

HOME CARE BRIEFING®

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Fall Prevention: Keeping a Step Ahead of Liability (Updated 2017)

According to the [Centers for Disease Control and Prevention](#), falls remain a leading cause of bodily injury in older adults. The following statistics underscore the prevalence of falls in the elderly and their impact in terms of injury and associated costs:

- One out of every four persons 65 years or older suffers a fall annually, resulting in 2.8 million emergency department visits.
- One of every five falls causes serious harm, such as broken bones and head trauma.
- At least 300,000 older persons are hospitalized each year for hip fractures, with more than 95 percent caused by a fall.
- Fall injuries result in \$31 billion in direct medical costs every year, with hospital treatment comprising two-thirds of the total costs generated.

The [National Safety Council](#) reports that falls are the leading cause of injury-related death in adults age 65 and older. In 2014, approximately 20,400 people died from falls sustained in the home, with the vast majority being over 65 years of age. Of those who survive a fall, many suffer from debilitating and sometimes lifelong injuries, resulting in limited activity, reduced mobility and a loss of physical fitness. These impediments may begin the downward spiral of fear resulting in decreased independence and quality of life.

Falls are also a common source of professional liability litigation. According to a CNA analysis of closed claims involving home care providers between 2014 and 2016, 40 percent of the claims that closed with an indemnity payment involved a fall-related injury. The total indemnity paid for fall-related claims ranged from \$90,000 to \$320,000.

Clearly, reducing the incidence and consequences of falls is a risk control priority. This edition of *Home Care Briefing*® examines three core elements of a home care fall-reduction program: risk assessment, staff education and post-incident response.

RISK ASSESSMENT

During the initial visit, thoroughly evaluate the client's condition and home environment, while educating residents and families about risks and basic safety strategies. The assessment process should incorporate the following measures, among others:

- Utilize a fall risk assessment tool to assess the client's level of risk and identify potential contributing factors, including:
 - Fall history.
 - Gait and balance disturbances.
 - Weight loss and hydration.
 - Reduced vision.
 - Comorbidities and disabilities.
 - Cognitive impairment.
 - Bowel and bladder dysfunction.
 - Unmitigated pain.
 - Prescription and over-the-counter drug use.
 - Use of appliance and assistive devices.
 - Environmental hazards, such as:
 - accessibility and functionality of assistive devices.
 - use of nonskid footwear.
 - evaluation of floor surfaces, stairs, hallways and bathrooms.
 - review of furniture arrangements to ensure a clear path of travel.
 - availability of proper lighting, both internal and external.
 - presence of extension cords, scatter rugs and excess clutter.

- Refer higher risk clients to their physician for a more thorough assessment. These referrals should include clients who experience recurrent falls or have multiple risk factors.
- Conduct a home safety check and recommend corrective actions to be completed as part of the service agreement.
- Ensure that direct care staff are involved in client assessment and reassessment efforts, as they are in the best position to observe changes in condition requiring evaluation and possible modification of services.

When the assessment process has been completed and the findings incorporated into the service plan, document all measures taken and the rationale for their implementation. Also, prepare a written record of discussions with clients and family members regarding fall-related risks and preventive measures. In the event of litigation, these records will be critical to defense efforts.

The effectiveness of a fall prevention program requires the commitment of competent and well-trained staff members who understand their roles and responsibilities and are able to communicate clearly with peers, clients and families.

STAFF EDUCATION

The effectiveness of a fall prevention program requires the commitment of competent and well-trained staff members who understand their roles and responsibilities and are able to communicate clearly with peers, clients and families. Staff education plays a critical role in preparing caregivers, in terms of both training in specific skills – e.g., how to use gait belts and assist with transfers – and in fall risk assessment and prevention responsibilities.

In-service programs should emphasize, among other points, the need for caregivers to:

- Continually assess and monitor client changes in condition, comorbidities and other health-related risk factors.
- Report changes in condition and client falls to supervisor and family in a clear and timely manner.
- Perform frequent home safety checks, with actions taken to address identified hazards.
- Reinforce fall reduction tactics with clients and family.
- Encourage clients to ask for assistance with risky tasks.
- Document client non-compliance with recommendations.
- Implement sound documentation practices.

Supervisors should conduct regular fall prevention education sessions and document staff attendance. In addition, periodic audits of staff assessment procedures and documentation practices should be performed to verify competency and adherence to procedures. Caregivers should receive reinforcement of the need to implement proactive measures to diminish the likelihood of falls.

POST-INCIDENT RESPONSE

Staff diligence and pre-emptive risk assessment can reduce but not eliminate the possibility of falls. To reduce liability exposure, it is necessary to learn from falls that do occur by thoroughly reviewing incidents, analyzing trends and measuring the effectiveness of safety efforts.

Post-fall analysis should:

- Describe the circumstances of the fall.
- Identify major causal factors, both personal and environmental.
- Indicate client's functional status before and after the fall.
- Note medical co-morbidities.
- Ensure appropriate clinical intervention for any identified injuries.
- Document family notification of the fall.
- List names of witnesses.
- Include any statements made by witnesses, clients or family members.
- Suggest interventions to prevent or mitigate future falls.
- Record any follow-up action(s) taken.

To protect the organization, all post-fall documentation should be incorporated into quality assurance and/or incident reporting programs. Regular audits of post-incident response protocol and documentation should occur to identify areas of potential improvement.

Reducing the frequency and severity of falls constitutes a major component of any risk control program. By focusing on assessment, education and ongoing quality improvement, home care providers can help keep their clients on their feet and their liability exposure under control.

RESOURCES

- [CDC National Center for Injury Prevention and Control \(NCIPC\)](#)
- [Fall Prevention Center of Excellence \(FPCE\)](#)
- [Important Facts About Falls](#), from the Centers for Disease Control and Prevention. Updated February 10, 2017.
- [Stopping Elderly Accidents, Deaths and Injuries \(STEADI\) Initiative for Health Care Providers](#)

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