

IN-HOME QUALITY IMPROVEMENT

BEST PRACTICE: FALL PREVENTION

IN-HOME AIDE TRACK



Best Practice Intervention Packages were designed for use by any In-Home Provider Agency to support reducing avoidable hospitalizations and emergency room visits. Any In-Home Aide can use these educational materials.

Best Practice Intervention Packages were designed to educate and create awareness of strategies and interventions to reduce avoidable hospitalizations and unnecessary emergency room visits.

IN-HOME AIDE TRACK

This best practice intervention package is designed to educate and support In-Home aides in the priorities necessary for a fall prevention program that will support reducing avoidable acute care hospitalizations.

Objectives

After completing the activities in the In-Home Aide track of this Best Practice Intervention Package, *Fall Prevention*, the learner will be able to:

1. Describe a fall prevention program.
2. Describe how fall prevention will support reducing avoidable acute care hospitalizations.
3. Describe two In-Home aide actions that will ensure optimal fall prevention for staff, patients, and caregivers.

Complete the following activities:

- Read the In-Home Aide Guide to Fall Prevention.
- Review the fall prevention patient scenarios and answer the questions.
- Complete the In-Home Aide post test and give to your supervisor/manager.

Disclaimer: Some of the information contained within this Best Practice Intervention Package may be more directed and intended for an acute care setting, or a higher level of care or skilled level of care setting such as those involved in Medicare. The practices, interventions and information contained are valuable resources to assist you in your knowledge and learning.

Disclaimer: All forms included are optional forms; each can be used as Tools, Templates or Guides for your agency and as you choose. Your individual agency can design or draft these forms to be specific to your own agency's needs and setting.

In-Home Aide Guide to Fall Prevention

Definitions:

- **Fall**—“An unintentional change in position resulting in coming to rest on the ground or at a lower level” (Missouri Alliance for Home Care).
- **Fall Prevention**—Identify patients at risk of falling and plan interventions to assist prevention of falling in an effort to reduce hospitalizations.

Importance:

- **More than one third** of adults 65 and older fall each year in the United States (CDC).
- Falls, even without injury, often cause a person to develop a fear of falling, which, in turn, limits their activity (CDC).
- In 2004, there were more than **320,000** hospital admissions for hip fractures (NCHS 2009).

How In-Home Aides can support a successful fall prevention program:

1. Observe for and notify manager of possible risk factors for falls
2. Report witnessed, un-witnessed, and near-falls to clinicians and managers
3. Report home safety hazards such as poor lighting and throw rugs
4. Encourage patient and caregiver to use walker or cane, if patient has a device
5. Use and encourage family to use gait belts when patient’s gait (walking) is unsteady (Gait belts provide a secure and safe hand hold for caregivers and staff when transferring or walking patients)
6. Ensure proper use of adaptive equipment in bathrooms
7. Remind patients to wear glasses and hearing aids
8. Remind patients to exercise regularly, as ordered
9. Attend agency fall prevention education sessions

Some fall risk factors...

- Age (>65 years old)
- Mental impairments (e.g. dementia)
- Female gender
- Past history of a fall
- Weakness in the feet or legs
- Walking problems
- Foot disorders
- Problems with hearing or vision
- Balance problems
- Low vitamin D levels
- Medications (especially drugs used for psychiatric or mood problems)
- Arthritis
- Parkinson’s disease

Adapted from

<http://www.healthinaging.org/agingintheknow>

The **key to a successful fall prevention program** is moving beyond responding to witnessed or non-witnessed falls to **focus on fall prevention**. Prevention not only incorporates an assessment of risk for falls, but it also promotes a **proactive approach to fall prevention** rather than reacting to individual falls.

In-Home Aide Scenarios for Fall Prevention

Mrs. S lives alone and has been on In-Home services for one week. You are visiting twice a week to assist with her bath. The other disciplines in the home are skilled nursing (SN) and physical therapy (PT). You know SN and PT have spoken with the patient about installing grab bars in the bathroom. Mrs. S does not use her walker all the time during your visit. Mrs. S's walking is unsteady, and she grabs hold of the toilet and sink in the bathroom to steady herself.

Use the examples from “**How In-Home Aides can Support a Successful Fall Prevention Program**” on the previous page and/or consider other approaches to list ways the In-Home aide can promote fall prevention with Mrs. S.



- 1.
- 2.
- 3.
- 4.
- 5.

Mr. M was just admitted to home care following a total knee replacement. He is using a walker and following an exercise program as instructed by PT. Mr. M is primary caregiver for his wife who has dementia (memory loss, confusion...). Home health aides are ordered to help Mr. M shower twice a week until he regains strength and has improved balance. PT and HHA are the only services in the home. Mr. M tells you when you are assisting him with his bath that when he awakened during the night he had trouble finding his walker. Apparently his wife had moved it. He asked you not to say anything because it might get both of them in trouble.

Use the examples from “**How In-Home Aides can Support a Successful Fall Prevention Program**” on the previous page and/or consider other approaches to list ways the In-Home aide can promote fall prevention with Mr. M



- 1.
- 2.
- 3.
- 4.
- 5.

In-Home Aide Name: _____

Date: _____

IN-HOME AIDE POST TEST

Fall Prevention

Directions: Choose the ONE BEST response to the following questions. Circle the answer that identifies the ONE BEST response.

1. Fall prevention is more than just identifying patients who are at risk of falling. Patient-specific interventions are used to assist with decreasing the risk of falling and preventing injury.

- A. True
- B. False

2. Falls can affect the following:

- A. The rate of acute care hospitalization occurrences
- B. Patient injury rate and severity
- C. Patients' fear of falling
- D. All of the above

3. Some risk factors for fall include the following except:

- A. Age
- B. Confusion
- C. Walking problems
- D. Past history of falls
- E. Not having flu shot
- F. Balance problems

4. In-Home aides can have a very important role with fall prevention. In-Home aides can observe patients closely for fall risk factors and report any falls or near falls the patient or caregiver may have mentioned during the visit.

- A. True
- B. False

5. In-Home aides can encourage the patient and families to do all of the following to help prevent falls:

- A. Report falls or near falls
- B. Use walkers or canes at all times (if prescribed)
- C. Remind patients to follow their exercise program as ordered by nurse, therapist or physician
- D. Read patient and family fall prevention education material, if provided by the agency
- E. All of the above