Falls
on the Rise

How do we keep seniors safe?

By Lori Atkinson, RN, BSN, CPHRM, CPPS and Liz Lacey-Gotz

Older adults are a vulnerable population. Each year, 1 in 4 adults over 65 years old suffer a fall,[1] as do 1 in 2 people in senior living centers.[2] Falls account for 40% of admissions to senior living and long-term care centers, and falls are the seventh leading cause of death for people in this age group.[3]

According to the Centers for Disease Control and Prevention (CDC), 1 in 5 falls causes a serious injury such as broken bones or a head injury, and more than 95% of hip fractures are caused by falling.[4] More than 24% of individuals who sustain a hip fracture as a result of a fall die within a year of the fall, and 50% never return to their normal level of functioning.[1] From 2007 to 2016, the rate of deaths from falls among persons over the age of 65 increased an astounding 30%.[3]

Falls result in one emergency room visit every 11 seconds, and one fatality every 19 minutes. According to the National Council on Aging, by 2030 there will be seven deaths from falls per hour.[1]

So why are falls so prevalent and increasing? And how can we work to limit falling in senior living and long-term care settings? Myriad factors contribute to falls in the 65+ population, and risks tend to rise even more once an individual reaches 85+ years old. With our aging baby boomer population, more older adults—with longer life expectancies—will inevitably mean greater potential for falls.

Aging adds risk
Some risk factors for falling are simply due to aging. Age-related changes—including muscle weakness (especially lack of strength in the lower body), cognition changes, balance and gait changes, and vision and hearing impairments—are all contributing factors to a fall.

"Getting older is unavoidable, and along with that comes more risk of falling," says Lori Atkinson, RN, BSN, CPHRM, CPPS and patient safety expert at Constellation. "We do have ways to help. We can manage our environment, increase our awareness and critical thinking, and improve our monitoring of residents and patients in our care."

The rate of death caused by falls among older adults in the United States has nearly tripled since 2000. The largest increase per year is seen among persons older than 85 years of age. And the population of older adults in the United States is increasing: Adults over 85 years of age are the fastest-growing age group and will reach approximately 8.9 million by 2030.[3]

Medications add complexity
Chronic medical conditions, and the medications needed to manage those conditions, are also common factors in falls. Prescription medicines can have significant side effects that can contribute to falling, and polypharmacy adds cause for concern. Medication regimens require solid critical thinking and appropriate monitoring to manage these potential risks for patients and residents.

"Communication with the prescribing clinician and among team members is also critical," Atkinson says. "Fifty-three percent of Constellation claims involve an allegation of

breakdown in communication among the care team about the patient or resident's condition. With polypharmacy and the need for careful monitoring, there are many places that dropping the communication ball can open you up to risk, be it potential for a fall or other dangerous issue."

The environment can be tricky to navigate

Even the devices or products designed to help older adults and care teams—such as wheelchairs, walkers, gait belts and transfer equipment—can present problems. Cords needed to plug in computers, frayed belts or slings, rugs with bent corners or wet floors—there is no limit to the possibilities for danger with this population at risk.

According to Atkinson, "It's important to make sure your team knows how and when to use equipment, including things like making sure they are functioning properly and, if applicable, making sure they have the right size for the right resident or patient."

Falling begets falls

Those who survive a fall frequently sustain injuries that result in permanent disability and reduced quality of life. They have increased fear of falling again, resulting in a limitation of activities. And, ironically, it turns out they are at increased risk for future falls—falling once actually doubles your chances of falling again[5] This can result in further physical decline, depression, social isolation, and feelings of helplessness.

Malpractice claim data helps reveal gaps

Analyzing malpractice claim data is an excellent tool for understanding how to reduce falls and fall-related injuries. It helps reveal gaps in care processes that can harm residents and lead to regulatory penalties and malpractice claims. Once these gaps are identified, we can then devise strategies targeted to reduce injury in those specific areas.

It will probably come as no surprise that the top malpractice allegation in our analysis of Constellation senior care claims is the failure to ensure resident safety by preventing falls and fall-related injuries.

The top three allegations were related to:
1. **Failure to ensure resident safety**—primarily falls
2. **Improper resident monitoring**
3. **Improper performance of medical treatments**

These allegations involved high-severity injuries—following a fall, the most frequently seen injuries were fractures, lacerations, brain injury, disability and death. Almost half, or 45%, of skilled nursing facility allegations involved high-severity injuries, with 75% of these injuries resulting in death. In assisted living, the majority, or 55%, of allegations involved medium-severity injuries such as fractures and contusions.

With almost half of all senior care claims involving resident falls, we took a close look at the top factors—or gaps in practice—that contributed to falls and injuries. Note that a claim can and usually will have more than one contributing factor.

The top three gaps in practice that contributed to falls and injuries in our claims:
1. **Poor clinical judgment:** 92% of claims had errors in clinical judgment on the part of care team members. This included a lack of critical thinking skills and poor decision-making.
2. **Fall prevention policy issues:** 47% of claims revealed that an established fall prevention policy was not followed or was absent.
3. **Communication breakdowns:** 36% of claims had communication breakdowns among the care team and/or with residents and families.

According to Atkinson, knowing more about what can go wrong and what contributes to falls helps you pinpoint gaps in your practice that can be used to develop strategies to reduce falls. In order to comply with standards of care and current regulations, it's imperative that all senior living and long-term care organizations have a comprehensive fall reduction program in place.

Failing to prevent preventable injuries can lead to a host of problems, including lower reimbursements and malpractice claims. And that is just the tip of the iceberg—employee retention and engagement, resident and family satisfaction, organization reputation and more can be impacted when preventable falls happen.

"We can't prevent every fall, but we can make a significant difference," Atkinson says. "At the end of the day, that's progress that can prevent costly claims and save precious lives."

Read on for strategies to reduce fall risks in our next article on page 8, "The Many Factors in a Fall."

Sources:

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Think About It
What Is Critical Thinking?

Poor critical thinking skills/errors in clinical judgment contributed to

92%

of fall malpractice claims

Critical thinking encompasses the ability to:

- ✓ Interpret
- ✓ Analyze
- ✓ Evaluate
- ✓ Infer
- ✓ Explain
- ✓ Self-regulate

What gets in the way of critical thinking?
Failing to:
- ✓ Consider potential outcomes
- ✓ Consider possible alternatives
- ✓ Consider complexity of the situation
  - ✓ Heavy workload
  - ✓ Time constraints
  - ✓ Lack of organizational structure
  - ✓ Focus on only one aspect of care
  - ✓ Quick judgments

How can you improve critical thinking?
Teach and mentor these skills to your teams:
- ✓ Problem-solving
- ✓ Interpreting
- ✓ Reasoning
- ✓ Evaluating
- ✓ Creative thinking

Train your teams
Use scenario-based learning and practice situations from malpractice claim case examples, as well as real-life situations from your organization. Mentor these skills using a senior team member to "buddy" with a newer team member.

Case involving bad judgment
An 80-year-old with mild dementia and a documented risk for falls died following a fall in the shower, when a care team member left him alone to respond to an alarm in a nearby room.

Claim paid: $187,000

Case of poor decision-making
A 64-year-old identified as a high risk for falls and injury died after falling off a raised bed, when the nurse left the bedside to grab supplies during a wound dressing change.

Claim paid: $75,000

Key questions to ask:
- ☐ What went wrong in this scenario?
- ☐ What could have been done differently?
- ☐ What steps could have been taken proactively to avoid this?
- ☐ Are there processes in place that weren't followed? What got in the way?

Learn more about critical thinking by reading Missing: Critical Thinking Skills Part 1 and Part 2 or watching the webinar, "Developing Critical Thinking Skills in Senior Living Teams"