

Fall Prevention in Senior Care

Falls are a common risk management and patient safety concern in senior care facilities. About half of the residents living in U.S. nursing facilities fall each year, and approximately 1 in 3 of those who fall will fall two or more times in a year. Additionally, 1 in every 10 residents who fall has a serious related injury.¹

Aside from death, falls can have other serious consequences for residents, such as disability, poor quality of life, reduced function, increased risk of death, and more. For healthcare staff, falls can result in an increased workload (both in relation to patient care and documentation), poor satisfaction survey results, and litigation.

Although not all falls and injuries can be prevented, it is critical to have a systematic process of assessment, intervention, and monitoring that results in minimizing fall risk. Additionally, a multifaceted approach to fall prevention that considers the unique needs and circumstances of individual residents is recommended. The checklist below may help senior care professionals evaluate their fall prevention program, identify best practices, and target areas for improvement.

	Yes	No
<i>Organizational Considerations</i>		
Does the facility have a culture of safety, including:		
<ul style="list-style-type: none"> Well-defined and documented safety protocols? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Leadership support of safety initiatives through goal setting and resource allocation? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> A nonpunitive approach to staff feedback and risk identification? 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Transparency in communication with staff members? 	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<i>Organizational Considerations (continued)</i>		
<ul style="list-style-type: none"> Empowerment of staff to make decisions and changes that support quality improvement? Measurement and trending of performance and quality indicators? 	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a fall risk program or policy in place for residents?	<input type="checkbox"/>	<input type="checkbox"/>
Has the facility designated a team to evaluate fall risks, review incidents of falls, implement safety protocols, and monitor results?	<input type="checkbox"/>	<input type="checkbox"/>
Does the fall team include appropriate representatives from across the facility, such as a nurse leader, nursing assistants, an occupational therapist, and a facility engineer or maintenance manager?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Resident Care</i>		
Is a comprehensive fall risk assessment completed for every resident as part of the admissions process?	<input type="checkbox"/>	<input type="checkbox"/>
Does the fall risk assessment take into account potential red flags for increased risk of falling, such as poor vision, issues with gait, weakness, and incontinence? Is a facility-wide screening tool in place that identifies incontinence?	<input type="checkbox"/>	<input type="checkbox"/>
Does the fall risk assessment include a review of medical history (including previous falls), a physical exam, and a functional assessment of each resident's ability to perform activities of daily living?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents reassessed for fall risk quarterly, monthly, or sooner when appropriate (e.g., when a change in medication or health status occurs)?	<input type="checkbox"/>	<input type="checkbox"/>
Do staff members use the fall risk assessment to develop individualized care and interventions?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents who are at high risk for falls easily identifiable (e.g., through the use of colored wristbands, signage in or directly outside their living areas, lists at nursing stations, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<i>Resident Care (continued)</i>		
Are residents' medications affecting their mobility, balance, or cognition, and is this reviewed as part of their fall risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>
Are activities professionals made aware of which residents are at risk for falls so they can implement appropriate safety precautions during activities?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Environmental Considerations</i>		
Are new residents thoroughly oriented to the senior care facility?	<input type="checkbox"/>	<input type="checkbox"/>
Are new residents taught how to properly use the nurse call system and techniques for safe movement around the facility?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents' fall risks considered when determining their room locations (e.g., higher risk residents are located closer to nursing stations)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility, including common areas and living spaces, assessed daily or weekly for potential fall hazards (e.g., clutter, cords, poorly designed furniture, carpeting hazards, inadequate lighting, wet floors, bed hazards, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Is an equipment management protocol in place, and are staff trained on how to remove an unsafe piece of equipment from use and report safety issues?	<input type="checkbox"/>	<input type="checkbox"/>
Is equipment routinely inspected and repaired in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>
Are protective equipment, supplies, and risk-prevention techniques available (e.g., safety rails, grab bars, hip protectors, individualized wheelchair seating, alarms/sensors, and safe footwear)? Are they appropriately used based on individual's fall risks?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Incident Response Considerations</i>		
Are staff monitored for compliance with the facility's fall risk program's policies and procedures, including fall risk assessments and care plans?	<input type="checkbox"/>	<input type="checkbox"/>
When a resident falls, is a thorough investigation and evaluation of potential risks completed immediately?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<i>Incident Response Considerations (continued)</i>		
When a resident falls, is an incident report also completed immediately?	<input type="checkbox"/>	<input type="checkbox"/>
Are both intrinsic and extrinsic factors considered when evaluating the cause of a fall? (Examples of intrinsic factors include muscle weakness, behavioral issues, chronic conditions, and medication side effects. Examples of extrinsic factors include environmental hazards, equipment failures, and unsafe personal items.)	<input type="checkbox"/>	<input type="checkbox"/>
Following a fall, are key areas of risk identified and assessed for potential improvement (e.g., toileting, bed safety, medical conditions, and pain management)?	<input type="checkbox"/>	<input type="checkbox"/>
Following a fall, is the resident’s individualized care plan reviewed and modified? Is the resident reassessed for fall risk?	<input type="checkbox"/>	<input type="checkbox"/>
Do individualized care plans include multidisciplinary input (e.g., input from a primary care provider, pharmacist, physical therapist, occupational therapist, etc.) as well as input from direct care staff?	<input type="checkbox"/>	<input type="checkbox"/>
Is the fall disclosed to the resident’s family, including the circumstances (as known), treatment plans, and future prevention strategies?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Documentation Considerations</i>		
Are residents’ fall histories documented in their health records?	<input type="checkbox"/>	<input type="checkbox"/>
When a fall occurs, is the incident recorded in the resident’s health record, including the circumstances, staff response, treatment provided, and facts about the incident?	<input type="checkbox"/>	<input type="checkbox"/>
Is the process of the fall disclosure to the resident’s family documented properly?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents’ individualized care plans documented in their health records and updated appropriately when modifications occur?	<input type="checkbox"/>	<input type="checkbox"/>
Are orders and consult reports from primary care and specialty providers reviewed and included in residents’ health records?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<i>Training and Education Considerations</i>		
Do employees receive training on fall prevention and fall management during orientation and as part of ongoing staff education?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees receive education about what steps to take if they see a patient falling?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents and family members provided with ample, easy-to-understand information about reducing the risk of falls?	<input type="checkbox"/>	<input type="checkbox"/>

Resources

- [A Nursing Guide to the Prevention and Management of Falls in Geriatric Patients in Long-term Care Settings](#) (Medscape)
- [AHRQ’s Safety Program for Nursing Homes: On-Time Falls Prevention](#) (Agency for Healthcare Research and Quality)
- [Falls and Injury](#) (Agency for Healthcare Research and Quality)
- [Older Adult Falls Programs](#) (Centers for Disease Control and Prevention)
- [Patient Fall Prevention and Management Protocol with Toileting Program](#) (Institute for Healthcare Improvement)
- [Preventing Falls](#) (The Joint Commission Center for Transforming Healthcare)
- [Preventing In-Patient Falls: The Nurse’s Pivotal Role](#) (Nursing2018)
- [Strategies for Reducing Falls in Long-Term Care](#) (Annals of Long-Term Care)

¹ Agency for Healthcare Research and Quality. (2017). *The falls management program: A quality improvement initiative for nursing facilities*. Retrieved from www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspix/fallspixman1.html

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