

6-26-23 Clinical Update

Continuing with last week's update related to reducing fall risks for residents, AHRQ emphasizes that fall risk must be interdisciplinary, including nursing staff, direct care staff including restorative nursing staff, physicians, pharmacists, and most important, residents and family members, and it must be individualized to each resident. The main points for AHRQ fall program includes:

- Fall prevention must be balanced with other goals and priorities for the resident
- Fall prevention must be balanced with the need to mobilize residents
- Fall prevention must be individualized

AHRQ's Universal Fall Precautions include:

- Familiarize resident to environment
- Have resident demonstrate call light use
- Maintain call light within reach
- Keep resident's personal possessions within resident's safe reach
- Have sturdy handrails in resident's bathroom, room and hallway
- Place the bed in low position when resident is resting in bed and raise the bed to a comfortable height when the resident is transferring out of bed; don't keep the bed in lowest position at all times
- Keep the bed brakes locked
- Keep wheelchair wheel locks in "locked" position when resident is stationary
- Keep nonslip, comfortable, well-fitting footwear on the resident
- Use night lights or supplemental lighting
- Keep floor surfaces clean and dry and clean up all spills promptly (and teach your staff to stop saying "that's not my job")
- Keep resident care areas uncluttered
- Follow safe handling practices

One more should be considered to keep the resident safe. If a resident self-propels in his/her wheelchair and wheelchair is not equipped with foot pedals to enable the resident to self-propel, staff cannot push the resident in the chair without attaching the pedals. Ankle and foot fractures occur with that practice.

The presentation also discussed methods to reduce anticipated physiological fall risks including continence/incontinence challenges (implement anticipated toileting); sleep deficits, emphasizing non-pharmacological interventions for sleep hygiene such as listening to audio books, soft music of the resident's choice, backrubs, aroma therapy; impaired gait or balance by keeping mobility aids within reach and regular re-instruction.

Bathroom safety and safe toileting has a primary role in fall reduction programs. The highest rates for fall injuries occur in or around tubs, showers and on or near the toilet. Residents should avoid reliance on grab bars which can be ineffective and can even cause injury. Safe toileting must be accompanied with resident assessment and training. Some potential interventions could/should include:

- Restorative nursing program for training for transferring on/off the toilet, the physical act of elimination and personal hygiene

- Intuitive and intentional placement of towel racks and grab bars, especially for residents with cognitive loss
- Zero-threshold shower entrances and shower benches
- Automatic faucets and toilet flushing
- Placement of handwashing at arms' length to help resident with balance issues to avoid reaching
- Development of an effective toileting plan based on the habits of each individual resident

Interesting ideas, right? Are all of these potential interventions included in your facility's fall assessment/reduction program? More next week!