

# Nursing Homes and Falls: What Can We Do?

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# “It’s Not OK to *Fall*”

- *Falling* has become just a normal occurrence that is associated with advanced age.
- We must change this thought process.
  - “It’s Not OK to *Fall*”



# FALL STATISTICS

- Every 20 minutes an older adult dies from a fall in the U.S.
- Falls are the leading cause of fatal and non-fatal injuries in adults 65 years and older
- Approximately one-third of all falls in a nursing home results in an injury
- On average, almost two falls per bed per year occur in nursing homes
- More **men than women die** from falls (About 40% more!)



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# IMPACT of FALLS

- Fall costs are estimated to be **50 billion dollars annually** in the US
- Studies indicate extra workload and increased cost of care for residents who fall.
- Nurses and physical therapists spend an average of 24 hours and eight hours respectively with a resident who fell and sustained only psychological injury such as fear of falling.
- In a physical injury scenario, nurses may spend 181 hours of extra hours caring for an individual resident
- These injuries restrict **MOBILITY** and **take a toll on health and independence**



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# FEAR of FALLING

Many people who *fall*, even if they are not hurt, become extremely afraid of *falling*. This fear may cause a person to change his/her daily activities and possibly become less active.

**Decreased Activity**  
leads to  
**increased weakness**  
which  
**increases**  
the chances of  
**falling.**



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# WHAT LEADS to FALLING?

Decreased **MOBILITY**

**WEAKNESS**

Previous **FALLS**

- Mentation
- Dehydration
- Not enough sleep at Night
- Foot pain/numbness or poor footwear
- Medications that affect steadiness and balance
- Vitamin D deficiency
- Vision/Hearing problems
- Environmental dangers – Trip Hazards



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# What can we do?

- Hydrate!
- Strengthen!
- Sleep at Night!

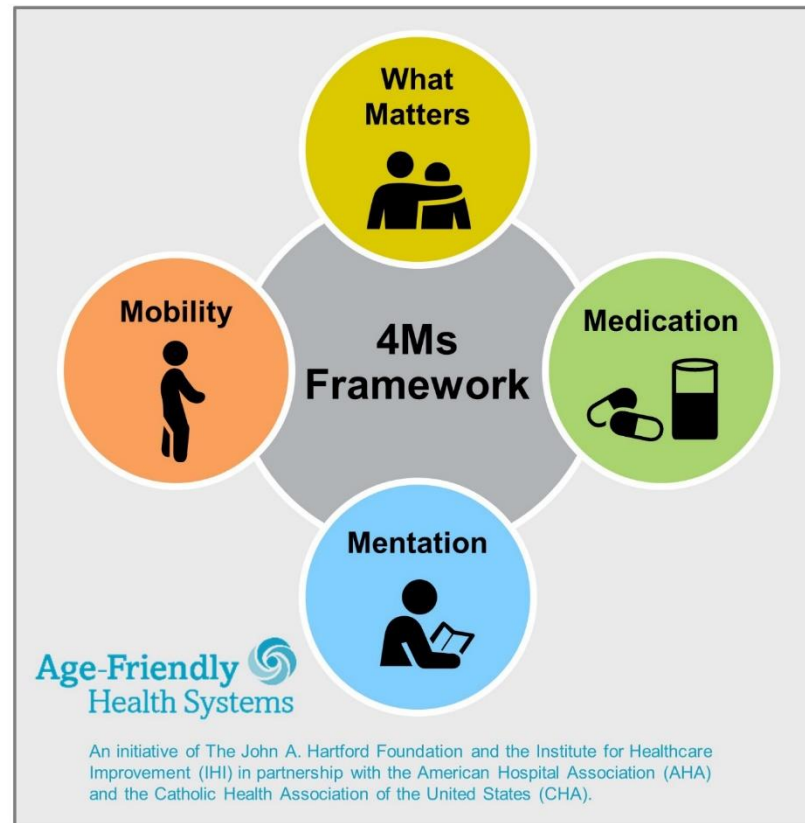


# The Evidence-based Framework

- 4Ms Framework is an evidence-based model promoting person-directed care, placing the older adult at the center of care decisions
- Staff actions are redirected on key risk factors for poor patient outcomes
- IHI Model for Improvement was the model for 4Ms and Age-Friendly Health Care Framework



# Age-Friendly Health Systems & The 4Ms



For related work, this graphic may be used in its entirety without requesting permission.  
Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)

## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

# Fundamental Characteristics of AFHS

- Leadership committed to addressing ageism
- Reliable use of evidence-based care
- Staff trained and proficient in care of older adults
- High performing teams focused on measurable outcomes
- Systematic approach for:
  - Coordinating care with other organizations
  - Engaging with patients and their caregivers
  - Process for eliciting and using patient goals and priorities

# WHAT MATTERS TO YOU.....

- Ask residents **What Matters TO YOU** about **your mobility** and **What Concerns** do you have about falling?
- Document it
- Align the care plan with **What Matters** most to them always
- Share **What Matters** most with the team

# MEDICATIONS



## WHAT CAN WE DO?

- Review the individuals Med List for high-risk medications and document them on a regular basis (BEERS List)
- Avoid, dose adjust, or deprescribe high-risk medications, and document and communicate changes.
- Get help from the Care Provider or Pharmacist as needed to make necessary changes.
- Evaluate effectiveness of current processes



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# WHAT CAN WE DO?

## Hydrate!



**Dizziness when standing may be due to dehydration (postural or orthostatic hypotension can cause this)**

- What can we do?
  - Make water rounds: **Place fruit or vegetable slices in a pitcher** and fill with water. From the time residents are up until they have dinner (8am-4pm) offer them a glass every  $\frac{1}{2}$  hour; Only ask them to drink 2-3 gulps as this equals about  $\frac{1}{2}$  cup!
    - Over 8 hours that would be about 2 liters of water (half a gallon!) if they drank what you ask every time



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# MENTATION

**Use assessment tools to screen for:**

- Delirium
- Dementia
- Cognitive Impairment
- Depression

Manage manifestations of dementia and factors contributing to depression/delirium/cognitive impairment



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# SLEEP AT NIGHT-Why Does it Matter?

Studies show that people getting continuous uninterrupted sleep are not as likely

## TO FALL

- **WHAT is keeping you awake at night?**
- Practice Sleep Hygiene
  - ✓ Establish a bedtime routine
  - ✓ Make sure the sleep environment is comfortable for the resident.
  - ✓ Limit daytime naps to 30 minutes when possible
  - ✓ Avoid caffeine and nicotine close to bedtime
- **What can we do?**
  - Teach the resident to limit fluids after dinner and do not offer them (make sure they have access though!)
  - Offer toileting on a regular basis especially before sleep



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# SLEEP AT NIGHT- Continued

- **Staff: Reduce noise during shift change and all through the night: check carts that roll in the halls, doors for creaking (and fix them), TV's, eliminate the use of alarms, including bed and chair alarms. Use lighting individualized to the resident.**
- After checking with the nurse, do not disturb and **do not turn every 2 hours** at night—use of a high-quality mattress can do what turning would do and give them more quality hours of sleep
- Aim for 6 hours uninterrupted sleep, but if you need to start at 4 hours and increase – **JUST GET STARTED!**



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# MOBILITY

Instead of FALLS



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# STRENGTHEN

- Poor Balance, weakness especially in the lower extremities, and decreased endurance can cause falls.
- What can we do?
  - Ambulation program, range of motion exercises, educate on safe transfer techniques
  - When toileting in the morning as the resident gets up and toileting at night before bedtime ask them to do squats over the toilet. Start with 1 and work up to 5.
    - **You are already in the room, they can't fall because they are over the toilet and it will help with strengthening muscles where they need it!**



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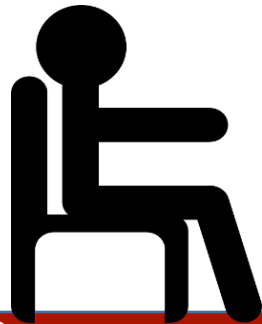
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# WHAT CAN WE DO?

- **Mobility and Strength**

- Increase exercise especially to improve leg strength and balance
- Tai Chi: Improves physical function and improves balance
- SAIL: Staying Active and Independent for Life  
<https://ouhsc.edu/OHAI> and [www.ok.gov](http://www.ok.gov) (Falls Prevention)

- **SQUATS**



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# INDIVIDUALIZE INTERVENTIONS

**All interventions do not apply to everyone**

**Interventions must be individualized for each resident**

- Refer to PT for more exercises that increase leg strength and improve balance.
- Have all assistive devices fitted appropriately
- Have feet checked, cared for and use appropriate footwear
- Reduce the noise
- Eliminate alarms
- Watch for and remove trip hazards and clutter
- Make changes as needed: adjusting bed heights to fit the resident; place grab bars; raised toilet seats; handrails and better lighting if needed

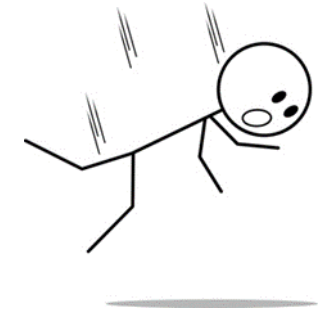


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# WHAT CAN WE DO?



- **Safety- Check for Safety using a Checklist in your NH!**

- Make sure residents get an annual eye exam
- Use contrast in the NH if needed
- Foot wear- fully enclosed, fits well, slip resistant soles (avoid slippers)
- Ensure residents get a physical from their Doctor or Care Provider on a regular basis

## **ASK YOUR RESIDENTS WHAT MATTERS TO YOU!**

- ✓ Give time for residents to speak up and ask questions!
- ✓ Help them keep a running list of questions and concerns for next visit from their Care Provider
- ✓ Talk about the results of their Timed Up and Go and other assessments with them
- ✓ Give your residents the WHY when reviewing their medications and referring to NH Pharmacist for deprescribing help



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# Thank You!

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# QUESTIONS?



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