Putting your best foot forward

PREVENTING AND MANAGING FALLS
IN AGED CARE FACILITIES

Chris Shanley

The project which led to the production of this manual was funded by the Commonwealth Department of Health and Family Services under the Healthy Seniors Initiative.
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HANDOUTS, OVERHEADS AND CASE STUDY
Prevention of falls is an important issue in maintaining the quality of life and independence of residents within residential aged care facilities. The Aged Service Association of NSW and ACT Inc. with the Australian Nursing Homes and Extended Care Association (NSW) Ltd support a resource which emphasises accurate assessment and continuous improvement programs.

Government policies in recent years have focused on supporting older people within their own homes which means the profile of residents within aged care facilities has changed. Older people are often introduced to a new environment when they are physically very frail or suffer from the advanced symptoms of dementia.

This manual gives carers practical advice on assessment and development of care plans as well as guidelines on resources available for assisting residents to maintain their independence. It highlights the needs of special groups within aged care facilities as well as supporting Best Practice in the areas of restraint and medication. This resource will assist staff in implementing care that meets the outcomes of the Accreditation Standards in the areas of clinical care and residents' lifestyles. The assessment guide and care planning information provides detailed documentation of the care needs of residents in relation to a number of questions on the Resident Classification Scale.

This is a comprehensive resource which can be used by all staff in developing appropriate programs to minimise the risk of falls in residential care.

Mobility is something we take for granted. Our muscles coordinate the brain messages and we negotiate A to B without a second thought.

A range of factors can give rise to a fall. For residents in aged care facilities, falls can result in broken hips and lacerations. Most importantly falls can result in a loss of confidence. This is followed by a decline in activity and independence and a lesser quality of life.

"Putting your best foot forward" is an instructive manual on preventing and managing falls in aged care facilities. It is a welcome and long overdue practical document of use to all personnel involved in residential aged care.

Ideal for in-service training, the text is user friendly and designed with prevention as a first priority, whilst covering the field comprehensively.

This manual deserves the active endorsement of every aged care practitioner.
CERA would like to acknowledge and thank a number of people and organisations who have contributed to the development of this manual.

The Commonwealth Department of Health and Family Services who provided funds toward the project under the Healthy Seniors Initiative grants.

Members of the Advisory Committee who provided support and guidance to the project. The Committee included Vicki Pollock, Jeni Bindon, Joan Perkins, Professor Tony Brow, Dr Agnes Kainer, Bev Culshaw, Dr Eric Wong, Jill Pretty and Sharon Kratiuk-Wall.

Staff from aged care facilities whom the author visited, and who trialled the assessment forms included in the manual. These facilities included Winston House Nursing Home, Clover Lea Nursing Home, Woodfield Retirement Village, St Joan of Arc Hostel, Bankstown City Nursing Village and Our Lady of Loreto Nursing Home.

The many people who read the draft manual and provided useful comments. As well as all the people on the Advisory Committee, this included Anna Cullen, Dr Keith Hill, Denise Lyons, Dr Sue Kurrle, Donna Reilly, Sally Castell, Cheryl Lyon, Dr Helen Creasey, Julia Poole, Vicki Myers, Isla Tooth, Gai Stackpool, Gail Riley and Pauline McGrath.
This manual has been developed as a comprehensive package for use in aged care facilities. It aims to prevent falls occurring as much as possible and to reduce the injury from falls which do occur.

Important components of the manual include:
- a Falls Risk Assessment and Management Form which provides a framework for assessing risk of falling and developing care plans for residents
- a series of practical guidelines on issues such as ‘use of walking aids, promoting activity, restraints, footwear and clothing, medication use
- an environmental audit form to check the facility for factors which may contribute to falls
- guidelines for dealing with falls that occur
- guidelines for dealing with chronic fallers
- a package for general practitioners associated with the facility which encourages them to assist in the prevention of falls
- a model for implementing change in the workplace consisting of in-service lesson plans, information for residents and relatives and a range of other strategies.

The manual is meant to be primarily used by senior staff who are responsible for planning and supervising the care of residents. The manual can be used to:
- introduce standard assessment and care protocols
- orientate new staff
- train existing staff
- educate residents and their families about falls prevention strategies
- audit the physical environment to reduce the risk of falls
- promote a partnership with GPs to help prevent falls within the facility.

The manual is aimed at all aged care facilities, ranging from low to high dependency units. All the material will not be fully relevant for all the environments which make up aged care facilities. It is suggested that staff review all the material in the manual and use the parts which are appropriate to their situations.
FREQUENCY AND CAUSES OF FALLS IN RESIDENTIAL CARE

Falls represent a major problem for residents of aged care facilities. Various studies in Australia and other countries indicate that about half of the residents have at least one fall a year (Tinetti, 1987; Yip and Cumming, 1994). Most studies suggest that a resident in an aged care facility has double the likelihood of falling compared to an older person living in their own home (Campbell, 1989; Tinetti and Speechley, 1988; Thapa, 1996).

Many risk factors and causes of falls have been identified. Some authors divide these into intrinsic (peculiar to the individual) and extrinsic (external to the individual) factors. More often than not, there will not be a single cause, but a combination of risk factors working together to lead to a fall. Some of the risk factors which have been identified are:

- side effects of medications, especially ones causing sedation, postural hypotension or diuresis
- acute illness
- particular chronic medical conditions such as Parkinson's disease, stroke, cardiac disease, depression, diabetes
- confusion or disorientation such as in Alzheimer's disease and other forms of dementia
- a history of previous falls
- visual problems
- hearing problems
- disorders of balance or gait
- lower extremity muscle weakness
- incontinence
- poorly fitting shoes and clothes
- hazards in the environment such as narrow or cluttered walkways, insecure items to hang onto, poor lighting
- low general level of physical activity
- recent change in living circumstances.

The commonest location of falls in residential care is in residents' bedrooms, followed by bathrooms and passageways. Falls are often associated with rushing, or difficult conditions such as walking in the dark or on slippery surfaces.
Within aged care facilities, residents are putting responsibility for much of their care into the hands of staff. It is vital that staff - in partnership with residents and the residents’ families - take on a major responsibility for setting up a positive falls prevention and management program within their facility.

It is vital that falls in older people are not seen as an inevitable consequence of the ageing process. While older people are clearly at greater risk of falling, this does not mean that they just need to sit around and wait for falls to happen! Much important work has been done over the past ten years in educating older people in the community about risk factors and how they can decrease their risk of falling. These education programs have focussed on areas such as medication use, footwear, exercise, correction of visual problems and home modification.

Prevention of falls amongst older people has become an important part of Federal and State government priorities. Reduction in morbidity and mortality associated with falls among older people is an important goal of the National Health Policy (CDHSH, 1994).

The New South Wales Health Department has set the following targets to be achieved by 2000:

- a reduction of the death rate due to falls by people 65 years and over by 10%
- a reduction in the hospital admission rate due to falls in men and women aged 65 and over by 5% and 10% respectively
- a reduction of the rate of men and women aged 75 and over admitted to hospital as a result of a fractured lower limb by 5% and 10% respectively (NSW Health Dept, 1995).

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Under the Aged Care Structural Reform Strategy, accreditation of facilities will emphasise the need for continuous improvement and self-assessment. This represents a move away from the "snapshot" appraisal of the old standards monitoring approach which looked at how things were being managed at the time of inspection.

The new approach will require facilities to show what systems they have in place for developing and reviewing care plans on an ongoing basis. There will be a strong emphasis on anticipating and preventing problems rather than simply treating problems once they have occurred.

Adopting the program advocated in this manual is an excellent example of taking a preventative and comprehensive approach to a common and serious problem amongst residents. It would be one way that facilities could demonstrate quality systems aimed at improving outcomes for their residents.

Implementing this program will also provide a structured format which will assist staff to prepare the Resident Classification Scale (RCS), which is used to obtain the appropriate level of funding from the government. Under this system, staff have to classify each resident on 22 items into the level of nursing and personal care required.

Facilities will need to demonstrate why they have classified residents as they have. They will need to have documentation which reflects how the resident has been assessed under each item and how care has been planned, implemented and reviewed. Adopting the program in this manual will provide clear written evidence which will support how the resident has been classified.

Items within the RCS which are directly related to falls prevention and management are:
- Item 2: Location change, mobility and transfers
- Item 15: Danger to self and/or others
- Item 21: Therapy-Physiotherapy.

**AN OVERVIEW OF THE CERA MODEL**

This manual is based around a comprehensive model of care for residents of aged care facilities.

The aims of the CERA model are:
1. To do everything possible to reduce the likelihood of falls.
2. To safely manage high risk fallers, while preserving as much of their independence as possible.
3. To minimise injuries to people who do fall.
All the material in this manual will not be fully relevant for all the environments which make up aged care facilities. It is suggested that staff review all the material in the manual and use the parts which are appropriate to their situations.

SPECIAL NEEDS GROUPS

Residents with dementia

Dementia is one of the commonly noted risk factors for falls. People with dementia are also becoming an increasingly large group within aged care facilities. Because residents with dementia have difficulty learning new information, staff need to keep one step ahead and anticipate problem situations which may arise, including the possibility of falls. Staff need to patiently keep reminding these residents of safe behaviour to minimise their risk of falling. Making sure that family members have information which they can reinforce with the resident will also help. More information about falls and dementia care can be found later in this manual on page 36.

Residents from a non-English speaking background (NESB)

Australia is a multicultural society with citizens coming from many nations and cultural backgrounds. This is increasingly reflected in the make-up of people living in aged care facilities. Some residents from a NESB may never have had the opportunity to learn the English language. For many others, they may have spoken English but lost that ability as part of the dementia process.

People from a NESB will have the same risks of falling as any other residents. In some ways, the risks may be greater if these people cannot read signs or understand information given by staff or if staff have not performed an adequate assessment in the first place.

Staff can make use of interpreters available through the Translating and Interpreting Service or their local public health service. Otherwise there may be bilingual staff members who may help in communication with the resident and their family. Aged care facilities can develop co-operative relationships with local ethnic community groups, who may become involved in the programs within the facility. Staff can get help in developing these partnerships from multicultural health units such as the NSW Transcultural Aged Care Service and the WA Multicultural Aged Care Service. Information about these services is included in the Resources section of this manual.
There are a number of key components which together make up the CERA Model of Falls Prevention and Management in Aged Care Facilities. These are:

- A heightened awareness by all staff, residents and family about the importance of preventing falls
- A commitment by all involved to the preventative process
- Individual assessment of all residents to determine their risk of falling
- Tailored interventions and regular reassessments of residents based on their falls risk assessment
- An active involvement of the general practitioner in the prevention and management of falls in collaboration with the staff of the aged care facility
- An active involvement of family in falls prevention measures
- General promotion of mobility and activity of residents within safe limits
- Exercise programs tailored by physiotherapists for individual residents
- Careful nursing and medical assessment of falls which do occur and the commencement of appropriate treatment based on this assessment
- Auditing and adapting the environment to help prevent falls.

CATERING TO ALL LEVELS OF AGED CARE FACILITIES

Since 1997, nursing homes and hostels have been united under the one framework of "aged care facilities". This means there is a large range of dependency needs of people living in aged care facilities. On the one extreme are people living independently in their own rooms in low dependency situations. On the other extreme are people with extensive nursing care needs in a high dependency situation.

One consequence of uniting nursing homes and hostels is to have a new emphasis on "ageing in place". This means that residents will continue to be cared for in the one facility rather than being moved to a higher dependency facility if they become more frail or dependent.

Staff of lower dependency units (previously hostels) have an important role to play in falls prevention amongst their residents. Some issues that are particularly important for these staff are outlined below.

- The need to appreciate the impact that the physical environment can have on falls through issues such as floor surfaces, lighting and clutter.
- The need to realise that residents who are becoming more frail are at an increasing risk of having falls.
- The need to appreciate that residents with dementia are also at increased risk of falls, even if they appear physically well and mobile.
- The need to balance the residents’ rights to privacy in their own rooms with taking an active approach to setting up a safe environment.
- The need to seek extra help in terms of falls prevention and management from general practitioners, registered nurses and physiotherapists if their residents' care needs require this.