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Fall Prevention: A Fall Risk Assessment

1.0 Contact Hour



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OBJECTIVES

After reading **Fall Prevention**, the reader will be able to:

- Outline the characteristics and impact of falls.
- Identify components of a therapeutic environment.
- Describe several examples of successful prevention intervention tips for patients.
- Identify national and local resources and information.

AUDIENCE

This continuing education course is intended to increase the knowledge and skills of those who are called upon to care for people who are at risk of falling at home, in hospitals, long-term care facilities, or other settings. This course includes relevant information for all members of the interdisciplinary team.

INTRODUCTION

According to the Centers for Disease Control and Prevention, one in four Americans aged 65+ falls each year; every 11 seconds, an older adult is treated in the emergency room for a fall; and every 19 minutes, an older adult dies from a fall. Falls are the leading cause of fatal injury and the most common cause of non-fatal trauma-related hospital admissions among older adults. Falls result in more than 2.8 million injuries treated in emergency departments annually, including over 800,000 hospitalizations and more than 27,000 deaths.

Many older adults experience a fear of falling. People who develop this fear often limit their activities, which can result in physical weakness, making the risk of falling even greater. Falls can change a life in an instant. One moment you are walking along quite nicely and the next moment, you slip and fall and break a bone. You go from being independent to dependent in a flash. Taking a fresh look and approach will allow you to look at prevention measures and create a safer environment for persons who are at risk of falling.

The long-term consequences of fall injuries, such as hip fractures and traumatic brain injuries (TBI), can impact the health and independence of older adults. Rehab and nursing homes are full of people who have seriously injured themselves and will not be able to return home again. Many falls can be prevented by increasing awareness and creating “fall free” zones. Everyone can take actions to protect the older adults they care about.

The vast majority of hip fractures occur after a fall. About 5% appear to be "spontaneous" fractures in which the patient feels a fracture and then falls. Falls to the side are more likely to result in a hip fracture than forward falls. People with a slower gait have less forward momentum, so when these people fall, they tend to buckle and fall to the side, making a fracture more likely. The decrease in bone mass in the elderly is also a big factor in hip fractures.

GENERAL FALL PREVENTION GUIDELINES

Check all current medications and over-the-counter herbals and vitamins. These can sometimes have interactions with medications or food reactions, may cause excessive daytime drowsiness or have unwanted side-effects.

Has this person fallen before? How? Where? Doing a little background questioning may be very helpful in determining what this person's fall history has been. Ask these questions to better determine the fall risk:

- Is this person elderly?
- Do they have a form of dementia?
- Have they had a recent hip replacement?
- Do they need a walker but forget to use it?
- Have they had a recent hospital stay and have general weakness?
- Are they on medications that cause sleepiness?
- Do they have vertigo or other eye or ear disorders?
- Has their vision and hearing been checked lately?
- Do they need new glasses or hearing aids?
- Are they short of breath?
- Are they on oxygen?
- Are improper shoes a part of the problem?
- Has a podiatrist checked for foot problems like ingrown nails, fungus or physical issue?
- What is their daily consumption of alcoholic beverages?
- Are they eating a balanced diet that includes calcium and vitamin D?

EXERCISE CAN REDUCE THE RISK OF FALLS

Our agility and physical activities can go a long way toward fall prevention. There are a lot of things that can be done to reduce the fall risk and increase bone density and agility. This includes the following ideas:

- Walking
- Water exercise
- Tai chi
- Physical therapy
- Chair exercises
- Other forms of movement (Wii bowling, dancing, etc.)



These can help to reduce the risk of falls by improving strength, balance, coordination and flexibility. The better our balance, gait and muscle strength, the less likely we will be to fall and break or injure a weak muscle or bone. Has the person seen a specialist? These can include a physical therapist, occupational therapist. Has a pharmacist done a medication review? Is their equipment (wheelchair, walker, bed and toilet seat) at the correct height and in good working order for their current needs? Has a professional taken a walk around the home to make sure there are no glaring hazards that could cause falls? This could include slippery leaves outside, trees that shed pinecones or nuts that can get underfoot and cause a slip and fall. Is the walkway free of snow and ice? Are there stairs and are they wobbly or unsafe? These are basic ideas and yet they are often missed.

“A hip fracture is most often a result of a fall from a standing height...In people with very weak bones, a hip fracture can occur simply by standing on the leg and twisting.”

--- Mayo Clinic

WHAT KIND OF SHOES ARE BEST?

We all have preferences in shoes. Most folks have a variety of shoes, sandals and athletic shoes. To prevent falls, avoid some shoe types such as:

- High heels
- Shoes with extra thick soles
- Flip flops
- Soft slippers
- Worn-down heels
- Shoes with slick/shiny soles

Have feet measured each time you try on and purchase shoes as foot size can change. Lace-up shoes or Velcro fasteners may be best. Shoes that have a strap across the arch, have skid-resistant soles and that are less than one-year old and fit properly may be the safest bets for fall prevention.

ENVIRONMENT AND HOME HAZARDS

Check out the environment. Look things over with fresh eyes. A throw rug that is not secured, a slick bathroom floor and no grab-bars installed can all cause falls. These safety ideas can make falls less likely:

- Keep walkways clear of objects.
- Secure electrical cords and phone cords.
- Make sure oxygen tubing is taped next to the wall.
- Consider a personal alarm device that will bring help in case of a fall when person is alone.
- Move coffee tables, magazine racks, or fragile items from high-traffic areas.
- Secure loose rugs and/or remove throw rugs from the home.
- Replace and repair loose or wooden floorboards, stairs and carpeting.
- Consider carpeting or special flooring for outdoor areas and stairs that may get slick.
- Store clothing, dishes, food and other necessities within easy reach.
- Remove step stools and ladders. (These are too easy to fall off of.)
- Quickly clean up any spilled liquids, grease or foodstuffs.
- Use nonskid floor and bathtub cleaners.
- Use a non-skid mat in the bathtub or shower.

LIGHT THE WAY TO SAFETY

Keeping the inside and outside of the home well-lit can help to avoid tripping, bumping and falling on objects that are hard to see. These are some lighting ideas to make the environment safer:

- Night lights should be in the bedroom, bathroom and hallways.
- Consider using a “Clapper” lamp and keep a flashlight handy with lots of fresh batteries for middle-of-the-night bathroom trips or power outages.
- Change out the traditional switch plates for glow-in-the-dark or illuminated switches.
- Have stairs illuminated.
- Have lights turn on automatically for certain areas of the home like the bathrooms, garage, porch, basement, etc.

USE ASSISTANCE WHEN NECESSARY

The doctor, home health agency, or physical therapist might recommend an assistive device like a footed cane or walker to keep the person steady. There are many kinds of assistive devices and inexpensive ideas that can help:

- Hand rails or grip bars for both sides of stairways and hallways
- Nonslip treads for steps
- Brightly colored safety strips for top and bottom stairs
- A raised toilet seat
- Grab bars for the toilet, shower or tub
- A sturdy shower chair
- Hand-held shower head

Home health agencies work closely with therapy companies. Ask for a referral to a doctor, physical or occupational therapist. He or she can help you find other fall-prevention strategies. Some solutions are easily installed and relatively inexpensive. Others may require professional help or a larger investment. Every county in the United States is also served by an Area Agency on Aging (AAA). Often there is additional help available to persons who are at risk of falling. The AAA may be able to offer solutions, advice and low-cost or no-cost prevention measures to keep seniors at home and independent longer. If you have identified a low-income homeowner who cannot afford to make necessary changes to their home, there may be a Rebuilding Together affiliate that can help. Visit rebuildingtogether.org to learn more about repairs and modifications to homes. Many states and local communities have low or no-interest loans, tax credits or other programs for home modifications for those who are older or disabled.

WHAT IS HAPPENING IN NURSING HOMES?

According to recent statistics, falls among nursing home residents occur frequently and repeatedly. Over 2000 older adults living in nursing homes die each year from fall-related injuries. Those who survive falls frequently sustain hip fractures and head injuries that result in permanent disability and another step down in their quality of life. Nursing homes with 100 beds typically report 100 to 200 falls a year, but many more falls go unreported, the CDC says. As many as half of the nation's nursing-home residents fall at least once every year — and many fall more than once.

About 35% of fall injuries occur among residents who cannot walk. These are people who are frail, have multiple chronic conditions, have memory problems and have difficulty with their basic activities of daily living. Often they forget to use a walker, cane or wheelchair. They need to go to the bathroom, so they just get up. This causes a chain reaction of events that often includes more surgery, traumatic head injuries, more medications, more skin breakdown, and increased risk of infections and bed sore complications. This can all lead to a quicker death and/or greatly reduced quality of life.



Some of the most common issues and causes of falls in nursing homes include:

- Muscle weakness and gait problems
- Transferring (from the bed to a chair or in and out of the shower)
- Poor foot care and shoes that do not fit properly or that are not appropriate for the person's current condition
- Another resident pushed or knocked over the person

Sedatives and anti-anxiety drugs affect the central nervous system, and are of particular concern. (Fall risk is significantly elevated during the three days following any change in these types of medications.)

Environmental dangers exist in nursing homes and can include wet floors; poor lighting; tree debris in the outside area such as wet leaves or pine cones; squirrels or other small animals that startle a resident; incorrect bed height; improperly fitted or maintained wheelchairs; and incorrect use of walking aids.

Fall Prevention Statistics

- One out of five hip fracture patients dies within a year of their injury.
- Treatment typically includes surgery and hospitalization, usually for about one week, and is frequently followed by admission to a nursing home and extensive rehabilitation.
- One in three adults who lived independently before their hip fracture remains in a nursing home for at least a year after their injury.
- Researchers estimate over 234,000 people ages 15 and older go to the emergency department each year because they got hurt in the bathroom.
- The study found two thirds of injuries happened in a shower or tub.
- Falls are the most common cause of traumatic brain injuries (TBI).

(Source: Centers for Disease Control)

FINAL FALL PREVENTION TIPS

- Pick up the clutter (i.e. books, magazines, boxes, and other objects on the floor).
- Rearrange furniture if necessary.
- Build upper and lower body strength.
- Increase stability and improve awareness of center of gravity.
- Maintain proper nutrition.
- Reduce alcohol consumption.
- Use assistive aids in sitting and standing.
- Create a fall awareness program.
- Check the home/community often for possible fall risks.
- Remove and constantly be aware of any dangerous and potential fall issues.

REFERENCES AND RESOURCES

Centers for Disease Control and Prevention

<https://www.cdc.gov/media/releases/2016/p0922-older-adult-falls.html>

Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs

<https://www.cdc.gov/homeandrecreationalafety/pdf/falls/fallpreventionguide-2015-a.pdf>

CDC Falls Prevention

www.cdc.gov/ncipc/duip/preventadultfalls.htm

The American Geriatrics Society Guideline for the Prevention of Falls in Older Persons

<http://stopfalls.org/faqs/american-geriatrics-society/>

Mayo Clinic Fall Prevention

<https://www.mayoclinic.org/healthy-lifestyle/healthy-aging/in-depth/fall-prevention/art-20047358>

National Association of Area Agencies on Aging

<http://www.n4a.org/about-n4a/>

<http://agingcarefl.org/resources-on-fall-prevention/>

The Independence Exercise Chair

<http://lp.americancreative.com/MyiChair/index2.php>



CE Exam

Fall Prevention

- 1) Each year, one in _____ adults over 65 suffers a fall.
 - A. 3
 - B. 4
 - C. 5
 - D. 7

- 2) Many falls can be prevented by creating:
 - A. Rug free zones
 - B. Fall free zones
 - C. Hazard free zones
 - D. Neutral zones

- 3) The decrease in _____ in the elderly is a major factor in hip fractures.
 - A. Steps per minute
 - B. Weight
 - C. Balance and coordination
 - D. Bone mass

- 4) Which is not used to determine if someone is a fall risk?
 - A. Are they wearing only socks?
 - B. Do they have a form of dementia?
 - C. Have they had a recent hospital stay?
 - D. Are they on oxygen?

- 5) Exercise can help reduce the risk of falls by improving strength, balance, coordination, and:
 - A. Endurance
 - B. Posture
 - C. Flexibility
 - D. Heart rate

- 6) Shoes that help with fall prevention include all of the following features except:
- A. Strap across the arch
 - B. Closed-toed
 - C. Skid-resistant soles
 - D. Less than one year old
- 7) What steps should be taken to reduce falls in the bathroom?
- A. Install grab bars.
 - B. Use non-skid bathmats.
 - C. Repair and/or replace loose carpet.
 - D. All of the above
- 8) The national organization that can assist persons who are at a risk of falling is:
- A. American Aging Assistance
 - B. American Advocates for Aging
 - C. Area Agency on Aging
 - D. Area Aging Advocates
- 9) About _____ of fall injuries occur among nursing home residents who cannot walk.
- A. 20%
 - B. 35%
 - C. 45%
 - D. 65%
- 10) One out of _____ hip fracture patients dies within one year of injury.
- A. 3
 - B. 5
 - C. 8
 - D. 12

Your opinion is important to us. Please answer the following questions by circling the response that best represents your experience.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
COURSE OBJECTIVES & CONTENT						
1.	The activity was valuable in helping me achieve the stated learning objectives.	5	4	3	2	1
2.	The content was up to date.	5	4	3	2	1
2.	The number of credit hours was appropriate for the content.	5	4	3	2	1
TEACHING/LEARNING METHODS						
4.	The teaching/learning methods, strategies, and slides were effective in helping me learn.	5	4	3	2	1
5.	The material was clearly explained.	5	4	3	2	1
6.	The answers to the post-test questions were appropriately covered in the activity.	5	4	3	2	1
OVERALL ACTIVITY						
7.	The online course/download supported the achievement of the stated learning objectives.	5	4	3	2	1
8.	The material was relevant to my professional development.	5	4	3	2	1
9.	Overall, I am pleased with this activity and would recommend it to others.	Yes	No			
10.	The content was presented free of commercial bias. *	Yes	No			
11.	Did the material presented increase your knowledge and/or understanding of this topic? *	Yes	No	NA		

Continued on Next Page

* If you responded "No" to question 10, please explain why:

* If you answered "Yes" to question 11, what change do you intend to make?

What barrier, if any, may prevent you from implementing what you learned?

Cite one new piece of information you learned from this activity:

Additional comments/suggestions:

With my signature I confirm that I am the person who completed this independent educational activity by reading the material and completing this self evaluation.

Signature _____ Date: _____



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[Take Fall Prevention: A Fall Risk Assessment Online](#)

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UNDERSTANDING IMPLICIT BIAS

The goal of healthcare is to provide the best possible care to all patients; indeed, many healthcare professionals must recite a pledge similar to the Hippocratic oath upon licensure. However, it is possible for healthcare professionals to have implicit bias that leads to substandard care.

Implicit bias is an unconscious attitude leading to stereotypes that influence thought and action. Not being aware of this bias can lead to unintentional discrimination in patient assessment and diagnosis, treatment, follow-up care, etc. Discrimination, unconscious or otherwise, in these impacted areas of healthcare leads to disparities where disadvantaged patient populations receive unequal care. Patient groups especially at risk of receiving unequal care may include:

- Those with lower income
- Women
- Minorities
- Those who speak English as a second language
- The elderly

An example of healthcare disparities can be seen in breast cancer mortality rates. Black women are 41% more likely to die from breast cancer than white women. Additionally, they are less likely to be diagnosed with stage I breast cancer, but twice as likely to die from early breast cancer.

Eliminating implicit bias can help reducing disparities in healthcare. Strategies for healthcare professionals to remove bias from their practice may include:

- Regulating emotions – being aware of, and control, thoughts and feelings
- Building partnerships – working with patients to achieve a common goal
- Taking perspective – understand the patient perspective during all phases of healthcare

Recognizing implicit bias and working to remove it from practice will help healthcare professionals to give the best care possible to all patients and reduce the disparities between patient populations.

REFERENCES

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Aujero, M. Breast cancer screening for at risk women. Oral presentation at: 23rd Annual Breast Cancer Update; February, 2021; Wilmington, DE.

Narayan, M. CE: addressing implicit bias in nursing: a review. *Am J Nurs* (2019) 119 (7): 36-43.



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			Total: \$24.95

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