

XYZ HHA Falls Policy

Purpose

- To assess and/or eliminate patient risk for falls,
- To assess and/or eliminate patient and environment for contributing factors which may result in falls,
- To educate patient and/or caregivers about patient's risk for falls and contributing factors,
- To limit patient falls and/or injuries.

Procedure

- A Fall Risk Assessment will be completed on each patient at time of admission , at recertification and at the time of each patient fall.
- If patient receives a score of 10 or higher on the Fall Risk Assessment Form, the assessing nurse will notify the Administrator or Assistant Administrator. The Administrator will notify the patient's physician of this patient's high risk for falling and ask about the possibility of Physical Therapy, Occupational Therapy, Dietitian and/or Social Work services for assessment and preventative interventions.
- Exceptions:
 - Score of 2 or higher on "History of Falls" PLUS 2 or higher on "Ambulation/Elimination Status" PLUS 1 or higher on any area of "Gait and Balance". *Contact Physician for possible referral for Physical Therapy for balance and gait assessment and range of motion and strengthening exercise program*
 - .Score of 2 or higher on "History of Falls" PLUS 2 or higher on "Predisposing Diseases". *Contact Physician for possible referral for Physical Therapy for balance and gait assessment and development of home exercise program for strengthening.*
 - Score of 2 or higher on "Medications" PLUS 2 or higher on "Systolic Blood Pressure". *Contact Physician about the results and consult about possible needed medication adjustments or closer skilled nursing monitoring of condition.*
- If patient has a history of falling within the last three months, they will receive education about safety measures including, but not limited to, orthostatic hypotension and positional changes, using an assistive device for all ambulation, and having assistance or supervision with all ambulation.
 - Educate patient and/or caregiver about possible safety concerns identified including:
 - Carpet and rug secured, loose throw rugs removed.
 - Clear obstructed and cluttered ambulation pathways.
 - Furniture and objects placed for maximum safety.
 - Non-skid treads on stairs and clutter removed.
 - Handrails by bathtub, shower and toilet.
 - Adequate lighting.
 - Adaptive equipment available and correct safe use of equipment.

Actual Falls

- Any staff member who receives a report of a patient fall will complete a Falls Incident Report, listing any contributing factors and complete a Fall Risk Assessment form.
- That staff member will then notify the Team Leader or Administrator about the fall and any contributing factors.
- Administrator or Team Leader will notify physician of any falls and any existing contributing factors.
- Physician will be asked about possibility of:
 - Physical Therapy Evaluation for balance and gait assessment, range of motion and strengthening exercises, as well as home exercise program.
 - Occupational Therapy Evaluation for home safety assessment and assessment for any possible adaptive equipment needs.

- Social Work Evaluation for possible resource procurement to explore options for more assistance, respite care referral, sitter services or other needs.
- Dietitian Evaluation for adequacy of nutrition intake, education about needed changes in diet for improved nutrition intake and assessment for possible Vitamin D deficiency (studies have shown that a Vitamin D deficiency can be linked to decreased muscle strength, especially in women – benefit of Vitamin D supplement is shown to take 6 weeks to 6 months before it is evident).
- Skilled Nursing increase in services for “Fall Precautions” for two weeks after a fall, which will include two times per week visits for two weeks for orthostatic blood pressure checks, repeat Fall Risk Assessment each week or as needed and evaluation of any medications which may have contributed to the fall.

Repeat Fallers

- Patients who have fallen more than once and have completed the above evaluation and education process will be evaluated on an individual basis.
- Their physician will be notified each time the patient falls and asked for repeat referrals to the above services if a possible benefit can be projected.
- If all services have completed evaluations and education and falls are still occurring, the physician will be notified.
- Assessment will also be made of the risk to Agency staff in continuing provision of care to this patient, in a situation where environmental factors are contributing to the patient’s fall. If, at any time, the patient’s home environment places Agency staff at risk, the Agency Discharge Policy will be implemented.