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# Purpose

The Falls Risk Assessment Tool is designed for use by Inclusa Health & Wellness Coordinators (HWC). The tool identifies a wide range of factors known to contribute to increased risk for falls. It is not a scientifically validated tool but guides an assessment upon which to base interventions, education, and referral planning aimed at reducing falls risk.

# Overview

According to Kopp and Ofstead (2010), unintentional falls present a significant public health problem in Wisconsin noting that falls are the primary cause of injury-related emergency department visits for all ages. The most severe outcome from a fall is death and most falls that result in death (55.2%) occur in the home (Kopp & Ofstead, 2010).

Falls may be caused by intrinsic factors such as age and related physiological changes, diseases and medications, or falls may be attributed to extrinsic factors including environmental hazards (e.g. poor lighting, irregular floor surfaces, etc.).

The Falls Risk Assessment Clinical Practice Guideline guides the member falls assessment to identify potential factors that may put the member at a greater risk for falls.

# Definitions

Fall: Is as defined in the [*Member Incident Categories*](https://cccw-ea81180c62f8f1.sharepoint.com/:w:/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B7A4B3840-0AC7-479E-A644-77045C5CE27A%7D&file=Member%20Incident%20Categories.docx&action=default)*.*

**Pattern of falls:** Is defined as more than one fall within a year and all falls have similar factors leading to the falls.

* If a member falls three different times in a year and the factors are all related that would be a pattern of falls.
* When a member falls three different times in a month and the factors are all different, those falls should be looked at as three separate falls and may not represent a pattern of falls.
* A single fall may have multiple causes and repeated falls may each have a different etiology or cause. A pattern of falls has the same/or similar factors present.

# Resources

[Fall Prevention Resources from the National Council on Aging](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncoa.org%2Fhealthy-aging%2Ffalls-prevention%2Ffalls-prevention-awareness-day%2Fgeneral-resources%2Finfographics-handouts%2F&data=02%7C01%7CTricia.Mayek%40inclusa.org%7Cf7f19cf32e274db9106908d558727b28%7C5788c51f54a347b881a949fbe26f48cc%7C1%7C0%7C636512171403206506&sdata=CS2PSI%2BLzKC%2BLYE684%2BrB3y8GkKRTgxmoqymyymJUW8%3D&reserved=0)

[Falls Risk Assessment & Intervention Tool](https://cccw.sharepoint.com/:w:/s/intranet/tools-resources/EZUAxfo9JLRFvhLGFlXxNsMBEMuNNjDL9axBSSx6ypRRZw?e=gcFSnr)

[Check for Safety: A Home Fall Prevention Checklist for Older Adults](https://www.cdc.gov/steadi/pdf/check_for_safety_brochure-a.pdf)

[Member Incident Categories](https://cccw-ea81180c62f8f1.sharepoint.com/:w:/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B7A4B3840-0AC7-479E-A644-77045C5CE27A%7D&file=Member%20Incident%20Categories.docx&action=default)

[[Member Safety and Risk Policy and Procedure](https://cccw-ea81180c62f8f1.sharepoint.com/:w:/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B20CC2754-D7A5-4814-9795-D3C8CFBC8A49%7D&file=Member%20Safety%20and%20Risk%20Policy.docx&action=default)](https://cccw-ea81180c62f8f1.sharepoint.com/:w:/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B20CC2754-D7A5-4814-9795-D3C8CFBC8A49%7D&file=Member%20Safety%20and%20Risk%20Policy.docx&action=default)

# Assessment

*Anticipating, recognizing and responding to assessed needs*.

**As part of the comprehensive assessment a Falls Risk Assessment is completed. Details on when and how the assessment is completed is described below:**

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| **For all members - MATRIX Users**  **Members enrolled on or after 03/01/2018 – CareDirector Users** |
| Health and Wellness Coordinators (HWCs) will assess all newly enrolled Inclusa members for fall risk upon enrollment (complete at 10-day assessment if meets criteria) using and documenting the assessment on the *Falls Risk Assessment & Intervention Tool* as a part of the Comprehensive Health Assessment.  The HWC will update the falls risk assessment for every member at least every six months as a part of the Member Center Plan review and as indicated by a change in member condition.  The assessment is completed by using the *Falls Risk Assessment Tool*:   * For each Risk Factor category (details for each category are listed below in the “Plan” section), either “yes” or “no” should be selected based on whether or not the member exhibits any of the risk factors in that category. Please note that the risk factors listed are some of the most common risk factors but this is not an all-inclusive list. * If “yes” was selected to indicate at least one risk factor is present for a category, check either one or both boxes indicating whether education/intervention(s) are needed or in place. One or more interventions may be in place and one or more interventions may be added. * If any intervention is identified (either as “needed” or “in place”), then “yes” must be selected for the presence of a risk factor, even when that risk was previously mitigated. If “no” is selected, proceed to the next category. * Utilize information and data gathered with the Comprehensive Health Assessment including the “Timed Get Up and Go” test found within the Musculoskeletal section to complete the assessment. |
| **Members enrolled prior to 03/01/2018 - CareDirector Users Only** |
| Health and Wellness Coordinators (HWCs) assess all newly enrolled Inclusa members for fall risk as part of the Falls Section of the initial comprehensive assessment with in.  At annual or 6 month reviews or if the HWC determines that a change in member condition requires an update to the falls risk assessment, the HWC will update the Falls Section of the Comprehensive Health Assessment in Care Director. Within this section a level of fall risk is identified based on the answers provided. Regardless the level of fall risk identified, the HWC will follow up to assist the member with planning and intervening specific to the risk(s) identified. |

Additional questions to consider when assessing for a potential pattern of falls:

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| * How often are falls occurring? * Are they getting more frequent? * Does there seem to be any common precipitating factor? * What caused the fall? * What was the person doing at the time of the fall? | * What are the person’s diagnoses? * What is the person’s cognitive status? * What medications are being taken? * What are the vital signs (heart rate, blood pressure, blood glucose)? |

In addition, it is important to consider the reliability of the source of the information about the fall. Individuals may have poor recall regarding when and how a fall occurred. If a witness or someone who responded to the fall is able to provide additional details, this information may be useful for identifying whether or not a pattern exists.

# Plan

*Best Practice standards for prevention and management*

**Once the falls risk assessment has been completed, planning will occur to address each risk. The following fall risk factors are to be considered when planning for prevention and management of the risks.**

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| **Falls History** | People who have fallen before are more likely to fall again. Studies have shown that the risk of falling increases dramatically as the number of risk factors increases. |
| **Age** | Both the incidence of falls and the severity of fall related complications rise steadily after the age 65. In this population, approximately 35 to 40% of community-dwelling, generally healthy older persons fall annually (American Geriatric Society, British Geriatric Society, & American Academy of Orthopaedic Surgeons Panel on Falls Prevention, 2001). In Wisconsin, falls are the leading cause of accidental death among people 65 or older (Kopp & Ofstead, 2010). |
| **Medicines** | In all settings (i.e., community, long term care, hospital and rehabilitation), there is a consistent association between psychotropic medication use (neuroleptics, benzodiazepines and antidepressants) and falls. The risk of falls increases with the number of medications taken. Sometimes an effect may only manifest or become more pronounced with increasing age and associated disability or during times of illness. Individuals who are taking 3 or more drugs that affect the central nervous system (side effects may include confusion, dizziness and reduced reaction times) and/or cardiovascular medications (side effects may include **postural hypotension**, dizziness, urinary urgency and incontinence) may be at higher risk for falls.  Evaluate for proper dose, route, compliance, interactions, and side effects that may increase risk of falling. Changes in medications or use of multiple pharmacies are also potential falls risk factors. |
| **Balance** | Many people experience increasing difficulty with gait, balance, and safe mobility as they age which can lead to falls. These problems are associated with loss of confidence and decreasing ability to function independently. Dizziness from medications or other causes may contribute to balance problems as does muscle weakness. |
| **Environment** | Nearly half of falls among older adults occur inside or outdoors near their homes. Evaluate for hazards inside and outside the home as these all present an increased risk of falls. Consider clutter in the home, uneven surfaces, throw rugs, etc. Review Centers for Disease Control & Prevention’s safety checklist with member: [Check for Safety: A Home Fall Prevention Checklist for Older Adults](https://www.cdc.gov/steadi/pdf/check_for_safety_brochure-a.pdf) |
| **Cognitive Impairment** | Older adults with cognitive impairments are twice as likely to fall as those without these concerns (Kopp & Ofstead, 2010). Cognitive function is important for routine walking; cognitive and attention deficits are associated with decreased postural stability, impairments in activities of daily living, and future falls (Yogev-Seligmann, Hausdorff, & Giladi, 2008). |
| **Nutrition** | An adequate diet can help prevent falls and injury through maintenance of strong bones and optimal muscle mass. Vitamin D and calcium are especially important for individuals who are at risk for osteoporosis. Vitamin D deficiency is associated with myopathy and abnormal gait (Pfeifer, Begerow, Minne, Schlotthauer, Pospeschill, & Scholz, 2001). Adequate fluid intake can help prevent dehydration which can lead to confusion and dizziness. |
| **Incontinence** | Increases chances of falling because members may need to rush to the toilet; safe ambulation may be compromised. Individuals who are concerned about getting to the bathroom quickly may not perceive obstacles in their path and may trip. Also, urine on a hard-surfaced floor may create an additional fall hazard. |
| **Foot problems or Foot Pain** | Foot deformities such as bunions, corns, and calluses; neuropathy; or other foot pain contribute to increased falls risk. Sixty to eighty percent (60-80%) of older people have at least one foot problem (Menz, 2005). In addition to deformities of the foot, they may have decreased ankle flexibility, decreased foot strength and flexibility or pain that impairs ambulation. |
| **Adequate Footwear** | Studies have shown high rates of wearing inadequate footwear in people who have fallen. High heels impair balance and shoes with thick, soft midsoles impair ankle position sense and balance (Menz, 2005). An optimal shoe is well-fitting with a thin, firm midsole, non-slip soles, and wide low heels. Proper footwear also helps individuals to stay active which can reduce the risk of falls. Wearing shoes indoors as well as outdoors has been shown to reduce falls risk. Wearing winter footwear or specialized treads such as YakTrax® may also help reduce fall risk. |
| **Speech and Communication** | Fall risk may increase and overall safety may be compromised by impaired communication; members may not be able to summon help or assistance for mobility or toileting. A wide variety of factors may contribute to communication impediments that prevent members from either one or both: comprehending information and/or expressing thoughts or ideas. |
| **Chronic or Acute Illness** | The prevalence of falling increases with rising chronic disease burden. Symptoms associated with particular illnesses and medications such as dizziness, weakness, muscle spasticity, and proprioception (feedback to the brain about how the legs and body are moving) distortions also contribute to an increased falls risk. Particular chronic illnesses, multiple illnesses, or recent acute illness may increase the risk of falls. Some diagnoses that are important to consider when assessing risk include: diabetes mellitus, dementia, Parkinson’s disease, arthritis, osteoporosis, depression, **cardiovascular disease** (including hypotension, circulatory disease or arrhythmia), COPD, seizures and infection. **Postural hypertension** presents as a significant risk for falls. |
| **Vision** | The member may wear glasses or contacts for vision impairment or may have other ophthalmic diagnoses including: glaucoma, cataracts, maculopathy, dry eyes, etc. A decrease in vision, whether caused by glaucoma or cataracts, or just aging eyes makes it far more difficult to judge distance and avoid obstacles that could result in a fall. Vision is generally further reduced at night or in the dark with aging. Changes in vision are associated with an increased incidence of falls and fall related injuries. |
| **Perceived Risk of Fall** | This is a subjective measure of the member’s own perception of their risk of falling. People who express a “fear of falling” may restrict their activity level. This may increase their risk of falling due to inherent muscle atrophy and de-conditioning that is associated with long-term physical inactivity. |
| **Other Risk Factors** | This category facilitates the addition of any risk factors that may not be identified by the Falls Risk Assessment Tool. |

# Intervention

*Guideline/process for IDT to use regarding negotiating incorporation of prevention and management plan with member into the MCP*

**Planning will lead to the implementation of interventions focused on assisting with falls risk reduction. The following describes how member specific interventions are implemented and documented.**

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| **For all members - MATRIX Users**  **Members enrolled on or after 03/01/2018 – CareDirector Users** |
| **Falls Risk Assessment Tool Completion: Interventions and Risk Reduction:**  For each Risk Factor category, interventions that are in place or will be implemented will be selected in the **Intervention Options** column for that category. If the intervention is not listed, check the “Other” box and add text that describes the intervention.  For each Risk Factor category, referrals made will be indicated in the **Referral Options for Consideration** column. Select the specific provider or intervention type, if present, or check the “Other” box and add text that describes the provider or intervention type.  **All Fall Risk Reduction Interventions:**  All interventions, education, and referrals that are implemented will be documented in the MCP.  Any interventions that are refused by the member will be listed in the appropriate row at the bottom of the assessment tool and a Risk Mitigation Tool will be completed with the member, if indicated per [*Member Safety and Risk Policy and Procedure*](https://cccw-ea81180c62f8f1.sharepoint.com/:w:/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B20CC2754-D7A5-4814-9795-D3C8CFBC8A49%7D&file=Member%20Safety%20and%20Risk%20Policy.docx&action=default).  HWCs will assess for risk factors and identify if education/interventions are needed or in place. HWCs will document interventions implemented and/or referrals that are made to assist in addressing risk.  If fall risk will continue after education/intervention has been put in place and/or member refuses education/intervention, then a formal Risk Mitigation Tool must be completed and reviewed with the member at least every 6 months. |

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| **Members enrolled prior to 03/01/2018 - CareDirector Users Only** |
| When the HWC completes or updates the Falls Section of the Comprehensive Health Assessment in Care Director, a level of fall risk is identified based on the answers provided. Regardless the level of fall risk identified, the HWC will follow up to assist the member with planning and intervening specific to the risk(s) identified.  **All Fall Risk Reduction Interventions:**  All interventions, education, and referrals that are implemented will be documented in the MCP.  Any interventions that are refused by the member will be documented and a Risk Mitigation Tool will be completed with the member, as indicated per [*Member Safety and Risk Policy and Procedure*](https://cccw-ea81180c62f8f1.sharepoint.com/:w:/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B20CC2754-D7A5-4814-9795-D3C8CFBC8A49%7D&file=Member%20Safety%20and%20Risk%20Policy.docx&action=default).  HWCs will assess for risk factors and identify if education/interventions are needed or in place. HWCs will document interventions implemented and/or referrals that are made to assist in addressing risk.  If fall risk will continue after education/intervention has been put in place and/or member refuses education/intervention, then a formal Risk Mitigation Tool must be completed and reviewed with the member at least every 6 months. |

**Documentation** **of the Fall Risk Assessment and Falls Risk Assessment & Intervention Tool**

For the **initial** Fall Risk Assessment (as part of the initial Comprehensive Health Assessment):

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| **MATRIX Users** | **Members** enrolled on or after **3/1/2018**  **CareDirector Users** |
| The HWC will:   * Complete the fall risk assessment using the Falls Risk Assessment & Intervention Tool * Save the document in the member file * Case note the assessment and any applicable interventions. | The HWC will:   * Complete the fall risk assessment using the Falls Risk Assessment & Intervention Tool * Attach the Fall Risk Assessment & Intervention Tool in Care Director * Case note the assessment and any applicable interventions. |

For any Fall Risk **Reassessment** for all members:

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| **MATRIX Users** |
| The HWC will complete the fall risk assessment by updating the Falls Risk Assessment and Intervention Tool and will:   * Save the updated tool in the member file * Document the re-assessment in the Health Assessment Review in MATRIX * Update the MCP as needed * Case note as indicated |

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| **CareDirector Users** | |
| **For members enrolled after 03/01/2018** | **For members enrolled prior to 03/01/2018** |
| The HWC will complete the fall risk assessment by updating the Falls Risk Assessment and Intervention Tool and will:   * Attach the updated tool in Care Director * Update the MCP as needed * Case note as indicated | The HWC will update the falls assessment section in the comprehensive health assessment in Care Director and will:   * Update the MCP as needed * Case note for change in member condition |

# Evaluation

*Plan for quality assurance monitoring of guideline effectiveness.*

Quality Improvement will monitor that the guideline is being utilized as identified in this document through periodic file review process and for effectiveness.

# References

American Geriatric Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention. (2001). Guideline for the prevention of falls in older persons. *Journal of the American Geriatrics Society, 49(5),* 664-672. doi: 10.1046/j.1532-5415.2001.49115.x

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