

What Can We Do About Falling?

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Program Objectives

- Learn about Falling and the impact on the individual
- Understand falls are not an inevitable part of aging
- Describe why we fall and what we can do about it
- Achieve the goal of systematic change concerning mobility that will benefit nursing home

Residents



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Fall Statistics

- Falls are the leading cause of fatal and non-fatal injuries in adults 65 years and older-8 million fall injuries per year in the US **OK death rates are higher than the national rate**
- **Fall death rates** among adults age 65 and older **increased** about **30%** from 2009 to 2018-Deaths per year in the US=648,000
OK fall percentages are higher than national average
- In Oklahoma, falls result in the hospitalization of around 7,000 older adults and the death of more than 450 each year



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Impact of Falls

- Hospital charges alone total more than **\$250 million** in Oklahoma
- Hospitalization rates increase with age
- Hospitalization rates are **higher** for **women** while more **men die** from falls
- Restriction in **MOBILITY**
- **These injuries take a toll on health and independence**



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Fear of *Falling*

Many people who *fall*, even if they are not hurt, become extremely afraid of *falling*. This fear may cause a person to change his/her daily activities and possibly become less active.

Decreased Mobility
leads to
increased weakness
which
increases
the chances of
falling.



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What Leads to Falling?

- *Decreased MOBILITY
- *Dehydration
- *Sleep at Night
- *Medications
- *Environmental Hazards
- *Previous Falls
- *Lower body weakness
- *Vitamin D deficiency
- *Vision/hearing problems
- *Foot pain or
poor footwear



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Risks for *Falling continued.....*

- *Required use of a cane or walker
- *Difficulty rising from a sitting position
- *Shuffling steps
- *Acute Illness (infections)
- *Chronic Conditions
(Dementia, Alzheimer's, Arthritis, Parkinson's Disease, Stroke)



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Figure 1. 4Ms Framework of an Age-Friendly Health System



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What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.



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Falling has become just a normal occurrence that is associated with advanced age.

We must change this thought process

What MATTERS to your residents concerning falls?



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• WHAT CAN WE DO? Medications

Review Resident Medications on a regular basis using the BEERS list
Get assistance from your Pharmacist for deprescribing



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• WHAT CAN WE DO? Dehydration

- Dizziness when standing may be due to dehydration (can cause your blood pressure to drop) and/or medications
- Try to drink 2-3 gulps (1/2 cup) of water every half hour between 8AM and 4PM
- Make your water appealing to you!
Add fruit, vegetables, or a combination to a pitcher and keep it in the refrigerator



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WHAT CAN WE DO? Sleep at night

- Why does it matter?
- Limit fluids after 4PM by drinking only at dinner and while taking medications
- Ask: “What is keeping you awake at night?”
- Practice Sleep Hygiene
 - ✓ Establish a bedtime routine with the residents
 - ✓ Make sure the sleep environment is comfortable for **them**
 - ✓ Stay awake during the daytime and limit naps to 30 minutes
 - ✓ Avoid caffeine and nicotine close to bedtime



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WHAT CAN WE DO?

Mobility

- Strengthen
 - Increase exercise especially to improve leg strength and balance
 - Tai Chi: Improves physical function and improves balance
 - SQUATS: Start your resident with 1 and work up to 5 squats
 - When: Morning upon rising and before bed
 - Where: At the toilet
 - Individualized activities and exercise
 - Physical Medicine Consultation
 - Device Fitting: Wheelchair and Walker



What Can We Do?

Develop a FALLS TEAM in your facility:

- To review existing policies and protocols that pertain to *fall* prevention
- To conduct a General Environmental Assessment
- To conduct Resident Assessments
- To conduct Medication Assessments using Beers criteria
- To provide the NH staff with evidence based *fall* interventions and strategies to reduce the number of residents who *fall* and also *fall* and sustain injury.



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What Can We Do?

Prevention interventions do not apply to everyone: Interventions must be individualized for each resident

- Perform exercises that increase leg strength and improve balance.
- Have all assistive devices fitted appropriately
- Have feet checked, cared for and use appropriate footwear
- Have eye exams and hearing exams
- Reduce the noise
- Eliminate alarms and similar noise
- Remove trip hazards and clutter
- Make changes as needed: adjusting bed heights to fit the resident, place grab bars, raised toilet seats, handrails, contrasting colors and better lighting



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Strategically place posters in hallways, bathrooms, and common areas as a means to increase daily fall risk management, new staff implementation, and continued participation improvement



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STEADI—Older Adult Fall Prevention: This program offers free **video tutorials** and examples of these assessments



- [30-Second Chair Stand Test](#)
- [The Timed Up and Go \(TUG\) Test](#)
- [Centers for Disease Control and Prevention. CDC twenty four seven. Saving Lives, Protecting People](#)
- <https://www.cdc.gov/steady/materials.html>



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Referrals to Physical Medicine

- Physical medicine components include exercise, assessment of the physical environment, and correct assistive technology fitting (Rimland et al., 2015)
- Of those in the community with a previous history of falls, only 25% of those referred to a physical therapist for gait and balance training. Only 16% performed an annual standardized functional assessment (Smith et al., 2015)
- Use the assessments in the previous slide to help determine referrals to physical medicine



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Why Should We Hold Group Classes?

- Easily accessible, small classes composed of similarly aged people, emphasizing mobility and balance are key motivational factors to gain attendance (Shirakawam, Mulligan and Waters 2009)
- Classes should be lead by an instructor capable of guiding the group as a whole, and have the ability to guide individual progression. Older adults prefer programs focusing on enhancing life, promotion of social interactions, and respect for individual goals; while avoiding negative messages regarding fall risk interventions (Bunn et al., 2008; McInnes and Askie,2004)
- It is vital for any and all residents capable of understanding to know what the intervention is and why they are taking part in it



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Classes from OHAI

Tai Chi Training

Free to all participants

Zoom Training – July 25th & 26th, 2022

To register for the training: devon-murray@ouhsc.edu

Online Tai Chi and SAIL classes presented by OHAI

- Tai Chi - Tuesdays/Thursdays @ 11:00 am
- SAIL – Mondays/Wednesdays @ 9:30 am
- SAIL – Mondays/Wednesdays @ 3:30 pm

Online Matter of Balance classes presented by OHAI

- Tuesdays/Thursdays @ 3:00 pm



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QUESTIONS?



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Thank You!

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