Falls Prevention & Reduction Champion’s Toolkit, Aging Services of Minnesota
http://www.agingservicesmn.org/index/Falls_Prevention

SAFE from FALLS, Minnesota Hospital Association
http://www.mnhospitals.org/index/tools-app/tool.362

Interventions for preventing falls in older people in nursing care facilities and hospitals, 2010

Interventions for preventing falls in older people in nursing care facilities and hospitals
Falls by older people in nursing care facilities and hospitals are common events that may cause loss of independence, injuries, and sometimes death as a result of injury. Effective interventions are important as they will have significant health benefits.

This review includes 41 trials involving 25,422 participants, with about three quarters being women and having an average age of 83 years. Many of the participants had cognitive problems.

In nursing care facilities, interventions targeting multiple risk factors were not clearly effective in preventing falls but may be so when these interventions are provided by a coordinated team of health workers. The prescription of vitamin D reduces falls, as may a review of medication by a pharmacist. There is no evidence that other interventions targeting single risk factors reduce falls and this includes exercise interventions.

For patients who are in hospital for more than a few weeks, interventions targeting multiple risk factors, and supervised exercise, are effective.

Limitations of the review included the small number of hospital studies, difficulty isolating effects of individual components of treatments that involved multiple components, and the variability of interventions.

http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD005465/frame.html

The Patient Who Falls, JAMA. 2010; 303 (3):258-266

Falls are common health events that cause discomfort and disability for older adults and stress for caregivers. Using the case of an older man who has experienced multiple falls and a hip fracture, this article, which focuses on community-living older adults, addresses the consequences and etiology of falls; summarizes the evidence on predisposing factors and effective interventions; and discusses how to translate this evidence into patient care. Previous falls; strength, gait, and balance impairments; and medications are the strongest risk factors for falling.

Effective single interventions include exercise and physical therapy, cataract surgery, and medication reduction. Evidence suggests that the most effective strategy for reducing the rate of falling in community-living older adults may be intervening on multiple risk factors. Vitamin D has the strongest clinical trial evidence of benefit for preventing fractures among older men at age 70 and older.
risk. Issues involved in incorporating these evidence-based fall prevention interventions into outpatient practice are discussed, as are the trade-offs inherent in managing older patients at risk of falling. While challenges and barriers exist, fall prevention strategies can be incorporated into clinical practice.

http://jama.ama-assn.org/cgi/content/abstract/303/3/258

**Older Adult Fall Prevention: Perceptions, Beliefs, and Behaviors**, American Journal of Lifestyle Medicine, Vol. 4, No. 1, 16-20 (2010)

Physicians can reduce the likelihood of falls in their older patients by incorporating prevention strategies into their clinical practice. Research has identified effective interventions, notably clinical assessment and risk factor reduction and exercise programs with balance training, that require older adults to adopt new behaviors.

However, some older adults believe falls are an inevitable consequence of aging, while others do not see themselves as personally vulnerable.

Factors that facilitate adopting fall interventions include social support, low-intensity exercise, and the perception that the programs are relevant. Barriers include fatalism, denial of risk, poor self-efficacy, and no previous history of exercise.

To encourage their patients' participation, physicians need to present fall interventions as lifestyle enhancing and as a way to remain independent. Messages should focus on positive health and social benefits such as improving balance and maintaining independence, rather than emphasizing negative information about falls and fall injuries. Along with the support of family and friends, a personal invitation from a health care provider will encourage older adults to take part in fall prevention programs.

http://www.co.pierce.wa.us/xml/abtus/ourorg/humsvcs/ALTC/OlderAdultFallsPrevention2010.pdf

http://ajl.sagepub.com/cgi/content/abstract/4/1/16

**Watch the Walk and Prevent a Fall**, New York Times

Falls are so harmful to the elderly and so costly to society that if falling were a disease, it would be deemed an epidemic. More than one-third of people ages 65 or older fall each year. About one fall in 10 results in a serious injury, like a hip fracture. Roughly 20 percent of older people who suffer a hip fracture die within a year. The estimated economic cost of falls ranges widely, up to $75 billion a year in the United States, if fall-related home care and assisted-living costs are added to medical expenses.


**Collaborating for Fall Prevention**, EMS1.com

It would be great if every community possessed the resources and staff to start a falls prevention program from scratch. However, very rarely does this actually happen. If you find that your area could benefit from such an idea — but can't afford making it an independent, free-standing operation — consider collaborating with other health organizations to get the same effects.

A well-developed patient safety culture focusing on prevention of falls will, when successfully achieved, be seen by staff, patients and their significant others as being characteristic of the organization, and will be evident in attitudes, routines and actions. Moreover, it provides potential for positive side-effects concerning organizational and clinical improvements in additional areas.

Fatal Injuries Increase in Older Americans, April 5, 2010

The risk of dying from injuries is increasing for Americans ages 65 and older according to a new report from the Johns Hopkins Bloomberg School of Public Health’s Center for Injury Research and Policy.

Prevention of falls and fall related injuries in older people in nursing homes and hospitals, Injury Prevention, 2010

Older people in residential care fall about three times as frequently as those living in the community. In part, this reflects higher incidences of risk factors for falls such as mobility limitations and dementia. Also, falls are an independent risk factor for admission to a nursing home.

Continuing the Journey to a Culture of Patient Safety: From Falls Prevention to Falls Management, Healthcare Quarterly, January 2010

The patient care model founded on a philosophy of falls prevention was transformed to one based on a model of falls management. The change process culminated in a more elder-friendly environment complemented by a respect for patients’ choices, even when those choices include personal risk.

Vitamin D supplementation can reduce falls in nursing care facilities, January 19, 2010

Giving people living in nursing facilities vitamin D can reduce the rate of falls, according to a new Cochrane Review. This finding comes from a study of many different interventions used in different situations. In hospitals, multifactorial interventions and supervised exercise programs also showed benefit.

Sensory impairments are a substantial problem for older Americans: One out of six has impaired vision; one out of four has impaired hearing; one out of four has loss of feeling in the feet; and three out of four have abnormal postural balance testing.

http://www.cdc.gov/nchs/data/databriefs/db31.htm

Older Women with Poor Hearing May Run Higher Risk of Walking Problems

Some research suggests that older adults with poor hearing may have worse balance, run higher risks of falling, and have more trouble walking and carrying out other daily activities than seniors with better hearing.

http://www.healthinaging.org/aginginthe-know/research_content.asp?id=149

An interprofessional team approach to fall prevention for older home care clients “at risk” of falling: health care providers share their experiences, International Journal of Integrated Care, May 2009


Emergency Department Visits for Injurious Falls among the Elderly, October 2009

Each year, approximately one-third of elderly adults experience a fall. Falls are the most common cause of fatal injuries among elderly adults age 65 years and older, as well as the most common cause of nonfatal injuries in this population. The direct medical cost for fall-related injuries among the elderly is about $20 billion annually and is expected to increase substantially over the next decade as the population ages. Often, common fall-related injuries, such as fractures, open wounds, or head traumas, are serious enough to result in emergency department (ED) treatment. These injuries can impair mobility and may require admission to a long-term care (LTC) facility for a year or more. Because many falls are preventable and their impact on the U.S. health care system is significant, it is important to better understand the types of fall-related injuries experienced by elderly adults, particularly those injuries requiring treatment in an ED.

http://www.hcup-us.ahrq.gov/reports/statbriefs/sb80.jsp

Fall Prevention and Injury Protection for Nursing Home Residents

Recognizing that risk factors for falls are multifactorial and interacting, providers require guidance on the components, intensity, dose, and duration for an effective fall and fall injury prevention program. Administrators of health care facilities require guidance on resources needed for these programs. Clear guidance does not exist for specifying the right combination of interventions to adequately protect specific at-risk populations, such as nursing home residents with dementia or osteoporosis. Staff education about fall prevention and resident fall risk assessment and reassessments has become part of standards of practice; however, the selection, specificity, and combination of fall prevention and injury protection interventions are not standardized. To address these gaps, this team of researchers conducted a critical
examination of selected intervention studies relevant to nursing home populations. The objectives of this literature review were to (1) examine the selection and specificity of fall prevention and injury protection interventions described in the literature since 1990; (2) evaluate the strength of evidence for interventions that both prevent falls and protect residents from fall-related injury; and, (3) provide clinical and policy guidance to integrate specific interventions into practice.

For more information, please visit:
http://www.jamda.com/article/S1525-8610(09)00308-9/abstract

**Fall Prevention Resource Manual for Health Care Providers**
http://www.mainehealth.org/mh_body.cfm?id=449&fr=true

**Falls Related Tools**
Includes surveys, questionnaires, checklists, assessment tools, and other types of fall prevention measurement tools.
http://www.injuryresearch.bc.ca/categorypages.aspx?catid=1&subcatid=7

**Healthcare Quality Strategies Fall Prevention Resources and Tools**
http://www.hqsi.org/_/search.html?cx=003243335907468317896%3Ak5qxiy5w-zm&cof=FORID%3A11&ie=UTF-8&q=fall+prevention#815