“I’m convinced that no one discipline can solve the problem of falls by itself, but rather, it will take an interdisciplinary approach to be successful in preventing falls.”


INTERDISCIPLINARY APPROACH TO FALLS

Long term falls management involves continuous screening and monitoring of patients, staff and systems. A proactive approach always works best. Review a resident’s risks prior to admission by assessing medications, medical history, personal choices, cognition, intrinsic and extrinsic factors, and mobility. A falls risk assessment or checklist allows staff to look at all risk factors and discuss a care plan upon resident’s arrival to facility. These factors should be continually reassessed and adjustments should be made to the plan of care while the resident resides in your community. Communication within all departments is vital to a successful approach.

How can each discipline assist with a successful falls approach? Here are just a few examples:

• **MD:** monitoring of medication, medical history, orders for therapy
• **Nurse:** assessment of patient, education to patient and family, environmental safety, Vital signs monitoring, report to MD any areas of significance
• **CNA:** key to knowing a patient’s routine and preferences, notice any changes from baseline, exercise, restorative programs
• **Dietary:** assessment of labs, Vitamin D, Calcium
• **Activities:** resident’s interests, keep them engaged, mobility through group exercise
• **Social Services:** assessing cognition level, family involvement
• **Pharmacist:** review of medications and interactions, side effects
• **Environmental/Maintenance:** assessing patient surroundings through equipments checks, room safety
• **Family:** valuable source of information to share with us, resident preference, prior level, history of falls
• **BOM, receptionist, Admissions:** they know the patients too! Be sure to report any changes they notice about a resident.
• **PT, OT, ST:** may be necessary to allow for a skilled evaluation of gait, balance, strength, positioning, functional mobility, sensation, proprioception, seating, communication and cognition if needed.
Implement an individualized treatment program—by knowing your patient.

All team members can engage in activities to promote patient mobility. Here are a few examples:

1. Provide meaningful activities/Person centered care

   F 248: “Person Appropriate” refers to the idea that each resident has a personal identity and history that involves more than just their medical illnesses or functional impairments. Activities should be relevant to the specific needs, interests, culture, background, etc. of the individual for whom they are developed.

2. Promote Mobility- shift interventions from preventing movement to promoting mobility.

   “I began to see it was the absence of movement, not the movement itself that led patients to fall.”
   a. Stretch breaks
   b. Stand up after each BINGO
   c. Stand up during commercials
   d. Show residents how to perform an activity~ don’t do it for them
   e. Table top activities
   f. Walking Program
   g. Walk to dine
   h. Sit to stands (quad strength)
   i. Provide continence care/Offer Exercises to patients abilities
   j. Provide mobility or assistance regardless of resident’s impairments- focus on ABILITIES

3. Observe and Report-assess patient’s environment as well as any changes in behavior. Report to supervisor.

4. COMMUNICATION between team members is key to updating all caregivers, direct or indirect, as to a patient’s status. Update and discuss new potential risk factors, team conference, root cause analysis of falls.

5. Involve everyone!!

It is by KNOWING THE RESIDENT, PROVIDING PATIENT CENTERED AND INDIVIDUALIZED INTERVENTIONS, that we are able to RESPOND TO THEIR INDIVIDUALIZED NEEDS TO KEEP THEM SAFE.

References:

1 Boeckman, Rhonda; “Tummy Time: Restoring Harmony in the older adult.”
2 Rosie, Julie; Taylor, Denise: “Sit-to-Stand as home exercise for mobility-limited adults over 80 years of age—GrandStand system my keep you standing?”
3 Mobility Decline Prevention Training Module: Functional Incidental Training