




# **Falls Management In the Dementia Population: An Interdisciplinary Approach**



*Presented by  
Heather Meadows, MA CCC-SLP  
Executive Director of Pennsylvania*

**PREMIER THERAPY**



110 Central Square Drive  
Beaver Falls, PA 15010  
**800.875.7041**  
[www.EmbracePremier.com](http://www.EmbracePremier.com)

# OBJECTIVES

- 1.** Discuss the financial, physical, and psychological impact of falls for the older adult.
- 2.** Describe the fundamentals of balance and specific issues for the dementia patient

## OBJECTIVES *(continued)*

3. Identify patient specific strategies based on physical performance and cognitive level to address falls.
4. Design an interdisciplinary approach using evidence-based interventions for falls prevention in the dementia population.

# PREVALENCE OF FALLS

25% of people aged 65 and older fall each year  
**(Approximately 1 out of 4 people)**

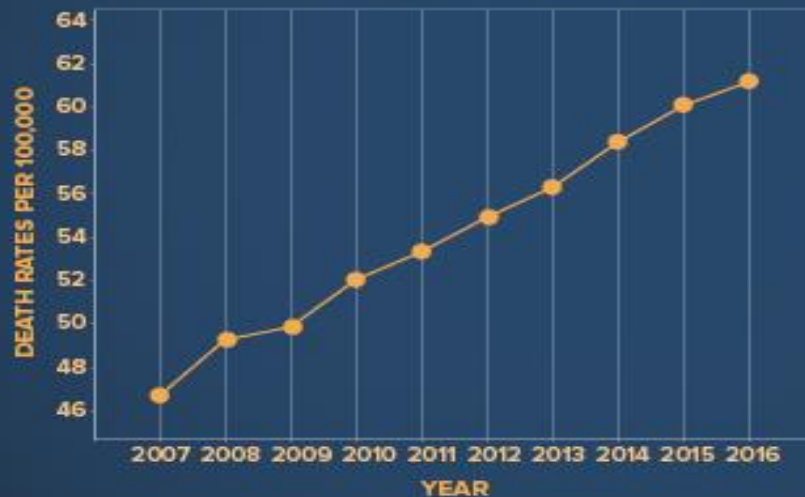
- 1 out of 5 falls result in serious injury
- 3 million older adults are treated in the ER for falls
- Over 800,000 adults are hospitalized because of a fall each year (head injury and hip fractures).

# PREVALENCE OF FALLS

- 1 fall can double your chance of falling again.
- More than 95% of hip fractures are due to falls.
- Falls are the most common cause of TBIs.
- Falls are the leading cause of injury, hospital admissions, and death in people 65 years and older.

# CDC Estimates Fall Deaths

## Fall Death Rates in the U.S. **INCREASED 30%** FROM 2007 TO 2016 FOR OLDER ADULTS



Learn more at [www.cdc.gov/HomeandRecreationalSafety](http://www.cdc.gov/HomeandRecreationalSafety).

If rates continue to rise,  
we can anticipate

**7 FALL  
DEATHS**  
EVERY HOUR  
BY 2030



# COST OF FALLS

- In 2015, the Total Medical Costs for Falls were greater than 50 Billion dollars.
- Medicare and Medicaid paid for 75% of these costs.
- Average hospital cost for a fall injury per incident is 30,000 dollars.
- The cost of treating falls injuries goes up with age.



# REASON FOR FALLS PREVENTION

Fall Prevention is a top focus and quality measure for Medicare due to:

- The frequency of falls in the older population
- The severity of injuries and even death that can result
- The significant cost to the healthcare system
- Improvement in the quality of life for residents

# IMPLEMENTING A FALLS PROGRAM

- Helps to reduce cost to the healthcare system
- Decreases re-admissions to hospitals
- Helps to maintain functional status and safety level of the resident
- Improves overall quality of life for the resident

# CMS Quality Measure: Falls

Percentage of Falls in your facility with long term and short term residents with or without injury

- This can be an indicator of quality of care in your facility so it's important to reduce all possible risks.

# Risk Factors for Falls

- Previous Fallers
- People with co-morbidities
- Cognitive Issues
- Behavior Issues
- Vitamin Deficiencies (Vit. D)
- Balance Deficits
- Multiple Drug Regimen
- Lower Body Weakness

# Risk Factors for Falls (*continued*)

- Pain/Foot Pain
- Gait Abnormalities (*i.e., step length, velocity, BOS*)
- Psychosocial Issues (*i.e., Depression*)
- Nutritional Deficits
- Visual Deficits
- Acute Illness (*i.e., UTI*)
- Poor Footwear
- Home Hazards (rugs and stairs)

# Risk Factors for Falls (*continued*)

- Decreased sensation (*i.e., DM*)
- Incontinence
- Arthritis
- Female
- Dizziness
- Orthostasis (*i.e., hypotension*)
- Functional Limits
- > than 80 years old

# Risk Factors with Strongest Association with Falling

- History of Falls
- Gait Problems
- Use of Walking Aide
- Vertigo
- Parkinson's Disease
- Anti-epileptic Drug Use
- Postural Hypotension
- Poor Sleeping Patterns

**More Risk  
Factors  
=  
More Risk  
for Falls**

# Dementia Specific Risk Factors

Persons with dementia are two to three times more likely to fall compared to persons without dementia (Kropelin TF, et al.)

- Changes in Insight – judgment and reasoning
- Recognition of sensory input – sight, touch, and sound
- Decreased communication
- Decreased coordination of movement



# Dementia Specific Risk Factors (*continued*)

- Disrupted ability to interpret environment
  - Illusions and misperceptions e.g., depth, light intensity, color, pattern and temperature
- Memory loss
- Poor learning potential
- Inability to initiate tasks – leads to immobility

# Other Risk Factors

- If a person fell in the hospital and is admitted to SNF: Danger zone is **first 2 weeks** in the skilled nursing facility after admission.
- Almost 70% of those patients, will fall again, and 5% will die from the fall.
  - Mostly attributed to acute illness, environmental change and adverse drug reactions

# Risk Factors

- 78% more likely to fall if a person has 4 or more risk factors.
- Underlines need to identify risks upon admission

# Proven Prevention to Reduce Fall Risk

- Vitamin D supplement- 800 IU a day or more helps to reduce falls in LTC15
- Exercise
  - should have **strengthening exercises combined with balance exercises with controlled movement** for greatest effect on reducing falls (*ex., Tai Chi, Otago Exercise Program*)
  - walking alone does not reduce risk of falls

# Proven Prevention to Reduce Fall Risk (*continued*)

## Visual Assessment and Management

- Be aware that a resident can have an increase in fall risk when change in eyewear occurs.
- OT may need to be involved for a transition period for compensatory/safety techniques.

## Withdrawal from Psychotropic Medication<sup>17,18</sup>

- physician oversight and managed

# Proven Prevention to Reduce Fall Risk (*continued*)

## Pacemakers

- Underlying cardiac problems that lead to dizziness, blackouts, and confusion can be reduced by inserting a pacemaker.
- Reduced falls by 2 out of 3 persons

## Multifocal lenses

- increase fall risk in community but not familiar territory

# Proven Prevention to Reduce Fall Risk (*continued*)

## Home/Environment Safety <sup>17</sup>

- Therapy can look at environment and homes for safety issues and make recommendations.
- Therapy can assess footwear and gait deviations.

# Treatment

Treatment of the dementia patient with falls requires an interdisciplinary approach.

- Treatment interventions should target identified needs to optimize the entire care team's health and reduce everyone's health risks. People impacted by dementia—both patients and caregivers—have changing needs for licensed/skilled and unlicensed/unskilled services over time. Their needs may span 5 health domains—behavioral, cognitive, mental, physical, and functional—so care managers should consider all 5, per the results of an international consensus study. McCarthy 2018



# Treatment Considerations in Dementia

People on the dementia spectrum who refuse to move (behavioral domain) and have non-amnesic (non-Alzheimer's) dementia (cognitive), fear of falling (mental), postural collapse (physical), and difficulty walking (functional), may require *different* care management interventions than do people who are chronic walkers/rockers (behavioral) with amnesic-type (Alzheimer's) dementia (cognitive), depression (mental), pain (physical) and difficulty walking (functional).

McCarthy, 2018

# Abilities Most Preserved in Dementia

Functions last to decline in persons with Dementia:

- Residual Praxis and Knowledge
- Music and Art
- Humor and Intelligence
- Honesty and Innocence
- Physical Strength
- Resourceful
- Recall of Traumatic or important events

# The Importance of Staging

- Dementia affects many areas of function at different rates.
- Staging the dementia determines the current function and how to develop a plan to best care for the affected person.
- Typically, once staged, the person will move to more advanced stages as time passes.
- Treatment strategies can facilitate longer holding patterns from one stage to the next.

# The Importance of Staging (continued)

- Provides basis for caregiver education, strategies, approaches in developing patient-centered plan of care
- Helps staff/family provide quality care while focusing on preserved abilities, not limitations

# Methods of Staging

## Accepted Scales

- NCCDP – 3 stages
- Global Deterioration Scale – 7 stages
- Allen Cognitive Levels – 6 levels:
  - 3 Components:
    - Attention
    - Motor Control
    - Verbal Performance

# Mid Stage Characteristics

Profile of mental capability of 12 to 13-year-old

- Can learn with repetition, residual abilities decrease (2-week window)
- Routine is substitute for memory
- 24 hr supervision, home care
- Set up for tasks
- Task completion issues
- Family notices change, need education

# Mid– Late Strategies

## Remedial Strategies (Failure Free)

- Brain games
- Practice makes Praxis
- Physical cues
- Behavior modification
- Sensory stimulation
- Multi-sensory environments
- Caregiver education
- Participation in Independent/Group/ 1:1 activities

# Late Stage Characteristics

- Mental capability of 3 to 5-year-old
- Behaviors increase
- Combativeness/Agitation
- Elopement/Wandering
- Sun-downing
- Falls – more difficulty walking
- Perseveration
- Need total assist for tasks
- Yelling
- Nutritional/ Hydration difficulties  
*(swallowing , feeding)*



# Late Stage Strategies (continued)

- Behaviors occur due to unmet need and lack of ability to communicate it
  - Assess Behavior: Figure out what root cause is and plan what can improve it
- Music Sessions - Music and Memory
- Supervised/Assisted activities
- Do not limit walking
- Eliminate stressors that may make them wander:
  - cold temperature
  - change in routine
  - extra noise/chaos
  - incontinence

# Late Stage Strategies (Continued)

- Wheelchair wandering if physically unsafe to walk
- Involve with low level activities
- Hoarding- let them collect things as long as safe, fill container, give dollar if needed, give alternative activities
- Continue use of Memory Book (Montessori Techniques)

# Late Stage Strategies (Continued)

- *Wandering*

- May have had a pre-morbid job that involved walking (ex. *Postman*)
- Aimless wandering may be due to extra energy- take outside or give physical exercises
- Modify environment for safety on wander trail
- Enhance trail with visual/tactile stimulating items
- Disguise exits with wall mural, black rug, gridlines, guiding words, curtain

# Late Stage Strategies (Continued)

- *Elopement*

- Wander guard
- Verbal alarm system
- Mobile locator
- Know wander pattern and keep watch if does not follow trend
- What is your elopement plan?

- *Yelling*

- Studies have shown that giving an appropriate dosage of Acetaminophen has helped constant yelling due to relief of pain; pain is overlooked as a catalyst for yelling
- Music therapy- can use headphones

# Late Stage Strategies (continued)

- *Agitation*

- Sleep deprivation- keep on diurnal rhythm; keep them busy during day
  - try not to let them sleep, wake up same time everyday no matter what and try to get outside to know difference between day and night
- Assess for Depression and root cause of agitation
- Music and cognitive games
- Cooking
- Pet visits
- Snacks
- Physical activity
- Visual stimulation

# Late Stage Strategies (Continued)

## Falls increase

- Good activity plan- keep involved and busy
- Close supervision
- Use of hip protectors
- De-clutter space
- Regular exercise

# Why have a Falls Team?

Medicare has recognized **falls as being one of the mostly costly issues for healthcare services** and overall detrimental to the health of the residents in LTC.



# Comprehensive Program-

*What is it?*

## **Comprehensive Program Definition:**

An all-inclusive program covering a broad scope involving people with extensive understanding to provide protection against most risks.





# Comprehensive Falls Program

If you attack a Falls program from a comprehensive standpoint, you will keep residents at their most independent level and enhance their quality of life while improving your QM scores.

# Falls Program Team Members

- Nursing
- Physician, NP, PA
- Therapy
- MDS
- SW

- Administrator
- Restorative
- Aides

\*not all inclusive

# Falls Program Structure

1. Initial assessments of all new admits\quarterly assessments of all long term residents.
2. Measurement of Previous Status to Current with Risk Factor (s) determined.
3. Placement on Target List for Morning Meeting to communicate to IDT.
4. Review Plans and modify if needed by IDT at Weekly UR or Resident Review.

# Assessment of Fall Risk

Should include:

- Both patient specific and general facility review
- History of Falls: circumstance of Fall(s)
- Risk Factors Present
- Medication Review
- Functional Status: Therapy should be involved
- Environmental Assessment



# The First 48 Hours

## Risks in the First 48 Hours

- Increased disorientation/confusion
- Falls
- PRN use of antipsychotics
- Physical aggression and other behaviors
- Elopement
- Re-hospitalization
- Poor dietary intake
- Increased pain


# The First 48 Hours

## Considerations

### Room Placement

- Too near the nurses' station – loud, disruptive
- Too far from the nurses' station – no supervision
- Consider 1:1 from family, nursing, activities in a quiet room without roommate noise
- Can use that time for individualized assessments
- Comprehensive Medication Review
- Baseline and Routine Vital Signs/Tracking

# Initial Risk Assessment

<b>RESIDENT SNAPSHOT</b>	
<b>Prior Level of Function Assessment/Health Profile</b>	
Resident Name _____	
Prior to this recent health decline...	
Did you help the patient with eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how?	_____
Did the patient have difficulty swallowing?	_____
How would you describe the patient's appetite?	_____
Did the patient have a special diet prescribed by physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you help the patient with dressing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how?	_____
Did the patient have any circulation or skin related problems?	_____
Did you help the patient with walking/getting up/going up stairs ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how?	_____
Any history of falls? How often and under what circumstance?	_____
Did you help the patient with bathing/bathroom use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how?	_____
Was the patient continent of bowel and bladder?	_____
Was the patient able to make good decisions/had reliable memory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the patient have behavioral/psychological/elopement issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## What's Your Risk? A family/resident assessment of fall risk



Please check "Yes" or "No" for each statement below.

'es (2) No (0) I have fallen in the past year.

'es (2) No (0) I use or have been advised to use a cane or walker to get around safely.

'es (1) No (0) Sometimes I feel unsteady when I am walking.

'es (2) No (0) I steady myself by holding onto furniture when walking at home.

'es (1) No (0) I am worried about falling.

'es (1) No (0) I need to push with my hands to stand up from a chair.

'es (1) No (0) I have some trouble stepping up onto a curb.

'es (1) No (0) I often have to rush to the toilet.

'es (1) No (0) I have lost some feeling in my feet.

'es (1) No (0) I take medicine that sometimes makes me feel light-headed or more tired than usual.

'es (1) No (0) I take medicine to help me sleep or improve my mood.

'es (1) No (0) I often feel sad or depressed.

Total \_\_\_\_\_

Add up the number of points for each "yes" answer. If you scored 4 or more points, you are at risk for falling. Refer to STAR team.

### Why it matters

People who have fallen once are likely to fall again.

People who have been advised to use a cane or walker may already be more likely to fall.

Unsteadiness or needing support while walking are signs of poor balance.

This is also a sign of poor balance.

People who are worried about falling are more likely to fall.

This is a sign of weak leg muscles.

This is also a sign of weak leg muscles.

Rushing to the bathroom increases the chance of falling.

Numbness in your feet is a sign of poor circulation.

Side effects from medication can increase the chance of falling.

These medications can increase the chance of falling.

Symptoms of depression can slow down your reaction time.

## Prior Level of Function Assessment



Resident Name \_\_\_\_\_

Prior to this recent health decline...

Did you help the patient with eating?  
If so how? \_\_\_\_\_

Yes  No

Did you help the patient with dressing?  
If so how? \_\_\_\_\_

Yes  No

Did you help the patient with walking/getting up?  
If so how? \_\_\_\_\_

Yes  No

Did you help the patient with bathing/bathroom use?  
If so how? \_\_\_\_\_

Yes  No

Was the patient able to make good decisions?  
\_\_\_\_\_

Yes  No





# Algorithm for Fall Risk Assessment & Interventions

**Waiting room: Patient completes Stay Independent brochure**  
Identify main fall risk factors

**Clinical visit: Identify patients at risk**

- Fell in past year
- Feels unsteady when standing or walking
- Worries about falling
- Scored  $\geq 4$  on Stay Independent brochure

No to all

• Educate patient  
• Refer to community exercise, balance, fitness or fall prevention program

**Evaluate gait, strength & balance**

- Timed Up and Go
- 30-Sec Chair Stand
- 4 Stage Balance Test

No gait, strength or balance problems

**Gait, strength or balance problem**

$\geq 2$  falls or a fall injury

1 fall in past year

0 falls in past year

Determine circumstances of latest fall

Determine circumstances of fall

• Educate patient  
• Refer for gait and/or balance retraining or to a community fall prevention program

**Conduct multifactorial risk assessment**

- Review Stay Independent brochure
- Falls history
- Physical exam
- Postural dizziness/postural hypotension
- Cognitive screening
- Medication review
- Feet & footwear
- Use of mobility aids
- Visual acuity check

**Implement key fall interventions**

- Educate patient
- Enhance strength & balance
- Improve functional mobility
- Manage & monitor hypotension
- Manage medications
- Address foot problems
- Vitamin D +/- calcium
- Optimize vision
- Optimize home safety

**Patient follow-up**

- Review patient education
- Assess & encourage adherence with recommendations
- Discuss & address barriers to adherence



**STEADI** Stop Accidents

## Fall Risk Evaluation

Complete evaluation upon admission, quarterly or with a change in status

Resident's Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_



Parameter	Score	Resident Status/Condition
A Age	1	>80 years old
	0	Alert & oriented x 3 or comatose
B Mental Status	2	Disoriented x 3 at all times
	4	Intermittent confusion
	0	Ambulatory & continent
C Ambulation/ Elimination Status	2	Elimination with assistance
	4	Independent & incontinent
	0	No falls
D History of falls past 3 months	2	1-2 falls
	4	3 or more
	0	Adequate
E Vision	2	Some impairment
	4	Legally blind
	0	No noted drop between lying and standing
F Blood Pressure	2	SBP drops <20 mm HG between lying and standing
	4	SBP drops >20 mm HG between lying and standing
	Have resident stand on both feet without any type of assistance for 30 seconds. Then walk forward, through door, then make a turn. Mark all that apply.	
G Gait and Balance	0	Steady gait/balance
	1	Balance problem while standing/walking
	1	Decreased muscle coordination
	1	Gait pattern changes through doorway
	1	Unstable when making turns
	1	Requires assistive device (cane, walker, w/c, crutch, etc)

# Long Term Residents

- Quarterly assessment using Fall Assessment and Screening systems through Therapy
- Incident Report Form
- Weekly Screening through Clinical Review Rounds or IDT meetings

# Utilization/Resident Review

- This should consist of a weekly comprehensive review of all risk factors not just for falls.
- Proper referrals to address needs are determined by the IDT and assignment sheets are completed.

# Clinical Review Rounds

- Weekly review of upcoming assessments for the long term care residents.
- Can involve therapy, restorative, nursing and aides during screening process.
- Chart review and Observation completed
- Point of service documentation and proper referrals



# Issue Found

- May find decline or issue during screening process OR incident occurs
- Utilize tools to document
  - Pause: What is the root cause?
  - Fall Incident report
  - Medical Necessity Form

### 5 WHYS TOOL

Problem Statement:   
(One sentence description of event)

WHY?

WHY?

WHY?

WHY?

WHY?

#### ROOT CAUSE(S)

1.
2.
3.

**To validate Root Causes-Ask the following:**  
If you removed this Root Cause, would this event have been prevented?



# Pause: What is the Root Cause?

Pause: What is the Root Cause?

Problem: \_\_\_\_\_

**PREMIER THERAPY**  
embrace the difference

What factors were involved?

Environmental	Medical	Cognitive	Behavioral	Physical	Procedural	Training/Communication	Staffing/Supervision
<b>Issues with</b> <input type="checkbox"/> bed position/safety <input type="checkbox"/> w/c position/safety <input type="checkbox"/> layout of room <input type="checkbox"/> clutter <input type="checkbox"/> lighting <input type="checkbox"/> equipment failure/improper use <input type="checkbox"/> floors/wet/glare <input type="checkbox"/> temperature <input type="checkbox"/> distracting/noisy <input type="checkbox"/> new room/location <input type="checkbox"/> security aide <input type="checkbox"/> adaptive equipment <input type="checkbox"/> other: _____	<b>Issues with</b> <input type="checkbox"/> acute illness <input type="checkbox"/> medication change/refusal <input type="checkbox"/> new onset dx <input type="checkbox"/> new injury <input type="checkbox"/> visual deficit <input type="checkbox"/> co-morbidities <input type="checkbox"/> exacerbation of disease <input type="checkbox"/> edema <input type="checkbox"/> sleep problems <input type="checkbox"/> vitamin deficiencies <input type="checkbox"/> DM <input type="checkbox"/> other: _____	<b>Issues with</b> <input type="checkbox"/> unable to follow commands <input type="checkbox"/> expressive aphasia <input type="checkbox"/> receptive aphasia <input type="checkbox"/> poor safety judgment <input type="checkbox"/> impulsive <input type="checkbox"/> depression <input type="checkbox"/> decreased attention <input type="checkbox"/> lethargic <input type="checkbox"/> other: _____	<b>Issues with</b> <input type="checkbox"/> combative <input type="checkbox"/> refusals <input type="checkbox"/> yelling <input type="checkbox"/> other: _____	<b>Issues with</b> <input type="checkbox"/> pain <input type="checkbox"/> gait <input type="checkbox"/> balance <input type="checkbox"/> strength <input type="checkbox"/> transfers <input type="checkbox"/> ADL's <input type="checkbox"/> restraints <input type="checkbox"/> bowel/bladder <input type="checkbox"/> wounds <input type="checkbox"/> other: _____	<b>Issues with</b> <input type="checkbox"/> transfer status <input type="checkbox"/> ambulation status <input type="checkbox"/> orientation <input type="checkbox"/> assignments	<b>Issues with</b> <input type="checkbox"/> pt. status <input type="checkbox"/> support needed <input type="checkbox"/> equipment needs <input type="checkbox"/> lift usage (mechanical) <input type="checkbox"/> cueing <input type="checkbox"/> caregiver knowledge <input type="checkbox"/> other: _____	<b>Issues with</b> <input type="checkbox"/> schedule <input type="checkbox"/> rest periods <input type="checkbox"/> enough support staff <input type="checkbox"/> proper supervision <input type="checkbox"/> competency <input type="checkbox"/> follow through <input type="checkbox"/> other: _____

Consult or Evaluation needed with:

<input type="checkbox"/> Therapy: PT/OT/ST	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physician/Psychology	<input type="checkbox"/> Eye Doctor	<input type="checkbox"/> Social Work	<input type="checkbox"/> Wound Specialist	<input type="checkbox"/> Orthotist
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Restorative Nursing	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Therapy	<input type="checkbox"/> Family/Caregivers	<input type="checkbox"/> DME Consultant	<input type="checkbox"/> Other: _____



## Fall Investigation Tool

All information below reflects what happened at the time of the incident.

Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of fall: \_\_\_\_\_ Activity prior to fall: \_\_\_\_\_

Brief description of fall: \_\_\_\_\_

What does the resident state happened? \_\_\_\_\_

What do other witnesses state happened? \_\_\_\_\_

ROM:  WNL or  Not WNL

Pain:  Yes  No Location/Description of injury: \_\_\_\_\_

Mild (pain expressed but does not interfere with activity)  Moderate (pain interferes with normal activity)  Severe (pain excruciating)

T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP at  sit or  lay \_\_\_\_\_ BP at  sit or  stand \_\_\_\_\_

PERRLA (if applicable, explain concerns) \_\_\_\_\_

Environmental Concerns: (room order, glare, wet floor, equipment failure, etc) \_\_\_\_\_


Contributing Factors:  Positioning  Behavior  Cognition  Acute Illness  Gait Disturbance  Unmet Need

Vision Impairment  Other Explain all checked: \_\_\_\_\_

Was resident continent at time of fall? Bowel  Yes  No Bladder  Yes  No Time last toileted \_\_\_\_\_

Use of Alarm  Use of Restraint Explain alarm/restraint use \_\_\_\_\_

# Medical Necessity Form

Functional Decline/Medical Necessity Report: Nursing Note	
Patient Name _____ has had a functional decline in the following areas. 	
<input type="checkbox"/> Decline not temporary (i.e., not caused by UTI, flu, etc.)	<input type="checkbox"/> Decline not caused by side effect of medication
<b>PHYSICAL THERAPY</b> (check all that apply)	
<input type="checkbox"/> Wheelchair mobility	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Transfers	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Ambulation	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Bed Mobility	Now _____ assist; prior _____ assist.
or	
<b>New issues with:</b>	
<input type="checkbox"/> Lower body contracture	<input type="checkbox"/> Unhealing wounds
<input type="checkbox"/> Falls	<input type="checkbox"/> Pain that affects _____
<input type="checkbox"/> Unsteady balance affecting functional mobility	<input type="checkbox"/> Other _____
<b>OCCUPATIONAL THERAPY</b> (check all that apply)	
<input type="checkbox"/> Upper body ADLs	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Lower body ADLs	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Toileting	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Personal Hygiene	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Self-feeding	Now _____ assist; prior _____ assist.
<input type="checkbox"/> Bathing	Now _____ assist; prior _____ assist.

# What Next?

If your new admit triggers as a Falls risk OR you identify issue with long term care resident: then you should have a target list or “war board” to discuss this resident as part of stand up meeting or risk meeting on a daily basis.


# Target List

## H.A.L.T.T. Target List



	Patient Name	Date Identified	Issue	Comments	Resolved
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

# Assignment Sheet

<b>Assignment Sheet</b>				
				
<b>Issue Identified</b>	<b>Recommended Solution</b>	<b>Responsible Person</b>	<b>Date to Be Completed</b>	<b>Corrective Action Taken</b> <i>(responsible person completes this section)</i>

# Daily/Weekly Monitoring

- Each resident will continue to be monitored and reported on in morning meeting on their progress and status of plan.
- Assignment sheets will be reviewed in weekly meeting and modifications may be made by IDT

# Communication and Training

- Document all information during Falls meetings and interventions
- Can use log but should have nursing note or IDT note 1x a week for everyone and everything discussed in meeting.




# Communication and Training

- Once end result is achieved, communicate to all care staff and make sure all training is complete.
- Use sign off sheets during training with dates completed, who attended and who instructed.

# Communication and Training

- Update Falls Log that plan was put into place, all care staff trained and resident successful with adaptations. Nursing will follow for next 2 weeks for carry over.
- Nursing should write note on carry over and positive impact to function and quality of life for resident. Report at UR meeting with ongoing status of patient.

# Nursing Log and Note

Functional Decline/Medical Necessity Report: Nursing Note		
Patient Name _____ has had a functional decline in the following areas.		
<input type="checkbox"/> Decline not temporary (i.e., not caused by UTI, flu, etc.)	<input type="checkbox"/> Decline not caused by side effect of medication	
<b>PHYSICAL THERAPY</b> (check all that apply)		
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<input type="checkbox"/> Bed Mobility	Now _____	assist; prior _____ assist.
or		
<b>New issues with:</b>		
<input type="checkbox"/> Lower body contracture	<input type="checkbox"/> Unhealing wounds	
<input type="checkbox"/> Falls	<input type="checkbox"/> Pain that affects _____	
<input type="checkbox"/> Unsteady balance affecting functional mobility	<input type="checkbox"/> Other _____	
<b>OCCUPATIONAL THERAPY</b> (check all that apply)		
<input type="checkbox"/> Upper body ADLs	Now _____	assist; prior _____ assist.
<input type="checkbox"/> Lower body ADLs	Now _____	assist; prior _____ assist.
<input type="checkbox"/> Toileting	Now _____	assist; prior _____ assist.
<input type="checkbox"/> Personal Hygiene	Now _____	assist; prior _____ assist.
<input type="checkbox"/> Self-feeding	Now _____	assist; prior _____ assist.
<input type="checkbox"/> Bathing	Now _____	assist; prior _____ assist.

# Communication and Training

- Team will recommend discharge from At Risk List
- Written status/adaptation should be present in a private place so care staff can access it easily during care.
- Resident will be reviewed quarterly

# Staff Education

- Includes whole house education and culture change
- Accountability to everyone to make it successful
- Staff competency checklist and procedures need to be in place
- Education needs to be consistent and often

# Staff Competency Checklist

## STAFF COMPETENCY: DEMENTIA/ALZHEIMER'S CARE



Name: \_\_\_\_\_

	Satisfied	Needs Additional Training	Comments
Gait belt use			
Approach to treatment			
introduce			
approach from front			
eye contact			
touch			
tone of voice			
Understand indicators for pain			
facial expressions			
verbal expressions			
behavioral expressions			
physical/functional changes			
Understands need for engagement			
Understands importance of nutrition/hydration monitoring			
Understands dignity for patient			
no yelling			
no arguing			
validation of patient			
Understands importance of communication to nursing of any change in condition of resident			
Aware of importance of daily ADLs			
task segmentation			
patient preferences			
environment awareness			
Understands importance of patient preferences			
Understands tools or approaches for patient's wants and needs			
Understands need to keep patient/others safe			
Aware of language references for patients with Dementia/Alzheimer's			
Aware of sleep patterns and bowel and bladder routine			
Aware of impact to patient with regard to changes to routine or environment			
Able to locate patient specific information and use it effectively			
Communicate with dementia residents using focused approach.			

Trainer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Discharge

- Review of Discharge checklist by the IDT will be completed prior to discharge.
- All training of care staff and families must be done prior to discharge from program.
- Update given at morning meeting and resident is removed from target list.

## DISCHARGING A PATIENT



IF THE MOST RECENTLY ESTABLISHED GOALS HAVE NOT BEEN MET

If you are discharging this patient because progress is no longer being achieved ask yourself the following questions:

- What is the reason for this patient having plateaued?
- Has the therapy been comprehensive in meeting all of the identified deficit areas?
- Does this patient have cognitive deficits that prevent making the expected progress in therapy?
- If yes, how can I adjust the treatment so that progress can be made?
- Have all of this patient's goals been met?
- Do new goals need to be established?
- Has the therapy been frequent enough?
- Has the therapy been as intense as needed?
- Have I used the optimal treatment approach?
- Do I have the necessary equipment/materials?

# Discharge Checklist

### Discharge Planning Checklist



Patient Name: \_\_\_\_\_

Anticipated Discharge Setting: \_\_\_\_\_

Assist with Care Available: \_\_\_\_\_

Patient will be handling own medication regimen.  Yes  No  
If yes, patient has demonstrated ability to do so with competence.  Yes  No

What medical equipment will be required at discharge?

\_\_\_\_\_

\_\_\_\_\_

Patient/caregiver has been trained to use appropriately.

Patient/caregiver has demonstrated good ability to complete or assist with:

Up and down stairs



# Case Scenario

80 year old female admitted with exacerbation of COPD.  
Currently Min assist with ambulation

- Past Medical History: Lewy Body Dementia, DM, atrial fib, and Right hip fracture 2 years ago

# Case Scenario *(continued)*

- Prior to hospital stay the resident ambulating without a device, throughout the unit. Alert and oriented to self only, no behaviors
- She has a documented fall about 1 week before going into the hospital – pt found in hallway, no injuries
- She has numbness in her feet from DM

## Case Scenario *(continued)*

- New Admit: Nursing/MDS complete PLOF, Fall Risk and What's Your Risk assessments.
- Resident triggered as a high risk for falls on the assessments due to decreased functional ability, significant decline from PLOF, uncontrolled DM and fall history
- Nursing places resident on target list as "at risk."
- Resident is discussed with IDT in next morning meeting as having issues and all therapies are ordered to complete evaluations.

# Target List

## H.A.L.T.T. Target List



	Patient Name	Date Identified	Issue	Comments	Resolved
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

## Case Scenario *(continued)*

- Resident is discussed in morning meeting and update given as preliminary plan.
- Resident discussed in Weekly UR\Resident Review meeting by entire IDT
- Utilize Tool for Root Cause
- Care Plan with Family to know D/C goals

# Root Cause Tool



Pause: What is the Root Cause?

Problem:

What factors were involved?

Environmental	Medical	Cognitive	Behavioral	Physical	Procedural	Training/Communication	Staffing/Supervision
Issues with	Issues with	Issues with	Issues with	Issues with	Issues with	Issues with	Issues with
<input type="checkbox"/> bed position/safety <input type="checkbox"/> w/c position/safety <input type="checkbox"/> layout of room <input type="checkbox"/> clutter <input type="checkbox"/> lighting <input type="checkbox"/> equipment failure/improper use <input type="checkbox"/> floors/wet/glare <input type="checkbox"/> temperature <input type="checkbox"/> distracting/noisy <input type="checkbox"/> new room/location <input type="checkbox"/> security aide <input type="checkbox"/> adaptive equipment <input type="checkbox"/> other: _____	<input type="checkbox"/> acute illness <input type="checkbox"/> medication change/refusal <input type="checkbox"/> new onset dx <input type="checkbox"/> new injury <input type="checkbox"/> visual deficit <input type="checkbox"/> co-morbidities <input type="checkbox"/> exacerbation of disease <input type="checkbox"/> edema <input type="checkbox"/> sleep problems <input type="checkbox"/> vitamin deficiencies <input type="checkbox"/> DM <input type="checkbox"/> other: _____	<input type="checkbox"/> unable to follow commands <input type="checkbox"/> expressive aphasia <input type="checkbox"/> receptive aphasia <input type="checkbox"/> poor safety judgment <input type="checkbox"/> impulsive <input type="checkbox"/> depression <input type="checkbox"/> decreased attention <input type="checkbox"/> lethargic <input type="checkbox"/> other: _____	<input type="checkbox"/> combative <input type="checkbox"/> refusals <input type="checkbox"/> yelling <input type="checkbox"/> other: _____	<input type="checkbox"/> pain <input type="checkbox"/> gait <input type="checkbox"/> balance <input type="checkbox"/> strength <input type="checkbox"/> transfers <input type="checkbox"/> ADL's <input type="checkbox"/> restraints <input type="checkbox"/> bowel/bladder <input type="checkbox"/> wounds <input type="checkbox"/> other: _____	<input type="checkbox"/> transfer status <input type="checkbox"/> ambulation status <input type="checkbox"/> orientation <input type="checkbox"/> assignments	<input type="checkbox"/> pt. status <input type="checkbox"/> support needed <input type="checkbox"/> equipment needs <input type="checkbox"/> lift usage (mechanical) <input type="checkbox"/> cueing <input type="checkbox"/> caregiver knowledge <input type="checkbox"/> other: _____	<input type="checkbox"/> schedule <input type="checkbox"/> rest periods <input type="checkbox"/> enough support staff <input type="checkbox"/> proper supervision <input type="checkbox"/> competency <input type="checkbox"/> follow through <input type="checkbox"/> other: _____

Consult or Evaluation needed with:

- |  |  |   |                                     |  |   |                                       |
|--|--|---|-------------------------------------|--|---|---------------------------------------|
| <input type="checkbox"/> Therapy: PT/OT/ST | <input type="checkbox"/> Nursing             | <input type="checkbox"/> Physician/Psychology | <input type="checkbox"/> Eye Doctor | <input type="checkbox"/> Social Work       | <input type="checkbox"/> Wound Specialist | <input type="checkbox"/> Orthotist    |
| <input type="checkbox"/> Maintenance       | <input type="checkbox"/> Restorative Nursing | <input type="checkbox"/> Pharmacy             | <input type="checkbox"/> Therapy    | <input type="checkbox"/> Family/Caregivers | <input type="checkbox"/> DME Consultant   | <input type="checkbox"/> Other: _____ |

## Case Scenario *(continued)*

- Assignment sheets are completed by Nursing in UR with Issues identified, persons responsible and date of completion.
- Document on Log brief explanation of IDT decisions and refer to assignment sheets.
- See Example

# Assignment Sheet

## Assignment Sheet



Issue Identified	Recommended Solution	Responsible Person	Date to Be Completed	Corrective Action Taken (responsible person completes this section)

RE: Resident \_\_\_\_\_ To be turned in to: \_\_\_\_\_




# Progress and Review

- Update team each morning on plans
- Review Assignment sheets at Weekly UR meeting- Hold staff accountable
- Write in actions taken for the previous week and if completed or ongoing
- Add new assignments if needed

# Discharge

- IDT can recommend removal from target list when all parts of plan completed
- Review discharge checklist in UR with IDT to make sure all is done
- IDT will recommend in next morning meeting to remove resident from “at risk” target list

# Discharge Checklist



## DISCHARGING A PATIENT

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IF THE MOST RECENTLY ESTABLISHED GOALS HAVE NOT BEEN MET

**If you are discharging this patient because progress is no longer being achieved ask yourself the following questions:**

- What is the reason for this patient having plateaued?
- Has the therapy been comprehensive in meeting all of the identified deficit areas?
- Does this patient have cognitive deficits that prevent making the expected progress in therapy?
- If yes, how can I adjust the treatment so realistic goals can be achieved?
- Have all of this patient's goals been met?
- Do new goals need to be established?
- Has the therapy been frequent enough?
- Has the therapy been as intense as needed?
- Have I used the optimal treatment approach?
- Do I have the necessary equipment/material to thoroughly treat this patient?

# Quarterly Review

This person, unless discharged to another environment, would be reviewed quarterly upon clinical rounds/screens to make sure plan still appropriate or if a comprehensive assessment is needed again.

# Treatment Inventions by Therapy to help reduce falls

- Comprehensive Evaluations by OT,PT and ST as appropriate
- Recommendations to other IDT members as needed such as psychiatrist, dietary, respiratory therapist, wound nurse etc.

# Possible PT/OT Interventions

- Progressive Strengthening Program
- Pain Management Program through Stretching, Modalities, Positioning and Adaptive Equipment
- Wound Care Program
- Static and Dynamic Balance Program

# Possible PT/OT Interventions

- ADL Re-training
- Environmental Modifications
- Home Safety Assessments
- Prosthetic and Orthotic Assessments/Fittings/Training
- Behavior Modifications (CALMM)
- Low Vision Techniques and Adaptations

# Possible ST Interventions

- Cognitive Assessment
- Consulting with Dietary on Nutrition and Intake
- Techniques to Reduce Behaviors
- Dementia Programming (CALMM)
- Environmental Stimulation



# Questions





Thank You!

# Questions?

Please feel free to contact:

Heather Meadows at: [hmeadows@embracepremier.com](mailto:hmeadows@embracepremier.com)

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