



And We All Fall Down!...

Best Practices for Fall Prevention



Losing your balance and falling down is often “no big deal” for most of us, most of the time. Throughout our lives, we are told to “just get up and keep moving.” But, falling down can actually be extremely serious, debilitating, even fatal.

Falls result in over 8 million hospital emergency room visits each year and represent the leading cause of fatal injuries in older people, with approximately 33% of the elderly falling at least once per year. Falls are the most common cause of traumatic brain injuries in older adults, and they may also cause other severe injuries, such as fractures of the hip, that can have extremely negative impacts on quality of life—and on our economy in general. The direct cost of falls to society was around \$30 billion in 2010.

What Causes a Fall to Happen?

According to Louise Weadock, president and CEO of ACCESS Nursing and myCareGPS: “Falling down is not a random, uncontrollable act of fate. It occurs in predictable patterns, with recognizable risk factors among identifiable populations.”

As we grow older, changes in neuroplasticity will cause problems that increase your chances of falling. However, falls can also be a sign of a new health issue, medication side effects or balance problems. Even short-term illnesses (such as the flu and other infections) or surgery can temporarily increase the risk of falling.

There are three main reasons why older people are more likely to have a fall. These are:

1. Chronic health conditions, such as heart disease, dementia and low blood pressure (hypotension), which can cause dizziness
2. Impairments, such as poor vision or muscle weakness
3. Illnesses that can affect balance, such as labyrinthitis (inflammation of the delicate balance regulating parts of the ear)



Can Hospitalizations Put Patients at Risk for Falling?

Hospitalization can put a patient at risk for a post-discharge fracture, especially in elderly patients. There are many factors that can influence the chance of falling after discharge within an “At Risk” population:

1. Occurrence of the LAST Fall
2. Risk Level assigned while in the Hospital – 1:1 safety care?
3. Demographic and Social Determinants of Health
4. Adaptation & Rehabilitation Needs
5. Mobility and Home Hazards
6. Sensory Integration and Balance Capability
7. Medication Regime
8. Technology

How Can Doctors Prevent Patients from Falling?

The risk of falling post-discharge has prompted many hospitals to establish new measures to reduce fracture risk before patients leave the hospital. One example, Weadock says is the Johns Hopkins Hospital Falls Risk Assessment Tool, which reduced their fall rate by 21% and fall injury rate by 51% -- and saved the JHH Health System an estimated \$34,294 (2012 average hospitalization cost for a fall injury).



“A fall is a predictable and preventable event,” says Weadock. “Teamwork among a patient’s physicians, nurses, physical therapists and other providers is an essential component of any fall prevention effort.”

There are several interventions physicians can undertake during hospitalization to help prevent post-discharge falls, including:

- Test the level of vitamin D and begin supplementation if needed
- Conduct bone health assessments
- Arrange for in-home physical therapy
- Facilitate a home safety evaluation
- Communicate effectively with the primary care physician to review risk factors and prevention measures

Effective Care Coordination and Good Communication is Key

Weadock reports that ensuring good communication among all physicians and therapists involved in a patient’s care is key to fall prevention. Lack of clear communication during the transition from the hospital to outpatient care can hamper the effort to prevent falls and fractures.

According to Weadock, “Transitioning the patient from hospital bed to home is the biggest challenge. An effective care coordination plan is the key to prevention and only happens when all the patient’s providers communicate regularly with each other, share important information and have clear, shared expectations about their roles.”