



Falls and Fall Risk, Managing

Highlights	Policy Statement
	<p>Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.</p>
	<p align="center">Policy Interpretation and Implementation</p>
<p>Prioritizing Approaches</p>	<p>Prioritizing Approaches to Managing Falls and Fall Risk</p>
<p>Identify Interventions</p>	<p>1. The staff, with the input of the Attending Physician, will identify appropriate interventions to reduce the risk of falls. If a systematic evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions (i.e., to try one or a few at a time, rather than many at once).</p>
<p>Examples of Interventions</p>	<p>2. Examples of initial approaches might include exercise and balance training or a rearrangement of room furniture. If a medication is suspected as a possible cause of a resident's falling, the initial intervention might be to taper or stop that medication.</p>
<p>Adjusting Medications</p>	<p>3. In conjunction with the Consultant Pharmacist and nursing staff, the Attending Physician will identify and adjust medications that may be associated with an increased risk of falling, or indicate why those medications could not be tapered or stopped, even for a trial period.</p>
<p>Additional/Different Interventions</p>	<p>4. If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant.</p>
<p>Varying Interventions</p>	<p>5. If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling is reduced or stopped, or until the reason for the continuation of the falling is identified as unavoidable.</p>
<p>Minimizing Serious Consequences of Falls</p>	<p>6. In conjunction with the Attending Physician, staff will identify and implement relevant interventions (e.g., hip padding or treatment of osteoporosis, as applicable) to try to minimize serious consequences of falling.</p>
<p>Goals</p>	<p>7. Traverse Care Center will make attempts to be proactive when attempting to prevent falls. Our facility will also implement new interventions & review current interventions.</p>

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Monitoring Falls/Fall Risk
 Monitoring and Documenting Interventions
 Continuing Successful Interventions
 Changing Unsuccessful Interventions
 Irreversible Risk Factors

Monitoring Subsequent Falls and Fall Risk

1. The staff will monitor and document each resident's response to interventions intended to reduce falling or the risks of falling.
2. If interventions have been successful in preventing falling, staff will continue the interventions or reconsider whether these measures are still needed if a problem that required the intervention (e.g., dizziness or weakness) has resolved.
3. If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions. As needed, the Attending Physician will help the staff reconsider possible causes that may not previously have been identified.
4. The staff and/or physician will document the basis for conclusions that specific irreversible risk factors exist that continue to present a risk for falling or injury due to falls.

References	
OBRA Regulatory Reference Numbers	483.15(h); 483.25(h)(1)-(2)
Survey Tag Numbers	F252; F323
Related Documents	Falls Risk Assessment
Policy Revised	Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____



TCC Risk Management/Incident Reports

Res Name	Date	Time of Incident	Location	Type of Incident	Injury?	Treatment