

# Long-Term Care Survey Alert

## PATIENT SAFETY: Don't Take A Survey Tumble For Falls

### F tag-proof your facility with these 3 strategies.

Whether your facility takes the rap for unavoidable falls depends on what steps you took before surveyors start scrutinizing your risk management efforts. To keep your survey record and fall QM/QI in line, consider these three expert strategies.

**1. Enlist all staff to meet residents' needs.** "Statistics indicate that 50 to 60 percent of residents' requests involve issues that anyone -- an administrator, maintenance person, dietary staff, etc. -- can accommodate so that the resident" at high risk for falling doesn't try to get up unassisted to meet his need, says **Joanne Rader, MN, RN**, a consultant in Silverton, OR, who has done research on fall prevention.

**2. View "falls within the context of residents' mobility,** freedom of choice and quality of life," advises Rader. "Accept that residents may wish to be on the go even though they fall frequently. A person with Parkinson's, for example, may fall a few times a month or even a week," she says. In such a case, "assess the person's baseline and look for a change, such as more frequent falls or injury-related falls."

**Enlist the family:** Ask the family to work with the resident and care staff on finding ways to balance the resident's choice to ambulate as independently as possible with keeping him as safe as possible from injury, suggests **Diana Waugh, RN**, president of **Waugh Consulting** in Waterville, OH.

**3. Care plan to mitigate risk of injury.** Do a risk assessment at admission and as part of the MDS to identify a person's fall risks. One of the biggest risk factors is a previous history of falling, cautions Rader. Then care plan to reduce identified risks of injury. For example, the care plan might include padding sharp edges in the person's room and adjusting bed height to one "assessed as right for the person to get in and out of bed with the greatest ease, etc.," says Rader.

**Risk assessment gem:** Keep in mind that residents fall from bed for two reasons: The person either rolls out while asleep or falls when he tries to get out, advises Waugh. "Less than 5 percent" in nursing homes are "roller-outers," she says. You may be able to cure that problem by simply providing a larger bed, she says. If the person falls when he attempts to get up, figure out his usual pattern for getting up and his goal for doing so -- for example, a need to go to the bathroom. Then care plan a schedule to meet that need.