Falls Risk Assessment

VNAA Best Practice for Home Health
The participant will be able to:

• Identify two reasons to implement a falls risk program
• Identify three risk factors for patients for falls
• Describe three tools to use in home health
Why falls?

- Negative consequences for quality of life for older adults - falls are the most common cause of nonfatal injuries and hospital admissions for trauma for seniors. (HHQI)
- Risk of serious injury from falls increases with age. (CDC)
- Rates of fall-related deaths among older adults was 36.8% (Stevens, 2006).
- By 2020 the annual direct and indirect cost of fall injuries is expected to reach over $54.9 Billion. (HHQI)
- In 2010 the overall rate of nonfatal fall injury episodes for which a health-care professional was contacted was 43 per 1,000 population. Persons aged 75 or greater had the highest rate (115). (CDC)
- In 2012 1.4% of Home Health patients were hospitalized due to an injury caused by a fall. This is only slightly less than the 1.5% of patients hospitalized for heart failure. (OASIS data from OCS)

Source: Reference - (HHQI P6) www.cdc.gov/Datastatistics/
Definition

- A multifactor, standardized falls risk assessment will be done on each patient over the age of 18, as part of the initial evaluation; the physician-ordered plan of care includes patient-specific interventions tailored to the identified specific risk factors found on the falls risk assessment.
Critical interventions/actions

A falls risk assessment is done as part of the admission process using the Missouri Alliance for Home Care 10 (MAHC-10) – Home Health Agencies will now be able to meet the OASIS requirements utilizing the MAHC-10 as an initial screen for fall risk, which if identified may warrant additional, more specific fall risk assessment.
Rules for Using the MAHC-10 Tool:

1. The fall risk assessment tool used for the validation research was the MAHC-10. The MAHC-10 consists of the required ten core elements, initial instructions, scoring mechanism and threshold for risk, all of which may not be altered or changed in any way.
2. The word “MAHC-10” must remain on the form or be embedded with the tool.
3. Credit must be given to the Missouri Alliance for Home Care.

Source: www.homecaremissouri.org/projects/falls/index.php
Critical interventions and actions

• Patient-specific falls prevention interventions that address the identified risk factors are part of the physician ordered Plan of Care
  – HHQI BPIP page 10
  – American Geriatrics Society’s Prevention of Falls Summary of Recommendations
Risk factors and some possible interventions

• Incontinence: Full RN assessment - type of incontinence, medication implications, teaching opportunities, e.g., Kagel exercises
• Visual impairment: OT referral for environmental modifications
• Impaired functional mobility: PT, OT, RN, MSW assessments based on specific dysfunction and need for personal care support
• Environmental hazards: OT, PT referrals and room to room recommendations
Fall prevention medication review

Appendix F - Fall Prevention Medication Review Checklist

Patient Name: ___________________ Review Date: ______

Number of medications patient was taking: ______

Please indicate which of the following recommendations were made/actions taken when reviewing the above patient’s medication intake.

☐ Decrease number of medications, if possible (especially if taking more than four medications).

Notes:

☐ Investigate lower dosages of medications, especially psychotropic drugs, diuretics and cardiovascular drugs.

Notes:

☐ Consider withdrawal of digoxin:
  - In patients with stable CHF
  - If CHF is due to valvular disease or hypertension
  - If there is no response to digoxin after one month with decreased heart size, or increased exercise capacity

Notes:

☐ Stop or decrease number of psychotropic medications:
  - Neuroleptics (i.e., Phenothiazines, Butyrophenones)
  - Sedatives/hypnotics (i.e., Barbiturates, Hydroxyzine)
    - Antidepressants (i.e., Tricyclic Antidepressants, Selective Serotonin Uptake Inhibitors (SSRIs)
    - Benzodiazepines

Notes:

☐ Avoid combination of certain drugs
  - Narcotics with psychotropics
  - More than one psychotropic

Notes:

Reference: www.champ-program.org
Falls and vision loss fact sheet

May experience more difficulty maintaining balance;
May over-correct or have trouble taking corrective action after a stumble;
May exercise less, and consequently lose strength and balance;
May venture outdoors less often resulting in reduced absorption of Vitamin D, which is important for the maintenance of healthy bones.

Making Life Safer for Older Adults with Visual Impairments

Fortunately, many of the factors that place visually impaired older adults at risk for falling can be addressed through modifications to individual behavior and to the home environment.

Proper maintenance of diseases that affect the eyes (e.g., glaucoma, and diabetes) can help to preserve residual vision. Similarly, removal of cataracts has been shown to reduce the likelihood of falling. Regular checkups, by older people in general, can help to detect vision problems early.

Regular adherence to approved exercise programs (low adherence may result in greater likelihood of falling). Even modest exercise has been shown to improve muscle tone and balance among elderly participants.

Home safety assessment and modifications

Fix cracks in pavement and sidewalks.
Mark abrupt edges (e.g., steps and stairs) with bright high-contrast tape, so that they are visible.
Adjust lighting so that it is sufficient to see, but not too bright, such that it causes glare.
Remove or repair uneven surfaces (for example, those caused by protruding tree roots).
Keep walkways clear of clutter.
Put belts on pet collars.

Although people may fall at any time during their lives, falling is of greater concern to older people because of age-associated changes in the body that make them more likely to experience a serious injury as a result of a fall. Aging is associated with some forms of vision loss that further compound the risk of falling and being injured. People with visual impairments are more than twice as likely to fall as people without visual impairments. In addition to risk factors that are experienced by the aged in general, older people with visual impairments have a unique set of factors that place them at greater risk of falling.

Age-Related Vision Loss—Aging is often accompanied by normal changes in the eyes that can increase the risk of falls. In contrast, some age-related vision losses are associated with diseases that are not a normal part of aging, but are more likely to affect older adults. The most common pathologic eye conditions include cataracts, age-related macular degeneration, diabetic retinopathy, and glaucoma.

Normal Vision—Normal vision is clear and undistorted. However, some normal age-related changes in the eye occur after the age of 40 that make it difficult to change the focus of the eye between near and far objects. Normal age-related changes in the eye are called presbyopia.

Cataracts often develop slowly and occur when the normally clear lens becomes cloudy. Cataracts often result in blurred vision, sensitivity to bright lights and glare, and difficulty seeing at night.

Age-Related Macular Degeneration, or AMD, is a degeneration of part of the retina that perceives fine details. Persons with AMD experience a progressive decrease and/or distortion of vision in the central part of their visual field and may be forced to utilize their peripheral vision to move around.

Source: www.champ-program.org
GEM Environmental Assessment

How to Use The GEM Environmental Assessment

This comprehensive home assessment tool identifies both problems and possible solutions for each room of the dwelling unit and the immediate outdoor area. The assessment covers a broad range of environmental features, including accessibility, furniture, flooring, lighting, etc. You can use it as a basic resource for specific problems or certain areas within the environment, or to conduct a full assessment.

Throughout the assessment, there is a “(T)” for “trigger” next to specific activities. A “No” response to any of the trigger questions (T) may be indicative of functional or physical deterioration and may require additional action. Depending on the situation, you may need to contact a health professional, including a primary physician or nurse, request a functional assessment, and/or request equipment from a physical and/or occupational therapist.

Source: www.champ-program.org
Orthostatic Hypotension Protocol

**Problem:** Orthostasis (≥20mmHg drop in blood pressure) and dizziness on standing, with use of a diuretic or antihypertensive drug

**Goal:** No dizziness on standing and a smaller postural blood pressure drop

**Solution:**

1. **Collect clinical details**
   - What symptoms of orthostasis does the patient have?
   - What is the patient’s blood pressure sitting (or lying) and standing?
   - What medications is the patient currently taking?

2. **Inform the physician**
   - *If only on antihypertensive:*
     a. Ask if doctor wants to consider any medication changes
   - *If on antihypertensive and potentiating drug* (see table of drugs):
     a. Inform physician of potentiating drug(s)
     b. Ask if physician wants to consider any medication changes

3. **Ask for follow-up instructions**

4. **Discuss with patient/caregiver:**
   - Patient countermeasures, e.g. rise slowly, etc. (see Advice to Patient).

5. **Repeat checks for orthostasis and related symptoms**

Source: www.champ-program.org
Risk factors and some possible interventions

• Polypharmacy: RN medication management with MD and pharmacy consultation. Focus on high risk medications, duplicative therapy, clarification of current Rx and timing of doses to help reduce risks

• Pain affecting level of function: RN for complete pain assessment with non pharmacological interventions and pharmacological interventions if needed

• Cognitive impairment: referral to speech therapy, if indicated
Critical interventions and actions

• All patients at high risk for falls are offered an exercise program for strength, balance and gait training

#2 (HHQI page 10 - 12)
#4 (AGS page 2)
CHAMP Tool: Improve your Balance in 10 minutes a day
Other useful tools

• Timed Up and Go (TUG)
• Tinetti Balance Assessment
• Berg Balance Scale
Timed Up and Go (TUG)

Timed Up and Go (TUG) Test

Simple test used to identify persons that are at risk of falling due to balance or gait problems.

Instructions to Administer Test

1. Measure a 10 foot distance from a chair and mark the point. Show this point to the individual before beginning the test.

2. If the individual wears eyeglasses or uses an assistive device such as a cane, walker etc. they should do so while performing the test.

3. Instruct the individual to rise from a chair that has a straight back without using their arms.

4. Ask the individual to rise from the chair by stating ‘ready, set, go’ and begin timing.

5. Observe the patient as he/she walks to the mark, turns and walks back to the chair.

6. Stop timing when the patient sits back down in the chair.

7. Record the time it took the patient to complete this exercise. This is the patient’s score.

Time/Score _________

Completion of the test in 20 seconds or less indicates that the patient is independent in activities of daily living; Time greater than 30 seconds indicates that the patient may be more dependent in activities of daily living and requires assistive devices.
## Tinetti Balance Assessment Tool

**TINETTI BALANCE ASSESSMENT TOOL**


### Patients Name ___________________ D.O.B. _____________ Ward _______

#### Balance Section

Patient is seated in hard, armless chair:

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sitting Balance</strong></td>
<td></td>
</tr>
<tr>
<td>Leans or slides in chair</td>
<td>0</td>
</tr>
<tr>
<td>Steady, safe</td>
<td>1</td>
</tr>
<tr>
<td><strong>Rises from chair</strong></td>
<td></td>
</tr>
<tr>
<td>Unable to without help</td>
<td>0</td>
</tr>
<tr>
<td>Able, uses arms to help</td>
<td>1</td>
</tr>
<tr>
<td>Able without use of arms</td>
<td>2</td>
</tr>
<tr>
<td><strong>Attempts to rise</strong></td>
<td></td>
</tr>
<tr>
<td>Unable to without help</td>
<td>0</td>
</tr>
<tr>
<td>Able, requires ≥1 attempt</td>
<td>1</td>
</tr>
<tr>
<td>Able to rise, 1 attempt</td>
<td>2</td>
</tr>
<tr>
<td><strong>Immediate standing</strong></td>
<td></td>
</tr>
<tr>
<td>Unsteady (staggers, moves feet, trunk sway)</td>
<td>0</td>
</tr>
<tr>
<td>Steady but uses walker or other support</td>
<td>1</td>
</tr>
<tr>
<td>Steady without walker or other support</td>
<td>2</td>
</tr>
<tr>
<td><strong>Standing Balance</strong></td>
<td></td>
</tr>
<tr>
<td>Unsteady</td>
<td>0</td>
</tr>
<tr>
<td>Steady but wide stance and uses support</td>
<td>1</td>
</tr>
<tr>
<td>Narrow stance without support</td>
<td>2</td>
</tr>
<tr>
<td><strong>Nudged</strong></td>
<td></td>
</tr>
<tr>
<td>Begins to fall</td>
<td>0</td>
</tr>
<tr>
<td>Staggers, grabs, catches self</td>
<td>1</td>
</tr>
<tr>
<td>Steady</td>
<td>2</td>
</tr>
<tr>
<td><strong>Eyes closed</strong></td>
<td></td>
</tr>
<tr>
<td>Unsteady</td>
<td>0</td>
</tr>
<tr>
<td>Steady</td>
<td>1</td>
</tr>
<tr>
<td><strong>Turning 360 degrees</strong></td>
<td></td>
</tr>
<tr>
<td>Discontinuous steps</td>
<td>0</td>
</tr>
<tr>
<td>Continuous</td>
<td>1</td>
</tr>
<tr>
<td>Unsteady (staggers)</td>
<td>0</td>
</tr>
<tr>
<td>Steady</td>
<td>1</td>
</tr>
<tr>
<td><strong>Sitting down</strong></td>
<td></td>
</tr>
<tr>
<td>Unsafe (misjudged distance, falls into chair)</td>
<td>0</td>
</tr>
<tr>
<td>Uses arm or not a smooth motion</td>
<td>1</td>
</tr>
<tr>
<td>Safe, smooth motion</td>
<td>2</td>
</tr>
</tbody>
</table>

**Balance Score** 16 / 16
Berg Balance Scale

Berg Balance Test

Name _____________________ Date ___________
Location ___________________ Rater ___________

GENERAL INSTRUCTIONS
Please demonstrate each task and/or give instructions as written. When scoring, please record the lowest response category that applies for each item.

In most items, the subject is asked to maintain a given position for specific time. Progressively more points are deducted if the time or distance requirements are not met, if the subject’s performance warrants supervision, or if the subject touches an external support or receives assistance from the examiner. Subjects should understand that they must maintain their balance while attempting the tasks. The choices of which leg to stand on or how far to reach are left to the subject. Poor judgment will adversely influence the performance and the scoring.

Equipment required for testing are a stopwatch or watch with a second hand, and a ruler or other indicator of 2, 5 and 10 inches (5, 12.5 and 25 cm). Chairs used during testing should be of reasonable height. Either a step or a stool (of average step height) may be used for item #12.
Healthy Moves for Aging Well
Advanced Movements

Remember that SAFETY is always your FIRST PRIORITY!
These movements are more challenging.
Stop if you feel unsteady, dizzy, or uncomfortable.
Read the “Red Flags” on the back for more information.

1. CHAIR STAND
Sit tall on a stable chair with arm rests. Slowly stand up from the chair to a full stand using your hands to help you push off the chair if needed. Make sure this is performed with a stationary countertop in front of you or something that won’t move if you need to use it for support. Return to a seated position.
Work up to 10 chair stands a day.

2. STANDING STEP IN-PLACE
Start by holding onto the back of a stable chair, wall or countertop to maintain your balance. Begin stepping in place lifting your feet only a few inches off the floor.
Try stepping in-place 15 to 30 seconds two times a day.
Critical interventions and actions

• An agency-specific process is in place for accurate/reliable occurrence reporting, auditing, tracking and trending of falls metrics
Training

• Training programs: organizational process and clinician training
• Home health quality improvement best practice intervention package fall prevention
• [URL: www.homehealthquality.org/Education/BPIPS.aspx] pages 21 - 26; pages 40 - 48
Measurement

• Has this patient had a multifactor fall risk assessment? yes/no (M1910)
• Does the physician-ordered plan of care include fall prevention interventions? Yes/no (M2250)
• Do falls risk interventions on the physician-ordered plan of care reflect patient-specific risk factors? (Yes/no) requires agency chart audit
• Agencies may also want to track percentage of patients who are hospitalized due to a fall. (M2310)
• Quarterly, track the number of falls, falls that resulted in emergent care, falls that resulted in injury and hospitalization, whether a PT was ordered for those at risk. (Missouri Alliance forms)
Helpful hints and other tools

- CHAMP tools [www.champ-program.org](http://www.champ-program.org) includes:
  - Fall Prevention Medication Review Checklist: Helps identify and eliminate side effects and interactions that increase risk of falls
  - Falls and Vision Loss Fact Sheet: Age-related vision diseases and how they hinder the ability to safely negotiate the environment
  - GEM Environmental Assessment: Helps identify safety problems in each room and possible modifications
  - Orthostatic Hypotension Protocol: Helps educate clinicians about orthostatic hypotension. Includes table of commonly used groups of drugs that an cause or exacerbate this problem
  - Improve Your Balance in 10 Minutes a day: Three simple exercises for patients