CHUBB

Staying Upright and Safe:

A Risk Mitigation Approach to Falls Prevention in Senior Care Environments

Falls and fall-related injuries in the senior care space pose a significant danger to elderly residents, potentially altering the course of care and even their life trajectory. Although many falls are precipitous in nature, their occurrence is quite common.

According to the National Center for Assisted Living:

More than **1 in 4** older adults experience a fall, accounting for nearly 3 million emergency department visits annually.

Greater than **20%** of those falls are associated with severe outcomes, including hip fractures, broken bones and head injuries, further diminishing a person's mobility and independence.

Additionally, elderly persons living with dementia are **twice as likely to fall** as their counterparts in the general population.

Individuals **85 years and older** who take prescription opioids for chronic pain represent the age category of greatest risk.

Left unmitigated, frequent falls in senior care settings can result in costly legal settlements, fines and penalties, as well as reputational harm when the greater community perceives an institutional indifference to resident safety. However, while falls are a common source of injury and subsequent litigation – they are largely preventable in residential care settings.

This Chubb resource reiterates the importance of a systematic falls-reduction program in senior care facilities by reviewing recent statistics on the adverse impact of falls, summarizing contributing factors associated with their occurrence, and outlining five key strategies toward prevention. Also included is a self-assessment questionnaire designed to help facilities evaluate their current falls-mitigation program.

The Adverse Impact of Falls

According to the Centers for Disease Control and Prevention, falls are the leading cause of injury-related death among adults, ages 65 and older, and the rate at which fatal falls occur is steadily increasing. As senior care facilities revisit their falls prevention program and quantify their institutional fall rate, they should consider these national fall-related statistics regarding the frequency and financial impact of falls occurring among the elderly:

- **Over 14 million older adults fall each year,** with 37 percent requiring medical treatment or restricted activity.
- **The fall death rate increased by 41 percent between 2012 and 2021,** from 55 falls per 100,000 older adults to 78 annually.
- **Non-fatal falls account for nearly $50 billion annually in related expenses,** while costs associated with fatal injuries total $754 million.
- **Cost distribution among payers is greatest for Medicare,** as depicted below:

- **California, Florida, New York and Texas account for the highest yearly state-based cost calculations, each at greater than $2.4 billion,** representing expenditures for hospital and nursing home care, doctors and other professional services, rehabilitation therapies, medical equipment use and prescription drugs.

Source: Centers for Disease Control and Prevention [Older Adult Falls Data | Fall Prevention | Injury Center | CDC], last reviewed September 2023.

Contributing Factors

Not all underlying causes of falls are readily apparent, so it is incumbent upon caregivers to widen their resident assessment lens and capture both intrinsic and extrinsic factors that may increase a resident's risk of falling. The following list imparts a range of such factors:

INTRINSIC

- History of prior falls
- Vision impairment
- Loss of strength from muscle atrophy
- Confusion and disorientation
- Bowel and bladder dysfunction
- Imbalance due to dizziness
- Decreased range of motion and pain upon movement
- Reluctance to use supportive devices and aids, e.g., canes, walkers, wheelchairs
- Medication-related effects on the central nervous and/or cardio-vascular system
- Sleep deprivation

EXTRINSIC

- Unsafe footwear
- Cluttered, slippery or uneven ground surfaces
- Improper use of floor mats
- Inadequate lighting for the time of day or the location
- Lack of support structures, e.g., wall railings or stationary furniture
- Inclement weather, leading to slippery and hazardous walkways

Screen for "At-risk" Persons

The fall screening process begins before admission, when qualified staff members discuss specific vulnerabilities with prospective residents and their families. The initial screening should encompass the identification of any of the above noted risk factors, along with notation of the following items:

- A previous history of falls and associated injuries
- Acute illness, e.g., seizures, hypotension, strokes
- Chronic disease states, e.g., arthritis, cataracts, diabetes, dementia
- Current medications, dosages and potential side effects that may increase the risk of falls

Most senior care facilities adopt a standard assessment tool, such as the Johns Hopkins Fall Risk Assessment Tool, and the Morse Fall Scale Tool 3H: Morse Fall Scale for Identifying Fall Risk Factors | Agency for Healthcare Research and Quality (ahrq.gov). Advances in artificial intelligence (AI) are augmenting traditional methods of physical assessment and inquiry, resulting in the identification of otherwise unknown risk factors. In fact, a recent study in the Journal of NeuroEngineering and Rehabilitation underscored an AI model's accuracy in profiling fall-related risks in older adults beyond a visual assessment of posture and gait.

On balance, AI-enabled prevention tools are helping detect a variety of fall-related warning signs in residents, including, but not limited to, indicators of gait speed, stride length, posture, muscle mass and hydration levels.

Craft Care Plan Interventions

Building upon the resident screening and assessment of contributing factors, caregivers must incorporate their findings into individualized resident care plans. Written plans commonly feature a variety of safety-minded interventions, ranging from ambulation programs and toileting schedules to the use of mobility aides and fall-detection devices, among other safeguards. Before drafting care plans, consult professional organizations for insights into fall prevention efforts and mitigation measures, including the resources outlined in this document.

Engage Residents and Family Members

Fall prevention in residential settings is a shared responsibility. Administrators and caregivers should regularly meet with residents and their family members to discuss fall reduction efforts, solicit resident/family input, and outline mutual goals and expectations.

In addition, facilities should educate residents and family members on the relationship between aging, chronic conditions and the occurrence of falls. Document this and all other discussions regarding shared obligations in the record of care.

Safeguard Resident Environments

A falls-reduction program should encompass the following basic environmental precautions, among others:

- Illuminate living spaces and maintain clutter-free walkways
- Install handrails and non-slip treads on all stairways
- Place call lights near toilets, and equip bathrooms with raised seats and grab bars
- Safeguard tubs and showers with anti-skid surfaces, shower chairs and hand-held shower heads
- Mark a designated path from the bedroom to the bathroom, and set beds at a safe height
- Organize kitchen spaces to reduce the need to reach for heavy objects, and require non-skid footwear when cooking

Document Fall Response Measures

Finally, sound documentation is the best defense to fall-related lawsuits. Post-fall documentation in the resident's record of care should consist of the following elements:

- Details of the incident, along with immediate causes and contributing risk factors
- Names of witnesses to the event and their contact information
- Physical assessment findings, including any medical conditions, interventions and treatments
- Physician notifications and/or transfers to acute-care facilities
- Location of sequestered equipment or devices that may have contributed to the fall
- Results of a post-fall team huddle and any action plan items

Resources

- Algorithm for Fall Risk Screening, Assessment, and Intervention, issued by the Centers for Disease Control and Prevention (CDC).
- Clinical Practice Guideline for Prevention of Falls in Older Persons and Recommendations, issued jointly by the American Geriatrics Society and the British Geriatrics Society.
- Falls and Fractures in Older Adults: Causes and Prevention, issued by the National Institute on Aging.
- Falls Toolkit, issued by the VHA National Center for Patient Safety.
- Keep on Your Feet—Preventing Older Adult Falls, from the CDC.
- Post Fall Huddles, from the VHA National Center for Patient Safety.

Falls Prevention Self-Assessment Tool

Consistent and periodic review of a fall-reduction program helps ensure residents maintain an independent lifestyle and potential litigation threats remain at bay. The following falls prevention checklist — to be completed by administrators and/or qualified care professionals – enables facilities to assess the current state of their written protocol, communication interfaces, education programs, environmental safeguards and fall response measures.

Date of Assessment:

Name(s) of Assessor(s):

Title & Department:

Fall Policy and Protocol	Yes	No	NA	Comments
Does a written falls prevention policy and protocol encompass:				
• An admissions process to identify residents who are "at-risk" for falls and serious injury?				
• Assessment parameters for calculating a resident's overall falls risk, using a standard tool, e.g., Morse Scale or Hendrich II Scale?				
• Interventions for residents deemed to be at high risk for falls?				
• Periodic reassessment of residents and frequency, e.g., post-fall or after a "near fall" event?				
• Algorithms or protocols to guide staff in response to a fall?				
• A protocol for transferring residents with recurrent falls to a higher level of care?				
Is there an appointed falls-management team?				
Are the roles and responsibilities of team members delineated in written policy?				
Is the team responsible for reviewing and updating fall prevention policy annually?				

Communication Interfaces	Yes	No	NA	Comments
Are residents and family members informed of fall assessment findings?				
Are residents/family members included in ongoing conversations about fall mitigation measures and care interventions?				
Are residents, family members and staff alerted to an at-risk resident through:				
• A whiteboard at the nursing station?				
• Other means, e.g., colored wrist bands or a Falling Leaf program?				
Are residents/family members notified of changes upon reassessment?				
Are all resident/family discussions documented in the record of care?				
Does written protocol require staff members to report resident falls to a primary physician, family members, and licensing agency, where appropriate?				

Education & Training	Yes	No	NA	Comments
Are educational programs on falls prevention mandatory for:				
• Professional staff?				
• Clinical personnel?				
• Nonclinical facility employees?				
• Residents and family members?				
• Volunteers?				
Do educational programs for staff, residents, family members and volunteers stress the importance of safe mobility, including the proper use of devices?				
Is falls prevention addressed during orientation of all new employees?				
Do employee training sessions encompass the following subjects:				
• Falls prevention policy and procedure?				
• Protocol for reporting hazardous conditions internally, e.g., slippery floors, defective lighting?				
• Procedures and interventions for post-fall care?				

Education & Training	Yes	No	NA	Comments
• Documentation parameters for the resident record of care?				
• Procedure for notifying physicians and family members of a fall?				
Do training sessions include the "just in time" teaching method - i.e., for newer concepts or seldom-performed interventions - as well as ad hoc training encounters?				
Are records maintained for all employee training sessions?				
Do trainees sign a form acknowledging they received and understand training principles?				

Environmental Risk Assessment	Yes	No	NA	Comments
Is an environmental assessment conducted as part of the facility's annual hazard vulnerability assessment (HVA)?				
Does that HVA entail a review of the following environmental-related conditions:				
• Resident rooms for lighting sources and unobstructed, dry floors?				
• Resident safety aids for their operating condition, e.g., ramps, grab bars, elevated toilet seats, bath mats, wheel chairs, walkers and other assistance devices?				
• Pathways and floor surfaces in common areas for clutter, obstruction or damage?				
• Stairways for ample lighting and presence of handrails?				
• Absorbent mats for non-slip backing, overall condition and available quantities?				
• Fall-deterrent devices, such as caution floor signs and safety cones, for their location and use, e.g., in wet or hazardous conditions?				
• Refrigeration and ice machines for leaks and history of repairs?				
• Dining areas for traffic flow patterns and adequate aisle space between tables?				
• Selection protocols for floor cleaning solutions, based on their compatibility with surfaces and compliance with manufacturer instructions?				
• Purchasing and maintenance records for floor cleaning supplies and repairs, including names of products used, when and by whom; dates of surface cleaning and repair; and procedures employed for cleaning and repair?				
• Parking lots and garages for potholes, cracks and depressions?				

Environmental Risk Assessment	Yes	No	NA	Comments
• External curbs, speed bumps and pedestrian walkways for use of cautionary colors that contrast with the pavement?				
• Exterior lighting for bulbs that need replacing?				
• Snow and ice removal protocols for frequency, if applicable?				
Are residents, family members and visitors informed of protocols for reporting hazardous conditions?				
Does written policy designate who is responsible for receiving reports, and how?				
Does the reporting protocol assign responsibility to one or more parties for hazard repair or amelioration?				
Are multi-disciplinary environment-of-care rounds conducted on a monthly basis, as part of the falls-management program?				
Are results of the rounds discussed internally, including:				
• *What* findings and corrective actions are needed with regard to falls reduction?				
• *Who* will be accountable for the implementation of corrective measures?				
• *How* will the measures be monitored for their effectiveness?				

Event Reporting	Yes	No	NA	Comments
Are all falls and fall-related hazards documented on incident reports?				
Are reports received and reviewed daily, and if so, by whom?				
Are investigative findings and corrective actions formally documented through quality assurance channels, including the following:				
• Analysis of the event?				
• Follow-up actions and their resolution?				
• Remedial education of all concerned parties?				
• Feedback to the reporter?				
Are video recordings of falls, if applicable, saved as part of the investigative record?				
Are fall trends collectively reviewed by risk management, quality assurance and executive leadership?				

Chubb has created this resource to help risk managers take the necessary steps to improve resident safety and reduce liability associated with slip and fall occurrences.

Connect with Us

For more information about protecting your senior care environment, contact Terry Hopper, CPHRM at 562.204.7507 or terese.hopper@chubb.com. Visit us at www.chubb.com for healthcare risk management tools, tips and resources.

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