



LNP 277

Evaluating Nursing Home Falls

This is Pat Iyer with Iyer's Insights. One of the common reasons attorneys contact legal nurse consultants is because they are handling a case involving a fall. Or as the attorneys like to call them, "fall down cases".

Falls in the nursing home may result in no or mild injury, and you are not going to hear about those cases. But the nursing home resident does not always get off that easily. Falls in nursing home residents may lead to catastrophic damage as the patient's frail bones are fractured, leading to immobility, pneumonia and death.

Consider this situation: Leslie was performing her 6 AM med pass in the nursing home where she worked when a CNA came to her, breathless, announcing that Mr. Lee tried to get out of bed again, alone, and was on the floor. As they hurried down the hall together, the aide further stated that she had been next door and heard a thud. She was able to rush right in. He had landed on his buttocks, with his arms and legs spread out.

To Leslie's question regarding what had happened, he stated, "I needed to use the bathroom and forgot to call for help, I'm sorry—My hip really hurts." Leslie performed a head to toe assessment and found the resident's right leg was externally rotated. She assisted the CNA in getting Mr. Lee up off the floor and back into bed. An x-ray confirmed the fracture.

Falls in the nursing home happen all too frequently. Unfortunately, not all of them end nicely without injury. Research statistics show that one in three nursing home residents fall annually.

When gerontological nurses hear that one of their residents fell, their first thought is hoping for no injury or, at least, only bruising. The next thought: "Were all his fall precautions in place?"

As a legal nurse consultant, what items would be at the top of your list to investigate? Consider:

- was there any intervention that should have been ordered but not present?

- has there been a pattern to Mr. Lee's falls related to time, shift, place, activity, caregiver?
- anything else?

Why do older adults have falls in the nursing home?

There may be subtle changes in adults' organ systems as well as the presence of medical diseases of an acute or chronic nature that contribute to falls in the nursing home. Experts agree that it is the comorbidity of aging related to changes and not age per se that increases the risk of falls. Here are some of the visual and neuromuscular changes experienced by older adults.

- Visual changes in the older adult include *presbyopia* – a reduction in accommodation. The effects of presbyopia are most obvious when descending the steps. Because of this condition, older adults may miss the last step (an important reason why the handrail must end on the landing surface).
- Changes in the diameter of the pupil, a condition called “senile miosis”, results in smaller pupils. Dimly lit rooms and hallways or surface edges that do not have bold contrasting colors can lead to trips and falls.
- The presence of a cataract, more prevalent in older age groups and with certain conditions, obstructs central vision and can contribute to falls when steps or obstacles are not visualized.
- Some older adults do not lift their feet high. If a reduced step height is evident, stumbles, trips and falls can occur when ascending steps or while walking on uneven surface. Also, transitioning from a flat floor surface to a thicker carpeted surface can produce similar falls. Neuromuscular changes include impaired ability to react to sudden loss of balance (from a push or trip) or impaired ability to maintain upright stance.

The nurses at the company I founded, Med League frequently got calls from attorneys about patients who fell within a healthcare facility. The attorney was looking for a well-qualified expert to review the case. Hip fractures or head injuries are often the medical consequences of these falls. The damages are usually not in question. The attorney is commonly asking an LNC for a nursing expert to determine if the standard of care was followed.



Before I continue, I need to share details of online training that directly addresses nursing home care.

- Do you want to sharpen your skills in understanding nursing home litigation and liability issues?
- Are you a legal nurse consultant who has not worked in a nursing home, but yet needs to assist attorneys with nursing home litigation?
- Are you a nursing home expert witness who wants to broaden your knowledge?

My online training called *Hot Spots in Nursing Home Litigation* takes you into the world of nursing homes where documentation requirements, staffing, and regulations are markedly different from hospital ones. Learn from Barbara Johanson, an experienced nursing expert witness, about the special regulations that govern nursing home care. You will become familiar with the standard of care and best practices so that you may be better able to evaluate liability, damages and defenses for three hot spots in nursing home litigation:

- Pressure sores
- Dehydration/weight loss
- Accidents and incidents

Order this online training at the show notes at podcast.legalnursebusiness.com and use the code Listened to get a 25% discount.

Let's return to the show.

The assessment of fall risk is the responsibility of medical, nursing, and rehabilitation staff of the nursing home. Every nursing home resident is to be evaluated with the MDS (Minimum Data Set) to identify risk factors for falls, among other things. Additionally, a facility (or chain) may have its own fall risk assessment tool and a specific policy and procedure describing its use. Most homes will have a fall assessment tool as part of its nursing or rehabilitation (physical and/or occupational) therapy admission evaluation.

Note that fall risk assessment is performed as a screening measure (primary level of prevention) for all residents admitted to a nursing home facility (to detect and modify existing risks to fall). Although there are numerous published fall risk assessment tools, there is no single tool that is considered “standard” in the nursing home.

Although some falls in nursing homes may be isolated events, most residents who have fallen should have a thorough post-fall assessment. This is especially necessary for those with a history of recurrent falls, since a history of falls is identified as a major risk factor for subsequent falls.

Discovery tip: Does the facility have fall risk assessment tools and separate post-fall assessment tools for evaluation of the falling older adult?

Risk factors

An essential aspect of any fall assessment tool is the consideration of risk factors for injurious falls. This is a list of risk factors that should prompt a thorough evaluation and plan of care.

Circumstances of falls in nursing homes

- New admission to nursing home
- Recent transfer from hospital or other setting
- Recent transfer from another unit or room
- Responding to bladder or bowel urgency
- Attempting to remove a physical restraint
- Climbing over or around side rails
- History of recurrent falls

Patient Factors that Lead to Falls in Nursing Homes

- Loss of leg or arm movement
- Unilateral weakness
- Recent, rapid decline in functional status
- Musculoskeletal
- Arthritis
- Osteoporosis

- History of fracture
- Post-amputation

Neuro-muscular Risk Factors

- Stroke
- Parkinson's disease
- Seizures

Sensory Changes

- Impaired vision
- Impaired hearing
- Dizziness
- Vertigo
- Polyneuropathy (reduced sensation of extremities) of diabetes, peripheral vascular disease or alcoholism
- Pain, especially of joints
- Psychiatric
- Delirium (often indicative of underlying, acute, physical illness)
- Dementia
- Depression
- Acute illness
- Infection
- Myocardial infarction

Extrinsic Factors

- Polypharmacy
- Cardiac, antihypertensives, and diuretics
- Psychoactive medications
- Sedatives, anti-anxiety agents
- Benzodiazapines
- Valium
- Chloral hydrate
- Antidepressants
- Tricyclic antidepressants
- Selective serotonin-reuptake inhibitors
- Trazodone
- Antipsychotics

- Haldol

Environmental Hazards

- Slippery floors, especially from urine
- Glare from highly polished floors
- Absence of night lights
- Unstable furniture
- Low chairs without armrest support or seat back
- Low toilet seats without secure grab bars
- Assistive devices
- Wheelchair
- Walker
- Cane, especially if poorly maintained or not fitted properly to the resident's size and needs
- Physical restraints, including side rails

Behavioral Factors

- Risk-taker personality or impulsive mobility (may be secondary to stroke or impaired cognition)
- Tendency to stand quickly, especially from bed or immediately after a meal

As you can see, there are multiple risk factors that affect falls in nursing homes. The standard of care requires the long-term care nurse to consider these when assessing risk of falls.

Be sure to get access to the training called ***Hot Spots in Nursing Home Litigation*** at the podcast show notes on podcast.legalnursebusiness.com and use the code Listened to get a 25% discount.

I've got a phenomenal resource for you just waiting on LegalNurseBusiness.com. My online training and books are designed to help LNCs discover ways to strengthen their skills and businesses. Check them out at legalnursebusiness.com.

Many of us are lifelong learners who enjoy the chance to keep expanding our knowledge. Just like the book of the month clubs, LNCEU.com gives you two

online trainings every month. We have a yearly payment plan that saves you over \$50 compared to paying monthly, and each program is hugely discounted. Look at the options at LNCEU.com.

The LNCAcademy.com is the coaching program I offer to a select number of LNCs. You get my personal attention and mentorship so that you can excel and build a strong foundation for your LNC practice. Get all the details at LNCAcademy.com.