



Best Practice: Fall Prevention

Medical Social Worker Track



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Medical Social Worker Track

This best practice intervention package is designed to educate and support social workers in the priorities necessary for a comprehensive home health fall prevention program that will support reducing avoidable acute care hospitalizations.

Objectives

After completing the activities included in the Social Worker Track of this **Best Practice Intervention Package – Fall Prevention**, the learner will be able to:

1. Recognize the need for more than just a fall risk assessment for an effective home health fall prevention program.
2. Describe how fall prevention will support reducing avoidable acute care hospitalizations.
3. Describe two social worker actions that will ensure optimal fall prevention for staff, patients and caregivers.

Complete the following activities:

	Activity	Location	Estimated Time
<input type="checkbox"/>	Read the Medical Social Worker Guide to Fall Prevention and review the Fall Risk Assessment tool	Page 67	10 minutes
<input type="checkbox"/>	Listen to podcast	Page 70	15 minutes
<input type="checkbox"/>	Complete the social worker post-test	Page 71	10 minutes
	Total Time		35 minutes

Medical Social Worker's Guide to Fall Prevention



Definition:



- **Fall** - “An unintentional change in position resulting in coming to rest on the ground or at a lower level” (Missouri Alliance for Home Care).
- **Fall Prevention** – “A strategy that uses specific interventions to help specific patients or all patients avoid the risks of falling in an effort to reduce hospitalizations (Briggs National Quality Improvement/Hospitalization Reduction Study, 2006).

Significance:



- **More than one third** of adults 65 and older fall each year in the United States [CDC].
 - After age 75 the incidence increases [AGS]
- Of those that fall, one in forty will be hospitalized. Of those hospitalized, only half will be alive at the end of the year [Kane et. al., 1994].
- Falls, even without injury, often cause a person to develop a fear of falling, which, in turn, limits their activity [CDC].
- In 2003, there were more than **309,500** hospital admissions for hip fractures [NCHS 2006].

CDC – Centers for Disease Control and Prevention

AGS – American Geriatrics Society

NCHS – National Center for Health Statistics

How medical social workers can support a successful fall prevention program:



1. Observe patient for potential risk factors for falls
2. Notify clinicians and managers of identified risk factors
3. Participate in interdisciplinary case conferences for at-risk patients for falls
4. Collaborate with clinicians and family to resolve environmental safety hazards
5. Be a resource for all staff on fall prevention interventions (e.g. payment coverage for adaptive or safety equipment)
6. Provide social support with issues related to caregiver, medication, glasses/hearing aid funding, transportation, finances, etc.
7. Assist with developing or refining the agency fall prevention program to include social/financial issues



The **key to a successful fall prevention program** is moving beyond responding to witnessed or non-witnessed falls to **focus on fall prevention**. Prevention not only incorporates an assessment of risk for falls, but it also promotes a **proactive approach to fall prevention** rather than reacting to individual falls.



Fall Prevention Program

Risk Assessment:

Your agency may already have a fall risk assessment that may be:

1. Paper based
2. OASIS-based
3. Included in hospitalization risk assessment
4. Integrated into your point of care programs

The high-risk patients must be identified for falls, just like the high-risk patients for hospitalization, so that clinicians can implement appropriate preventative interventions. On page 69 there is a sample Fall Risk Assessment. Review the tool and consider the following questions:

- Does your agency's current risk assessment capture all of the same information?
- Are there other risk factors you should be assessing?

Potential Interventions for Fall Prevention:

- Complete home safety evaluation and reduce hazards in the home including:
 - Inadequate lighting
 - Throw rugs, loose flooring
 - Clutter
 - Pets
 - Extension cords
 - Oxygen tubing
- Assist with obtaining necessary adaptive equipment/ramps
- Medication management
- Request physical therapy evaluation and treatment for balance training, strengthening and gait training
- Determine need for assistive device for ambulation
- Consider wheelchair and bed alarms, if applicable
- Encourage adequate footwear
- Seek occupational therapy evaluation and instruction for management of ADL/IADLs
- Referral for home health aide for assistance with bathing, if unsteady
- Medical social worker evaluation for social support
- Utilize community based organizations as a valuable resource
- Encourage patient to participate in a home exercise program, adapt to patient ability (e.g. Sit & Be Fit – TV exercise for seniors)
- Encourage patient to have an annual vision evaluation (minimum)
- Consider if fall(s) are a result of a cardiovascular problem and contact physician for further intervention (orthostatic hypotension or cardiac arrhythmias)
- Encourage adequate nutrition and hydration, request nutrition evaluation referral if needed

Some fall risk factors...

- Age (> 65 years old)
- Mental deficiencies (e.g. dementia)
- Female gender
- Past history of a fall
- Weakness in the feet or legs
- Walking problems
- Foot disorders
- Problems with hearing or vision
- Balance problems
- Low vitamin D levels
- Medications (especially drugs used for psychiatric or mood problems)
- Arthritis
- Parkinson's disease

Adapted from
<http://www.healthinaging.org/agingintheknow>



Fall Prevention Multi-Media Activities Podcast* (Audio Recording)

Fall Prevention Podcast (Audio Recording) Instructions:

Listen to the podcast (audio recording) to learn more about reducing avoidable acute care hospitalizations with fall prevention from **Christiana Care VNA in Delaware**. Gale Bucher, RN, MSN, Performance Management Coordinator and Pam Szczerba, PT, MPT, Therapy Consultant will share key points on how to successfully implement a fall prevention program.

Fall Prevention Podcast

- 15 minute podcast (audio recording)
- Podcast (audio recordings) link is located at http://www.homehealthquality.org/hh/hha/interventionpackages/falls_prevention.aspx

There are several ways to listen to the podcast (audio recording):

- Visit the link above and listen directly through the Web site.
- Download the podcast (audio recording) by right clicking on the audio file and selecting “Save Target As ...” This will save the file to your hard drive. Once you have saved the file, you can listen to it on your computer or can burn the audio file to a CD or download to a MP3 player.

*A podcast is a digital media file, often an audio recording, placed on the Internet and made available to the listener on their home computer or personal digital recording device for convenience. There is no change from previous references to “audio recordings” except the name. You may continue to download and listen to recordings as you have in previous months.



Medical Social Worker Post-Test Fall Prevention

Directions: Choose the ONE BEST response to the following questions. Circle the answer that identifies the ONE BEST response.

1. Fall prevention is more than just completing a fall risk assessment. Patient-specific interventions are utilized to assist with decreasing the risk of falling and preventing harm.
 - A. True
 - B. False
2. Falls can affect the following **except**:
 - A. Increasing unnecessary acute care hospitalizations
 - B. Increasing harm to patients
 - C. Decreasing the quality of life for patients
 - D. Increasing the fear of falling
 - E. Increasing medical insurance premiums
3. Fall prevention may reduce avoidable acute care hospitalizations by using any of the following interventions below **except**:
 - A. Completion of a fall risk assessment to identify those patients at-risk for falling
 - B. Implementing patient-specific fall prevention interventions prior to a fall occurrence
 - C. Fitting everyone with a standard walker
 - D. Requesting medical social worker referrals for social support
4. Fall prevention management is interdisciplinary. Medical social workers should be aware of community fall prevention resources and programs. They must work collaboratively with agency interdisciplinary team members **and** with the patients/caregivers to be successful with fall prevention.
 - A. True
 - B. False
5. Each of the following is a are potential fall prevention interventions that an agency can utilize with patients and caregivers **except**:
 - A. Performing fall risk assessments on all patients
 - B. Obtaining appropriate interdisciplinary referrals
 - C. Encouraging age-specific immunizations
 - D. Encouraging patients to participate in an appropriate exercise program
 - E. Providing written fall prevention instruction sheets to patients and caregivers

Answers to Post-Test are located in the Leadership Section, page 35.