

Why Do Falls Matter?

- On average, about 15% of residents in long-term care have a history of a fall in the last 30 days.¹
- Approximately half of all residents will fall at least once per year.¹
- Up to 20% of those who fracture a hip will die in the following year.²

How Is a Fall Defined?

Any unintentional (witnessed or unwitnessed) change in position where the resident ends up on the floor, ground, or other lower level.³

Fall Risk in Long-Term Care Homes

Fall risk and prevention strategies should be considered after:




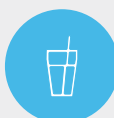
- A move into a long-term care home, or within the home;
- A change in health status;
- Changes in medications;
- A history of falls, or a new fall has occurred.

You Can Help

If you notice new things that may increase the risk of a fall, like stumbling or dizziness, be sure to document them and inform all staff. It may be time to reassess the resident's risk of falling.

Falls Prevention Strategies

- Different falls prevention strategies may be needed for each resident.
- Ideally, the care team, residents, and families will work together to find the strategies that work best for each individual.
 - Goals of care for each resident should be considered when looking at falls prevention.
 - For example, promoting walking and exercise may be suitable for one resident but not for another.

4P's Approach	
 <p>Pain</p> <p>Are you in pain? Do you have any discomfort?</p>	 <p>Position</p> <p>Do you want me to help you move into a better position?</p>
 <p>Placement</p> <p>Do you need anything to be placed within easy reach? (e.g. call bell, phone, reading material)</p>	 <p>Personal Needs</p> <p>Do you need anything to drink or eat? Do you need to go to the washroom?</p>

The 4P's Approach to Falls Prevention⁴

- The 4P's stand for: Pain, Position, Placement, and Personal Needs.
- This approach may be used by various caregivers and members of the care team to help prevent falls, and to develop a culture that checks in with the resident and addresses their needs at different times of the day.

You Can Help

Everyone on the care team can work together using the 4P's Approach. Take a moment to check in on residents, address any needs that are identified, or alert staff to residents' needs. In this way, everyone can prevent falls.

Risk Factors for Falls in Long-Term Care

- The more a resident has or is exposed to risk factors for falls, the more likely a fall may occur. Many of these risk factors can be addressed by the care team.
- Some of the more common risk factors for falls in long-term care are:

	Individual Risk Factors	Environmental Risk Factors
Balance the risk of falls with goals of care	<ul style="list-style-type: none"> • Being over 85 years old • Being female • Physical conditions: <ul style="list-style-type: none"> • Muscle weakness • Poor eyesight • Confusion/cognitive impairment • Being under-weight • Having poor balance • Frequent toileting • Certain chronic medical conditions: <ul style="list-style-type: none"> • Parkinson's disease • Low blood pressure • Diabetes • Depression • Chronic arthritis pain • Dementia • Being acutely ill 	<ul style="list-style-type: none"> • Restraint use (use in long-term care increases falls risk by 10 times⁵) • History of falls • Taking certain medications such as: <ul style="list-style-type: none"> • Strong pain medications (e.g. narcotics) • Antidepressants • Anti-anxiety medications • Antipsychotics • Blood pressure and heart medications • Drinking too much alcohol • Improper footwear or clothing • Poor diet or hydration • Environmental hazards like a high bed or slippery floors • Risky behaviours like not using a walking aid or grab bar when they are needed • Lack of exercise, not moving around

You Can Help

Many risk factors are modifiable and may be easily managed by the care team. If you notice environmental risks, be sure to work together to resolve them and never add or subtract any medications without involving the prescriber.

Not all risk factors can be resolved and the care team should work with residents and families to find the right balance between independence, comfort, and safety.

Individualizing an Approach to Falls Prevention

- Every resident is different and individualizing treatment is important. Some areas that might be individualized are:
 - ‘Target’ **blood pressure**, which may change and be individualized as residents age.
 - **Certain drugs** that affect blood pressure or increase the risk of falls may be changed or have their dosage lowered to meet goals of care.
 - **Vitamin D** and sometimes **Calcium** supplements may be reasonable to consider in preventing falls and fractures, especially in those at high risk, but need to be considered based on each resident’s situation (as they do not have a very large effect on either falls or fractures and can be expensive).
 - Appropriate **personal care items**, like up-to-date eyeglasses and properly fitted footwear.

References

- [1] Centre for Effective Practice. (May 2016). Falls Prevention Discussion Guide: Long-Term Care (LTC Edition).
- [2] Kwan E, Straus SE. Assessment and management of falls in older people. CMAJ 2014; 186(16): E610-21.
- [3] Yoshida S. A global report on falls prevention: epidemiology of falls [internet] World Health Organization; 2007 [cited 2016 Apr 28] Available from: <https://www.who.int/ageing/projects/1.Epidemiology%20of%20falls%20in%20older%20age.pdf>
- [4] Agency for Healthcare Research and Quality. Which fall prevention practices do you want to use [internet]? Rockville, MD: Agency for Healthcare Research and Quality; 2013 [cited 2016 Apr 28]. Available from: <http://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk3.html>
- [5] Tinetti M, Liu W, Ginter S. Mechanical restraint use and fall-related injuries among residents of skilled nursing facilities. Ann Intern Med 1992; 116(5):369-74.



Adapted from Centre for Effective Practice's: Falls Prevention Discussion Guide (May 2016). For access to the Discussion Guide, Disclaimer, and full bibliographic and copyright information visit: effectivepractice.org/academicdetailing or contact info@effectivepractice.org.