Fall Prevention
Part 4 of 4 Webinar Series
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Objectives:

- Review of YTD 2015 Fall Data
- Comparison to previous years
- Recap of best practices
- Discuss available resources and tools to aid in fall prevention
The Facts

Falls are the leading cause of injury-related deaths and the most common cause of hospital admissions for trauma in older Ohioans.

Falls can be prevented.

You are uniquely positioned to actively assess an individual’s risk, support them to get assistance and teach them prevention strategies.
2015 Fall Related MUI Data
Significant Injuries

Year to date in 2015, 580 people were significantly injured due to falls.

Significant injury means an injury of known or unknown cause that is not considered abuse or neglect and that results in concussion, broken bone, dislocation, second or third degree burns or that requires immobilization, casting, or five or more sutures. Significant injuries shall be designated in the incident tracking system as either known or unknown cause.
Significant Injuries-2015

The number of people who fell in 2015 and suffered significant injuries is enough to fill approximately four 737 airplanes.
31 Ohioans with developmental disabilities were hospitalized due to fall related injuries since January 1, 2015.
Accidental Deaths-2015

There have been 3 fall related accidental deaths so far this year.

While these numbers accounts for a total of .0333 rate per thousand served, it is too many!
## Data Trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Falls Reported as Significant Injuries</th>
<th>Total Significant Injuries Reported</th>
<th>% Falls Related Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>752</td>
<td>1763</td>
<td>45%</td>
</tr>
<tr>
<td>2011</td>
<td>733</td>
<td>1638</td>
<td>45%</td>
</tr>
<tr>
<td>2012</td>
<td>761</td>
<td>1635</td>
<td>47%</td>
</tr>
<tr>
<td>2013</td>
<td>764</td>
<td>1755</td>
<td>44%</td>
</tr>
<tr>
<td>2014</td>
<td>771</td>
<td>1691</td>
<td>46%</td>
</tr>
</tbody>
</table>

YTD we have 580 which is a slight decrease from around this time last year.
Data Trends

The rate of unscheduled hospitalizations due to falls has remained relatively the same from year to year.

As a system, we need to prevent falls and reduce the unscheduled hospitalizations.
Data Trends

Fall Related Deaths per year

Approximate number of people served per year is 90,000
Special Considerations for Individuals with DD

- Higher risk for falling at earlier age
- Degenerative changes occur earlier and last longer
- Prior history of falling more likely to recur
- Weakness - Spastic or Cerebral Palsy
- Gait balance deficits
- Also common in individuals with DD, stroke, diabetes
5 Top Causes of Falls

1. Medications
2. Weakness and lack of mobility
3. Chronic conditions
4. Home hazards
5. Impaired vision
Medications

- Many medications (sedatives and anti-depressants) reduce alertness.

- Some medication effects balance and can cause drops in blood pressure while standing.

- Mixing medication can increase these side effects.

Solution: Consult with your pharmacist or physician about the medications you are on. Carefully monitor for effects and report concerns immediately.
Weakness and Lack of Mobility

- Sedentary life
- Lack of exercise
- Decondition
- Not offered enough activities

Solution: Encourage increased activities and exercise. This will build muscle and strength, improve outlook.

Think: What exercises can we do while watching The Voice?
Chronic Conditions

- Congestive Heart Failure (CHF)
- Cardiomyopathy
- Blood Pressure Drops when standing
- Vertigo/balance-inner ear
- Stroke
- Seizure disorders
- Sensory imbalance
- Peripheral Neuropathy (Lack of Feeling)
- Diabetes
- Dehydration and many more...

Solution: Make sure trained and knowledgeable staff can support the individual with these conditions (including monitoring, taking on appointments and administering medications). Consult with physicians and other medical professionals for treatment.
Home Hazards

- Loose carpet
- Wires
- Clutter
- Dark stairways and corridors
- Slippery surfaces; water on the floor, ice outside

Solution: Have a PT access the home for possible home modifications, increase lighting and do routine home checks.

Impaired Vision

- Difficulty judging distance
- Macular degeneration
- Cataracts, Glaucoma, impaired vision
- Eye disease
- Wearing multifocal glasses

Solution: Schedule routine vision appointments, ensure glasses are in good working order and add color to attention. I.e. grab bar, hand rails, chairs and other items.
Outcome from Falls

• Lacerations
• Fractures—spine, hip, leg, hand, ankle and pelvis
• Traumatic Brain Injury (TBI) – Falls are the leading cause
• Fear of falling which limits activities
• Loss of independence
• Isolation
• Loss of wages from missing work
• Hospitalizations
• Death
The Fall Cycle

- Fall
- Fear of Falling Again
- Less Activity
- Increased Risk of Falling
- Decreased Strength and balance
Best Practices in Fall Prevention
Best Practices

- ALL falls are tracked as unusual incident report which puts everyone on alert. Incident reports are reviewed on a daily basis.

- Have a policy/procedure on Falls and Head Trauma
  - Train on it
  - Make it available
  - Practice it

http://aging.ohio.gov/SteadyU/resources/stfpolicy.htm
Best Practices

- Complete an Admission Falls Assessment which is reviewed by P.T. and the M.D. in order to assess needs.

- Do an annual Falls assessment at the time of the plan.

- Complete a Falls assessment if an individual starts falling and has not been a falls risk in the past.

http://aging.ohio.gov/steadyu/resources/checklist_pop.htm

Google other assessment
Network with others
Best Practices

 Communicate with all team members (rule out medical and psychiatric)

 Make Fall prevention a topic at staff meetings

 Demonstrate proper lifting techniques

 Celebrate when staff implement safe techniques
Addressing Fall Trends
Addressing Fall Trends

• Through MUIs, UI logs and Analysis
• To balance “important to” and “important for” and ensure the appropriate information is included in a Person Centered Plan when addressing health, welfare and known or likely risk

Some questions to consider:
• What does the assessment tell us?
• Have assessments been completed as indicated? When and where is the person most happy and successful?
• What strategies have been tried most recently?
• What did the last prevention plan call for and how well did it work?
Addressing Fall Trends

Some questions to consider:

• Who is the person that the individual trusts the most and has s/he been part of the team?
• Or on the medical end, if the perception is there is no issue, when was the last medical or dental check-up?
• Has the team identified appropriate risks in “Important For” the person?
• Has the support staff received quality training on identified risks?
• Has MUI history been considered in patterns/trends as part of risk assessment?
• Are good cause and contributing factors identified as part of the MUI investigation/s?
• Are prevention plans developed by the team and implemented as required?
Resources:

www.steadyu.ohio.gov
steadyuohio@age.ohio.gov
www.facebook.com/steadyuohio
www.twitter.com/steadyuohio
A Matter of Balance

Free, community-based and lay-led small-group workshops that help participants:

• View falls as controllable
• Increase activity levels
• Remove risks in the home
• Exercise to increase strength & balance
• Evidence-based
• Available in all 88 Ohio counties
Health and Safety Tool Kit

- Training Presentations
- Links to other Resources
- Link to Online Falls Assessment
- Forms
- Fact Sheets
- Frequently Asked Questions
Health and Safety Tool Kit

Select Tool Kit and Resources on Drop Down
Health and Safety Tool Kit

Click here for all the forms and resources

Tool Kit and Resources

Click Here to access the Toolkit

Other Resources
- Person Centered Approaches to Health Welfare Risks

Falls Prevention
- Steady U Website
- Head Injury Health and Safety Alert
- Falls Risk Self-Assessment
- Falls Prevention Health and Safety Alert

Choking Prevention
- Choking Prevention Video
- Choking Prevention Health and Safety Alert
Health and Welfare Alerts

Head Injuries # 15-02-14

Purpose
The purpose of this Alert is to help caregivers recognize the signs and symptoms that indicate the need for an individual to be evaluated by a physician after a fall or direct blow to the head.

All DD Employees are required to be trained, annually, on identification and reporting of Major Unusual Incidents and Unusual Incidents prior to unsupervised contact. This training includes the review of any Health and Welfare Alerts released since the previous calendar year’s training.

Head injuries are a significant result of accidental injury for individuals with developmental disabilities. Monitoring any injury to the head is important because even what appears to be a minor bump on the head can result in injury to the brain. The neck and spinal cord can also be injured at the same time.

Signs and Symptoms of Head (and Brain) Injury:
If you see any of the following signs after a head injury, call for immediate medical attention/call 911:
- Loss of consciousness (even if the person appears to act normally after regaining consciousness).
- Change in level of consciousness, unusual drowsiness, or difficult to awaken.
- Head pain or headache, getting worse or not getting better within 4 hours of head injury.
- Individual does not remember head injury event (amnesia).
- Feeling dizzy, feeling or staggering, dropping objects, loss of coordination.
- Inability to move any part of body without injury or pain to that part of body.

What to do in case of a head injury:
Provide First Aid: A-B-C-D

A = Airway:
Assess, clear and manage airway as taught in CPR classes, being mindful of proper neck (cervical spine) alignment and immobilization.

B = Breathing:
Assess and if necessary assist breathing (mouth-to-mask, bag-valve mask, oxygen supplementation).

C = Circulation:
Control bleeding with pressure, being mindful of possibility of skull fracture; bleeding not controlled in 15 minutes should be evaluated by a physician.

D = Disability:
Assess level of consciousness (responsiveness to talking, shouting, or pain such as pinching arm).

The Facts about Falling According to the Center for Disease Control falls are the leading cause of death among all age groups except youths 15-24. In Ohio, falls are the leading cause of injury related hospitalizations and Emergency Room visits for all ages. Statewide data collected from the Incident Tracking System show 784 fall related injuries reported as MUIs in 2013. Fall-related deaths accounted for deaths of 6 individuals with disabilities last year. Most of these falls occurred at the person’s home.

Individual Risk Factors:
- Lower extremity weakness, upper extremity, or one sided muscle weakness
- Balance disorders
- Ambulation/Gait difficulties
- Visual deficits (cataracts, change in vision)
- Use of sedative – hypnotic medications; use of four or more medications including prescribed medication and over the counter medications
- Functional and cognitive impairments
- Psychotropic medications
- Age
- Seizure disorder
- Chronic or acute pain
- Blood pressure, blood thinning and other
Our role as Fall Prevention Partners

• We can reduce the number of fall related injuries and deaths of those we serve.

• We can make our organizations safer for all employees.

• Our family and friends will benefit from fall prevention.
Thank you!

MUI/Registry Unit

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