

## OASIS Alert

### Survey & Certification: PREVENT FALLS BY ADDRESSING THESE 4 FALLS RISK FACTORS

**Make these issues part of your OASIS assessment.**

Reducing the number of falls your patients experience not only reduces unplanned hospitalizations but also prevents survey problems.

Falls must be a focus for every home health agency, experts stress. More than one-third of adults aged 65 and older fall each year, according to the **National Center for Injury Prevention and Control**. Among older adults, falls are the most common cause for hospital admissions for trauma, and the leading cause of traumatic brain injuries and fractures, NCIPC reports.

Falls leading to emergent care are a Tier 1 adverse event, demanding immediate attention when surveyors visit your agency. If an HHA has any patient who has had emergent care for an injury caused by a fall or accident at home, the **Centers for Medicare & Medicaid Services** requires the surveyor to take a closer look through record reviews and home visits.

Although falls are impossible to prevent completely, you can reduce them by identifying risks on admission and implementing preventive interventions

Look for these four known risks you can modify:

**1. Postural hypotension.** As people age, their carotid artery receptors lose the ability to adjust blood pressure quickly with a sudden change of position, noted **Denise Wassenaar, RN**, in a presentation at the recent **American Association of Homes & Services for the Aging** annual meeting and exposition in San Antonio. Agencies can mitigate this risk by teaching patients to get up from a sitting or lying position more slowly.

**2. Taking four or more medications.** Evaluate all of a patient's medications for risk versus benefit, advises **William Simonson**, a consultant pharmacist in Suffolk, VA. Medications that increase the risk of falling should be used with caution--if at all--for a patient who is already at risk of falling, he says.

**Examples:** Diuretic use may result in dehydration and dizziness, notes Simonson. Someone taking an antihypertensive may get dizzy when he stands up. "Medications that have an effect on the central nervous system, such as antipsychotic drugs, may also cause syncope and falls--and hypnotic agents for insomnia may cause residual drowsiness" that leads to a tumble, he adds.

**3. Wearing shoes with thick soles.** This one is a risk factor because the patient can't feel the floor. "The further you are from the floor, the more risk you have for falling," said Wassenaar.

**4. Relying on a walker.** Wassenaar cited a correlation study that found that patients identified at risk for falls who use walkers have an even higher chance of falling. Patients with a loss of lower extremity strength may be the ones who end up with the walkers, she postulates.

**Caution:** If a physician gives the patient a walker for "support and confidence" without addressing their lower extremity strength, when the patient trips, he or she has a higher incidence of falls, says Wassenaar.

Wassenaar said she hopes that research will show that exercise programs to improve lower extremity strength can

decrease the use of assistive devices.

Note: The NCIPC falls fact sheet is at [www.cdc.gov/ncipc/factsheets/falls.htm](http://www.cdc.gov/ncipc/factsheets/falls.htm).