The Many Factors in a Fall

Strategies to manage and mitigate falling in senior living.

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Based on Constellation's malpractice claim analysis, failure to ensure resident safety—primarily involving falls—was the No. 1 most frequent allegation *and* the most costly. This analysis, outlined in our recent risk report, "Preventing Resident Injury," has led to our patient safety consultants developing strategies to reduce falls. Our program serves to support organizations needing to create or bolster their fall reduction program.

As with any process or program, it's critical to make sure your teams are fully up-to-speed and on board. Many of the top contributing factors in senior care claims involve errors in clinical judgment, failure to follow organizational policies, and breakdowns in communication among the care team. Closing gaps with team members is critical to the success of your program, no matter how good it appears on paper.

What we learned from the data led us to develop a program that focuses on three main areas:
1. Management of modifiable risk factors
2. Management of expectations
3. Performance improvement

1. Management of modifiable risk factors
This first strategy to reduce falls begins with identification of risk factors and implementation of targeted interventions to reduce those risks that are modifiable. Fall risk factors include:
- **Biological factors** such as age, chronic disease, urinary incontinence, gait and balance disorder, and medication side effects
- **Behavioral factors** including lack of exercise, history of falls, fear of falling, feelings of anxiety, depression or behavioral disruption associated with dementia, tremors and impaired cognition
- **Environmental factors** like inappropriate footwear or hazardous objects like loose wires, noise, poor lighting and improper use of assistive devices

It's also important when looking at risk factors to remember that not all falls are predictable or preventable. The focus of your program should be on those falls that can be anticipated and on fall-related injuries that can be prevented with targeted interventions. Below are the four categories of falls:
- **Anticipated physiological falls:** Falls that we anticipate will occur due to the resident's existing physiological status, history of falls, impaired mobility or medications.
- **Unanticipated physiological falls:** Factors associated with fall risks that cannot be predicted on a fall risk assessment tool, including events such as unexpected seizure, stroke or heart attack.

- **Accidental falls:** Falls due to extrinsic environmental risk factors or hazards. *These falls may not be predictable but generally are preventable.*
- **Behavioral falls:** Falls resulting from the behavioral factors listed previously in the list of fall risk factors.

Because falls are generally due to multiple factors, it is beneficial to use multifactorial risk assessment tools. Most fall risk assessment tools are designed to predict anticipated physiological falls and falls due to behavioral risk factors. The key is finding a balance between identifying at-risk residents and not intervening with those residents who are not at risk. Use validated risk assessment tools to identify each resident's risks, educate your care teams on how to conduct these assessments, and ensure your assessment tools are correctly identifying those at risk.

Some helpful measurements of your risk assessment tools include:
- **Cut score**—the recommended score at which the resident is considered at risk
- **Inter-rater reliability**—indicates the percentage of agreement in scoring among different scorers
- **Area under the curve**—measures the predictive ability of the tool
- **Sensitivity**—indicates the percentage of fallers correctly identified by the tool
- **Specificity**—shows the percentage of non-fallers correctly identified by the tool

Link each identified modifiable risk factor to a targeted intervention on the resident's care plan.

2. Management of expectations
Our second strategy involves management of expectations by communicating with residents and their families. This is a person-centered approach using a shared decision-making model, which entails realistic setting of fall and injury prevention expectations. Once you've identified someone who is at risk for a fall and planned targeted interventions to manage those risks, you need to communicate with the resident and family and bring them in as part of your fall reduction team.

Establish a communication protocol with residents and their families, including:
- Routine communication updates
- Timely communication on changes of condition
- Timely communication after a fall
- Continued communication after an adverse event like a fall

Top Three Questions for Senior Care Leaders:

1. How accurate are your fall risk assessment tools at predicting falls and preventing injuries?

2. Do you have a feedback mechanism in place for team member performance?

3. Do you teach and mentor critical thinking and communication skills?

Train team members on how to communicate about:
- Fall risk factors identified on assessments
- Fall risks vs. mobility benefits
- Predictability of falling
- Preventability of injury
- Agreed-upon care plan with targeted interventions and goal planning
- Realistic expectation setting

Use processes and tools consistently to support clinician and team communication, including:
- Shift huddles
- 24-hour reports
- SBAR (Situation, Background, Assessment and Recommendation)
- Post-fall huddles

3. Performance improvement

Our third strategy is ensuring that the entire organization takes responsibility for fall reduction and performance improvement. Investigate all falls promptly, conduct a root-cause analysis (RCA), and use the information to implement improvements to the fall reduction program. Often the responsibility for reducing falls lies with the nursing care team. However, fall reduction should be the viewed as an organizational responsibility.

Following a team-based investigative approach—one that focuses on systems, processes and their impact on individual behavior—helps avoid the shaming and blaming that can otherwise occur and impede learning and improvement.

With regard to falls, performance improvement should include a dedicated fall team who can do the following:
- Implement, monitor and routinely revise the fall reduction program using findings from RCAs and the organization's fall data.

- Develop, implement and routinely update all fall reduction policies, protocols and risk assessment tools.
- Develop and implement initial and ongoing fall reduction education programs for professional staff, clinical personnel, volunteers and nonclinical employees, including education on conducting a thorough risk assessment, implementing targeted interventions, responding appropriately to a fall event and correctly filing event reports.
- Perform environmental assessments.
- Review fall and injury rates, as well as performance improvement metrics.
- Conduct a RCA of each fall to determine the causes and contributing factors of the fall, as well as whether or not your risk assessment tools predicted the fall.

Steps in the fall investigation process should include:

1. Gather and document information about the fall. A post-fall team huddle should take place as soon as possible, ideally within 15 minutes after the fall, while events are fresh in the minds of the resident, care team members, and anyone who may have witnessed the incident. Identify all the person-related factors, environmental factors, activity prior to the fall, medications and equipment involved, as well as the day, time and staffing ratio at the time of the fall.
2. Identify and analyze the causal and contributing factors to the fall. Was this an anticipated physiological fall or an accidental fall?
3. Develop an action plan that includes updating the resident's care plan to include new targeted interventions, as well as an action plan to manage any environmental contributing factors.

Dive into the data with our Constellation Risk Report, "Preventing Resident Injury," which includes details of our analysis of professional liability claims from 2010–2017 involving skilled nursing, assisted living and independent living facilities. Sign in to find this report plus a wealth of tools and resources available to policyholders: ConstellationMutual.com > (choose MMIC or UMIA) > Sign In > Bundled Solutions > Long-term Care Bundled Solutions

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The High Cost of Falls

Treating fall injuries is costly.

The estimated cost of falls in 2020 could be as high as **$67.7 billion**.[1]

⁄ The average hospital cost for a fall injury is over **$30,000**. The costs of treating fall injuries goes up with age.[2]

⁄ **$12 billion** in fracture costs alone[2]

⁄ For hip fractures specifically, the average cost has been estimated at more than **$35,000**. In some cases, health care for one individual after a fall can reach as high as **$86,000**.[3]

There's also an organizational cost.

Falls and fall-related injuries can result in:

⁄ Decreased Nursing Home Compare rating

⁄ Poor resident experience scores

⁄ Hospitalizations and preventable readmissions

⁄ Inefficient workflows and decreased productivity

⁄ Poor outcomes impacting payment-based metrics. Under the new Medicare payment rules, this means you may not be reimbursed for some care.

⁄ Reputation damage

⁄ Malpractice claims

Sources:

1. National Council on Aging. **Falls prevention facts.** bit.ly/2SHbmdG. Accessed June 18, 2020.
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3. Findorff MJ, Wyman JF, Nyman JA, Croghan CF. **Measuring the direct healthcare costs of a fall injury event.** *Nursing Research.* 2007;56(4);283-287.