best Practice Standards for Prevention and Management

**Education:** Falls in older adults occur commonly and are a major factor that often threatens the independence of older adults. It is the leading cause of injury and injury deaths (i.e., number of deaths that result from injury) in older adults (age 65+). Falls often go without clinical attention for a variety of reasons including no injury at the time of fall, no mention of the fall to a healthcare provider, no discussion of history of falls with a medical provider and the most common misconception that falls are an inevitable part of the aging process. Falls are preventable, and injury can be minimized.



### Screening Tools

Morse Falls Scale: Evidence-based tool to evaluate member's risk of falling. The Morse Falls Scale addresses the following categories when determining a member's risk for falling:

- History of falling
- Presence of a secondary diagnosis
- Use of an ambulatory aid
- Any IV, external tubing, or catheters
- Gait
- Mental status

The member will be designated as either low risk, moderate risk, or high risk.

- Low risk: A score of less than 25 on the Morse Falls Scale.
- Moderate risk: A score of 25 to 45 on the Morse Falls Scale.
- High risk: A score of greater than 45 on the Morse Falls Scale.

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Anticipating, Recognizing, and Responding to Risk Factors



Seek timely medical attention when current interventions and/or medications are not managing symptoms.

### Potential risk factors:

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| <ul style="list-style-type: none"><li>• Past history of a fall</li></ul>   | <ul style="list-style-type: none"><li>• Lower extremity weakness</li></ul>               |
| <ul style="list-style-type: none"><li>• Female</li></ul>   | <ul style="list-style-type: none"><li>• Age</li></ul>                                    |
| <ul style="list-style-type: none"><li>• Cognitive impairment</li></ul>   | <ul style="list-style-type: none"><li>• Balance problems or difficulty walking</li></ul> |
| <ul style="list-style-type: none"><li>• Arthritis</li></ul>  | <ul style="list-style-type: none"><li>• Psychotropic medication use</li></ul>            |
| <ul style="list-style-type: none"><li>• History of stroke</li></ul>  | <ul style="list-style-type: none"><li>• Orthostatic hypotension</li></ul>                |
| <ul style="list-style-type: none"><li>• Dizziness</li></ul>  | <ul style="list-style-type: none"><li>• Anemia</li></ul>                                 |
| <ul style="list-style-type: none"><li>• Urinary Incontinence</li></ul>   | <ul style="list-style-type: none"><li>• Bed rails</li></ul>                              |
| <ul style="list-style-type: none"><li>• Fear of falls</li></ul>  | <ul style="list-style-type: none"><li>• Depression</li></ul>                             |
| <ul style="list-style-type: none"><li>• Chronic progressive diseases (e.g., Parkinson's, Muscular Dystrophy)</li></ul> | <ul style="list-style-type: none"><li>• Alcohol or other substance use</li></ul>         |



### Interventions to risk factors:

- **Make an appointment with your primary care provider (PCP):** discuss the list of prescription and over-the-counter medications and any supplements you may be taking. Discuss if you have had any recent falls. Try to write down the details of that fall including where you were, what time of day and what activity you were doing before or during the fall.
- **Engage in physical activity:** Participate in activities or exercises to help improve strength, balance, coordination, and flexibility to reduce your risk for falls.
- **Wear non-slip shoes:** Wear properly fitting, sturdy shoes with nonskid soles. Avoid wearing high heels, floppy slippers, or shoes with slick soles. Also avoid walking in stocking feet. Watch for uneven surfaces.
- **Remove home hazards:** Remove all boxes, newspapers, and cords from all walkways. Move coffee tables, magazine racks and plant stands from high-traffic areas. Secure loose rugs or remove them altogether. Store clothing, dishes, food, and other necessities within easy reach. Immediately clean spilled liquids, grease, or food from the floor. Use non-slip mats in the bathtub or shower or a shower chair for added stability. Keep eyeglasses within reach.
- **Light up your living space:** Use nightlights in your bedroom, bathroom, and hallways. Place a lamp within reach of your bed for middle-of-the-night needs. Consider trading traditional switches for glow-in-the-dark or illuminated switches. Turn on the lights before going up or down stairs. Store flashlights in easy-to-find places in case of power outages.

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- **Use assistive devices for mobility:** Speak with your primary care physician (PCP) or seek an evaluation by a physical or occupational therapist to determine if a cane or walker could help keep you steady. You may also consider handrails for both sides of the stairs, a raised toilet seat, grab bars in the shower as well as a handheld shower.



### Guidelines and Process for Interdisciplinary Team

- Care teams will complete fall risk screening upon member's enrollment and at least every six months with care plan reviews. Fall risk screening may be warranted more often based on risk factors presented during contact with the member and the number of falls member experiences.
- Care teams will assess member's living environment and offer recommendations on ways for members to reduce their risk for falls.
- Care teams will investigate after a member has a fall to obtain necessary information to offer strategies to reduce risk for falls and implement necessary services to increase member's safety.
- The care team will ensure the member has appropriate interventions in their Member Centered Plan (MCP) to reduce risk for falls or implement a fall prevention plan.
- Care teams may consult member's primary care physician (PCP) or mental health provider if the member's depression screening tool indicates they are at risk for or currently experiencing depression for further assessment and treatment interventions.



### Cultural Considerations

- In general, ethnic and cultural minority groups experience a disproportionate burden of disease, injury, premature death, and disability when compared to the Caucasian population
- Health disparities can mean lower life expectancy, decreased quality of life, and loss of economic opportunities
- Health disparities result in decreased productivity, increased health care costs, and social inequity
- Contributing factors to ethnic and cultural disparities:
  - Mistrust in the health care system (stemming from historical mistreatment and peripheral trauma. Ex: Tuskegee Study)
  - Experiences of discrimination
  - Health literacy
  - Provider prejudice
  - Provider unconscious bias
  - Lack of cultural competency and humility among health care providers
  - Discordance in patient-provider race
  - Lack of minority representation among health care providers (only 19% of RNs in the workforce are from racial or ethnic backgrounds)
- All ethnicities and genders can be affected by falls, but research shows some are at higher risk. Please be considerate of members at higher risk and make sure to provide education when necessary.

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- Falls are more common among non-Hispanic White and non-Hispanic American Indian or Alaska Native persons than among people of other racial or ethnic groups.
- Falls account for 62% of non-fatal injuries leading to U.S. emergency department visits for people over the age of 65.



### Quality Assurance Monitoring

Internal file reviews are completed by internal staff utilizing an assessment tool developed by the Quality Management Department. Findings are shared with Program Management and staff.



### References

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