

While you wait...

Virtual Meeting Tips

- Put your **questions in the Q&A** at the bottom of your Zoom screen
- Use the chat feature at the bottom of your Zoom screen for **comments** and conversation
- If you are having technical issues, please let us know in the chat and we will do our best to assist you

New at NursingHome411

- LTCCC Alert: Nursing Home Staff Turnover Above 50%
- ‘I am afraid’: Elder Justice Newsletter (Volume 4, Issue 4)
- LTC Journal: Summer 2022
- NH411 Podcast: How Colorblind Policies Fail Nursing Home Residents
- July Webinar – Show Me the Numbers: How Transparency Can Improve the Quality of Nursing Home Care

For materials from today’s webinar, visit
nursinghome411.org/webinar-falls/

The Long Term Care Community Coalition

- **LTCCC** is a nonprofit, nonpartisan organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC).
- **What we do:**
 - Policy research & analysis;
 - Systems advocacy;
 - Public education;
 - Home to two local LTC Ombudsman Programs.



www.nursinghome411.org

Today's Webinar:



LTCCC WEBINAR:

Fall Prevention:

Focusing on Process – Not People – to Keep
Nursing Home Residents Safe

Tuesday, September 13, 2022 | 1-2 PM ET

Register: <https://bit.ly/fall-prevention-nh>



Join us as **Sharon Banks Tarr, MN, RN, LNCC (Clarity Legal Nurse Consulting)** discusses nursing home falls and the best practices for preventing "never events."

For materials from today's webinar, visit
nursinghome411.org/webinar-falls/

+ About Sharon Banks Tarr, MN, RN, LNCC (Speaker 1)

- **Masters in Nursing, LNCC (legal nurse consultant certified)**, and has worked as a surveyor in healthcare facilities
- **20 years' service as a US Navy Nurse, honorable discharge**
 - Extensive experience as a staff nurse (medical/surgical, orthopedics, respiratory intensive care, hemodialysis)



+

About Tabassum Mohibi (Speaker 2)

- **Policy intern at LTCCC**
- **MPH candidate at Columbia University**
- **Hospitalist Physician Assistant**, experience working with hospitalized nursing home residents and individuals awaiting nursing home placement



Part I: Fall Prevention: Focusing on
Process – Not People – to Keep
Nursing Home Residents Safe

Sharon Banks Tarr, MN, RN, LNCC
Clarity Legal Nurse Consulting

Falls: Never Events

- Falls have been identified by the Centers for Medicare and Medicaid Waiver (CMS), and the Joint Commission on Accreditation, Health Care, and Certification (JACHO/JTO) as Never Events.

Background

- In 1996, JACHO/JTO adopted a sentinel event policy to help healthcare organizations to prevent falls by using the JACHO Targeted Solutions RCA2 Tool.
- The Root Cause Analysis (RCA2) and Action tool was intended to establish methodologies and techniques to prevent harm.

Failures of the Healthcare System

- In 1999, The Institute of Medicine (IOM) published the *To Err is Human and Crossing the Quality Chasm* Report, which provided new ways to look at medical errors.
- At the time of this report, 98,000 patient deaths occurred a year as a result of what were identified as preventable medical errors.
- This report identified failures of the healthcare system that contributed to these errors. It served as a call to action for alignment of healthcare delivery with payment policies, quality improvement, and better information technology.

Denial of payment reimbursement

- July 31, 2008, CMS classified falls with injury as never events for which payment reimbursement would be denied. This was the effective date for payment denial.
- On June 30, 2011, CMS published a final rule implementing the requirements of Section 2702. The final rule required that States implement non-payment policies for provider preventable conditions (PPCs), including health-acquired conditions (HCACs) and other provider-preventable conditions.

Addressing Never Events

- From 2001-2008, the National Quality Forum(NQF) published a list of 28 serious reportable events across all healthcare settings (hospitals, outpatient clinics, office-based practices, surgery centers, Long-Term Care (LTC), Skilled Nursing Facilities (SNF), and Nursing Homes (NH) across 26 states and the District of Columbia.
- From 2010-2011, The US Centers for Disease Control and Prevention (CDC) initiated the STEADI (Stopping Elderly Accidents, Death and Injuries) project as a process improvement approach to address never/sentinel, events.

Fall Data

- In 2014 and 2020, the Office of the Inspector General (OIG) reports included Nursing Home potentially preventable /adverse/sentinel event data using the Harm Scale broad categories: Resident Care (Falls), Medication, and Infection.
- Every year, at least 3 million older people are treated for fall injuries
- Over 800,000 older people are hospitalized per year for a fall injury.
- Many falls do not cause injury. Of those that do, one in 5 falls causes serious injury such as, broken bones or head injury.
- The CMS cost projection for a fall with injury for 2020-2021, was approximated at \$14,056.

Every 11 seconds....

- Falls are the leading cause of fatal and nonfatal injuries in older adults across various acute and post acute healthcare settings.
- According to The Center for Disease Control (CDC), Home and Recreational Safety:
 - One in four Americans aged 65+ fall every year
 - Every 11 seconds, an older adult is treated in an emergency room for falls.
 - Every 19 minutes an older adult dies from a fall
 - Hundreds of thousands of patient falls occur in hospitals alone
 - The projection of the rate of death from falls by 2030 is 7 deaths from falls, every hour.

Serious and Costly....

- The CDC, Home and Recreational Safety Annual Cost of Falls projection (2020): \$55 Billion
- Conclusion: Falls with injury are serious and costly
- When the focus of fall prevention improvement tools/strategies in the Long-Term Care setting is placed on root cause analysis, and identification of solutions that are individualized, realistic and measurable, the risk for falls is/can be significantly decreased.

Fall Risk Factors

- Lower body weakness
- Vitamin D deficiency
- Difficulty walking/balancing
- Dementia
- Polypharmacy (multiple medications given at one time and the side effects make patients/residents unsteady on their feet, resulting in a fall).
- Vision Problems
- Foot Pain/poorly fitting footwear
- **General physical plant hazards/dangers (broken /uneven steps/flooring, throw rugs, poor lighting).**

What Can I do?

- Residents:
- Family members:
- Ombudsmen:
- Nursing staff:
- Surveyors:
- Advocates:

Part II:

Regulation and Guidance

Protocols and Research

After the Fall

A “No Harm” Fall

Fall and Accident Prevention: Regulations & Guidance

Code of Federal Regulations (CFR): Standards applicable to all residents in licensed U.S. nursing homes, including short-term, long-term, private pay, Medicaid, Medicare, or privately insured.

- Facilities must implement comprehensive, resident-centered fall prevention plans for each resident at risk for falls or with a history of falls. (Source: State Operations Manual Appendix PP)
- Facilities must ensure that—
 - The resident environment remains as free of accident hazards as is possible; and
 - Each resident receives adequate supervision and assistance devices to prevent accidents. (Source: CFR §483.25)

Note: Nursing homes are responsible for ensuring the safest environment possible for residents in a manner that helps promote quality of life and ***respects the residents' rights to privacy, dignity, and self-determination.***

nursinghome411.org/facts-falls

Fall and Accident Prevention: Protocols and Research

Protocols:

- Use fall risk screening tools
- Implement comprehensive fall reduction programs
- Close observation
- Prevent environmental hazards
- Ensure adequate staffing
- Frequently review medications
- Regular exercise
- Annual vision check-ups
- Assistive devices (wheelchairs, walkers, etc.)

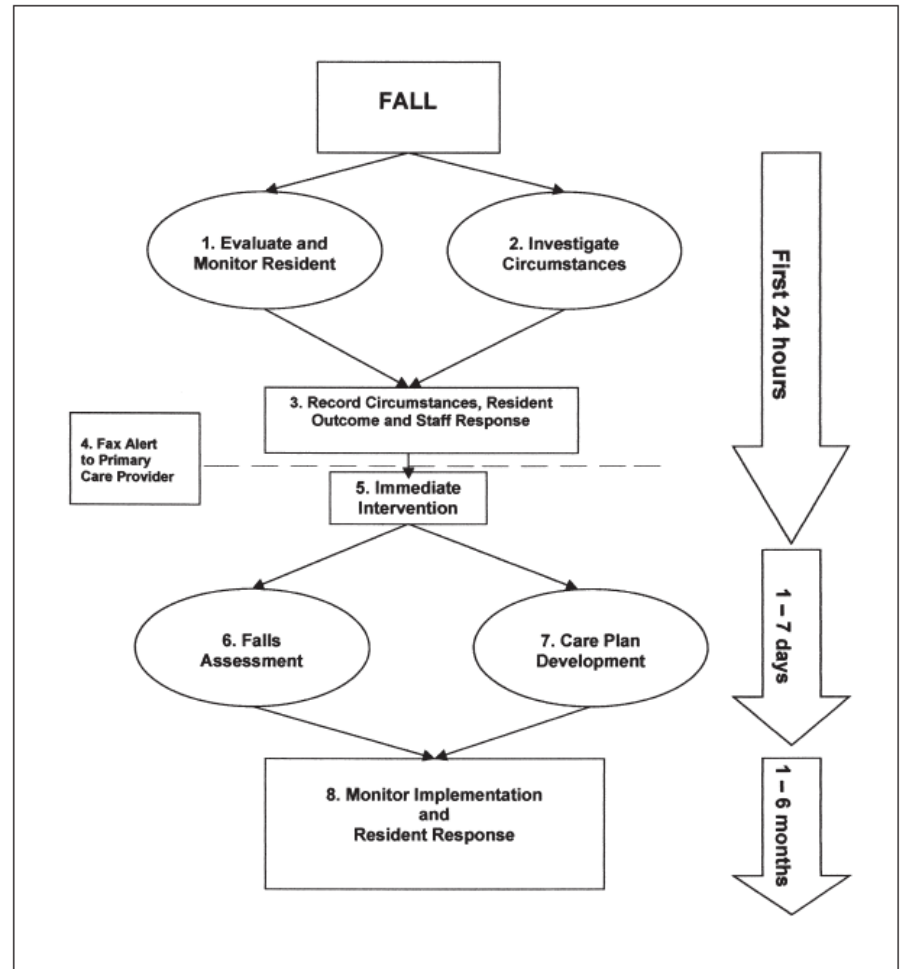
Research:

- Upgraded lighting (higher intensity during day, lower intensity at night) can **reduce falls by 43%** (Grant et al, 2022)
- **Falls rate reduced by 36%** with introduction of a falls risk/intervention tool (Cooper, 2017)
- **Number of active medications** was the most significant factor associated with fall risk, followed by number of active diseases (Thapa et al, 2022)

nursinghome411.org/facts/falls

After the fall: An eight-step response

1. Evaluate and monitor resident for 72 hours after the fall.
2. Investigate fall circumstances.
3. Record circumstances, resident outcome and staff response.
4. FAX Alert to primary care provider.
5. Implement immediate intervention within first 24 hours.
6. Complete falls assessment.
7. Develop plan of care.
8. Monitor staff compliance and resident response.



Source: Agency for Healthcare Research and Quality (AHRQ)

<https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/injuries/fallsp/ma2.html>

Breaking the Code: A ‘no harm’ falls deficiency

- A resident at a Vermont nursing home sustained seven falls in three months
- Another resident fell six times in eight weeks, leading to emergency room evaluation for head injury and pain
- According to the citation, the nursing home failed to review and revise fall prevention care plans for two residents
- Though the nursing home’s failure to review and revise care plans for two residents led to preventable falls, this deficiency was not cited as harm
- Fall prevention: screen for fall risk, address individual fall risk factors, implement comprehensive, resident-centered care plan, frequent observation

nursinghome411.org/elder-justice-4-2/

LTCCC's October Webinar:

- **What does good care look like for people living with dementia?**
 - Tuesday, October 18, 1pm ET
 - Presenter: Jonathan Evans
 - Register: <https://bit.ly/webinar-dementia>



Jonathan Evans (right) speaking at LTCCC's 2019 symposium.

Register: <https://bit.ly/webinar-dementia>

Save the Date!

LTCCC's 13th Annual Reception

- November 9, 2022 | 6-8PM (ET)
- Location: NY City Bar, 42 W. 44th Street, NYC
- Tickets: <https://ltccc13.eventbrite.com/>



The poster features a light blue background with a bokeh effect of white circles. In the top left corner is the Long Term Care Community Coalition logo. The text is centered and reads: 'SAVE THE DATE', 'LONG TERM CARE COMMUNITY COALITION', '13TH ANNUAL RECEPTION', 'RECOGNIZING', 'HONORABLE RICHARD GOTTFRIED', 'CHAIR, NYS ASSEMBLY COMMITTEE ON HEALTH'. Below this is a portrait of Richard Gottfried, an older man with glasses and a beard, speaking at a microphone. The event details are listed: 'November 9, 2022 | 6-8 PM (ET)', 'NY CITY BAR, 42 W. 44TH STREET, NYC', and 'TICKETS: \$200 (\$150 FOR NON-PROFIT CONSUMER ORGS. AND RESIDENT FAMILIES)'. In the bottom right corner, there is an illustration of two champagne glasses clinking. A purple banner at the bottom contains the text: 'PURCHASE YOUR TICKETS AT LTCCC13.EVENTBRITE.COM BY NOVEMBER 1'.

LONG TERM CARE COMMUNITY COALITION

SAVE THE DATE
LONG TERM CARE COMMUNITY COALITION
13TH ANNUAL RECEPTION

RECOGNIZING
HONORABLE RICHARD GOTTFRIED
CHAIR, NYS ASSEMBLY COMMITTEE ON HEALTH



November 9, 2022 | 6-8 PM (ET)
NY CITY BAR, 42 W. 44TH STREET, NYC

TICKETS: \$200 (\$150 FOR NON-PROFIT CONSUMER ORGS. AND RESIDENT FAMILIES)



PURCHASE YOUR TICKETS AT [LTCCC13.EVENTBRITE.COM](https://ltccc13.eventbrite.com/) BY NOVEMBER 1

Head to NursingHome411...



- For materials from today's webinar, visit <https://nursinghome411.org/webinar-falls>
- For LTCCC's fact sheet on fall and accident prevention, visit <https://nursinghome411.org/facts-falls/>
- To purchase your ticket for LTCCC's 13th Annual Reception, visit <https://ltccc13.eventbrite.com/>

Thank You For Joining Us Today!

**For updates & invites to future programs:
www.nursinghome411.org/join/.**

LTC Ombudsmen: Look out for an email confirming your attendance of this program on Thursday.

