

# Why Falls Need to Be Prevented



## The Spiral Down Pattern

There is a predictable pattern to falls among the elderly – first, the fear of falling, then an initial “incident or episode”, a fall without injury we call this the close call. This fall may not be enough to cause injury, but usually is just enough to scare a person into considering a change of behavior.



Two-thirds of seniors who fall once without injury have a repeat fall within six months. It is repeated falling that leads to decreasing health, more time spent in the hospital, more nursing home placements, and can lead to death from complications.



Statistically a more serious fall resulting in an injury and perhaps a period of incapacitation will occur within 6 to 12 months. Followed by hospitalization, the average cost of a hospital stay resulting from a fall is over \$10,000 and the average duration hospital stay after a fall is 8 Days.

After hospitalization and institutionalized rehabilitation, in greater than 70% of the cases where a fall has resulted in a fracture, there is a decreased independence and mobility. In addition victims of a fall related fracture are five times more likely to move into a nursing or residential institution within 24 months of the fall. (NEJM-2001)

## The Typical Spiral Down Pattern Associated with Falls:

### **Pre-Event – Fear of a fall**

- Event 1- Close Call – fall no injury
- Event 2- Trigger – Fall with injury (usually within 6-12 months of event #1)
- Event 3 – Hospitalization due to a fall
- Event 4- Recovery with decreased mobility and independence
- Event 5- Institutionalization – Nursing Home or Assisted Living Facility
- Event 6- Premature death relating to the initial injury caused by a fall.

## Can Falls Be Prevented:

We have identified that falls among the elderly are a very common healthcare problem that cause grave injuries and even deaths among our senior population. **The question is can falls be prevented? Or are falls simply a natural part of the aging process?**

According to research conducted by many leading universities and healthcare organizations, falls CAN be prevented. In fact the evidence that falls can be prevented is so compelling and the problem of falls among seniors is so concerning that the U.S. government is getting involved to attempt to solve the problem.

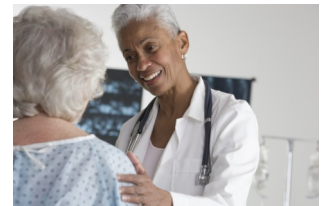
In the 2003 legislative session a bill was introduced to fund educational programs and additional educational programs to help reduce falls among senior citizens. Congress has identified that the cost of fall injuries compounded with a rapidly aging population will place a strain on the healthcare system in the U.S. over the next 20 years. Many governmental and private organizations are weighing in on the problem and formulating possible solutions.



According to the Consumer Product Safety Council 30% to 40% of all falls can be prevented. Individual studies of community dwelling and facility dwelling seniors documented in the New England Journal of Medicine detail how utilizing specific strategies could reduce the risk of falls substantially. For example weight-bearing exercise has been associated with a reduced risk of hip fractures. In a recent study, active exercise was associated with a 40% reduction in the risk of fractures for women and a 50% reduction for men. In another study, use of supplements on a daily basis reduced the number of hip fractures among ambulatory women in a nursing facility by 15%.

The prevention of falls among senior citizens has been most successful when a multi-faceted approach has been utilized. An effective model for fall prevention focuses on patient and caregiver education, behavioral modification, clinical intervention, risk factor reduction, environmental safety enhancements and daily reinforcement. It is through this comprehensive multi-disciplined approach that significant fall and injury reduction has been achieved.

Maximum fall prevention and injury reduction is achieved by using a proactive multi-faceted approach involving healthcare professionals, caregivers, the senior citizen and a qualified senior safety consultant. A variety of studies have substantiated that this strategy can reduce the risk of falls by 30% and as much as 45% among senior citizen participants.



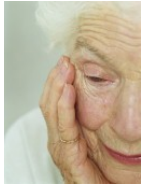
### **ELEMENTS TO REDUCING FALLS AND REMAINING INDEPENDENTS**

- 1) Assess Individual's Risks-medical, personal, social, environmental
- 2) Reduce Risk Factors where possible
- 3) Educate the Patient and caregiver on falls
- 4) Implement Changes in behavior
- 5) Improve the Environment
- 6) Provide Assistance with A.D.L's where needed
- 7) Re-enforce / Review with the Patient
- 8) Provide 24hr. monitoring to reduce the risk of injuries-ResponseLink

### **PEOPLE WHO NEEDS TO WORK TOGETHER TO REDUCE FALLS**

- 1) Doctor
- 2) Caregiver
- 3) Healthcare Providers
- 4) Responding Agencies
- 5) Senior Safety Experts – ResponseLink
- 6) Senior Citizen (patient)

Prior to creating a formal Assessment of an individual's risk of falls, it must be agreed that a Fall Prevention Program is an ongoing collaborative effort between the senior citizen, their doctor(s), their caregiver, other healthcare providers treating the senior citizen, local responding agencies and a trained senior safety specialist. If any one of the parties does not contribute to the process of risk assessment and fall prevention the program will have sub-optimal results.



First and foremost the senior citizen themselves must be in agreement that **a)** they are at risk of a fall **b)** a fall related injury could disable them **c)** they need to do everything possible to avoid falls **d)** they are willing to use prescribed methods and modify their future behavior to avoid falls.

In addition an accurate risk assessment and successful fall prevention program cannot be implemented without vital input from the patient's doctor. If a senior citizen cannot get participation from their primary care physician or specialists who treats them for a specific illness it is recommended that the patient seek advice from another qualified physician prior to assessing the risk of falls.

The roll of the primary caregiver in this process is to assist with risk reduction suggestions from all parties and to continually re-enforce the need for continued focus on fall prevention. Further, the roll of the Senior Safety Specialist is to make suggestions and give advice on how to reduce risks in the home environment. ***The Safety Specialist may also suggest and coordinate installation of Personal Emergency Response, daily wellness and Medication Compliance Monitoring Systems as part of fall prevention and risk reduction.***



The roll of other healthcare providers and responding agencies is to **a)** be aware the patient's fall risks and **b)** know who to contact on the patient's behalf in an emergency. It is a great idea to have all of the patient's medical history, medication and family members information handy in case there is an emergency. This information could be called a Vile of Life.

*ResponseLink offers information for general educational and informational purposes only. This information is not intended as a substitute for advice, treatment, or recommendation from health care professionals. The information is not exhaustive and does not cover all fall related ailments, physical conditions, or their treatment. It is important to follow the advice of your doctor and other health care professionals regarding your individual health care needs.*

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