



CAC Specialty Senior Living Practice

# The Art of Upright

*Reducing Fall Risk*

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# Learner Objectives



Evaluation & Using Evidence Based Tools



List how to use & reasons for implementing progressive interventions



Describe progressive interventions and programs to reduce risk for falls

# The Art of Upright

- ***Not all falls can be prevented***



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- Educate families
- Be proactive
- Keep residents active
- Help residents retain autonomy as much as possible



# Evaluations and Evidence Based Tools

- Many falls occur within the FIRST 72 hours – 2 weeks following admission
- Evaluation upon admission an updated per policy and with changes of condition
- Use the admission information identified immediately such as:
  - Medications increasing risk for falls (i.e., cardiac, benzodiazepine, hypertension, etc.)
  - Habits and routines
  - Bathing preferences
  - Assistive devices and room arrangement
  - History of falls prior to admission

# Annie's Admission – First 24 -hours

- Annie was admitted to a local religious, nonprofit assisted living center. Her daughter is a health care attorney and is aware of the risks of falling . During the admission process the daughter supplied information about Annie's nighttime habits. Annie is a night owl who likes watching TV, eating pretzels, and drinking flavored seltzers.
- Annie is also diabetic with a poor gait, impaired mobility, and dementia impacting her judgment in memory. Annie was also in the habit of having a good wash up prior to sitting down in her recliner chair to watch TV and snack.
- Annie was admitted late in the afternoon And was settled in and taken to dinner . After dinner she was assisted to the restroom asked if she wanted to watch TV and left alone until 8:00 PM. At 8:00 PM the resident caregiver assisted her into pajamas and into bed. No “good wash up” and so forth....
- WHAT DO YOU THINK HAPPENED?

# Annie's First Fall -

- Annie had her first fall around 9:30 PM when she tried to walk from her bed to her recliner chair. During the fall she struck her head on a dresser and was unconscious when a staff member checked on her. Annie was sent to the hospital and needed surgery related to swelling and pressure in her skull.
- From this point forward over the next three months Annie steadily declined.



# What would have helped Annie remain upright?

- Share your responses – what are your thoughts?
- Let's say you get you one “free pass” on a fall and the daughter gives it to you on this fall.
  - WHAT WILL BE IMPROVED MOVING FORWARD?

# **The Art of Upright – Looking at Fall Reduction Through a Different Lens**



# *Art of Upright = COMPREHENSIVE Approach to reduce Fall Risk*

## **Assessment and Planning:**

1. Conduct initial assessments of each resident to evaluate their specific risks related to falls, considering their medical history, current health conditions, and medications.
2. Develop a personalized care plan for each resident based on their assessment outcomes.

*Timed up & go – an assessment anyone can do  
LET'S TRY IT!*

# EXERCISE AND MOVEMENT -

## Exercise Program:

1. Design and implement a regular exercise regimen focusing on balance, strength, flexibility, and endurance. This can include activities such as tai chi, yoga, and structured group exercises.
2. Train staff to guide and supervise these activities, identifying adaptation to exercises for individual capabilities as needed.

**DEMO TIME – GET UP AND TRY IT!**

A very brief example of Tai Chi and/or Qiong

EXERCISE AND MOVEMENT is EVIDENCE BASED to reduce fall risk

# Nutrition & Hydration – Think DETOX



## Healthful Nutrition and Hydration:

1. Create meals that bolster bone and muscle health, including adequate calcium, vitamin D, and protein.
2. Accessible hydration stations and promote regular fluid intake among residents to reduce risk for dehydration-related dizziness.

- *Healthy meals and meaningful meal time improve health*

# Training & Awareness – move from “have to” to “get to”

## Staff Training and Awareness:

1. Train staff to recognize risk factors and signs of fall risk, emphasizing the importance of each aspect of the program: exercise, nutrition, social interaction, and medication awareness.
2. Evaluate your protocols for responding to falls and reducing risk for future events, verifying the team’s familiarity with emergency and reporting procedures.

*Training and education have the lowest “sticky” factor for learning new information – demonstration, hands on training, peer-peer training, forcing function are better options.*

*Figuring out how to improve this area and help the team see they GET to learn and grow through the education is KEY to improving this area.*

# Monitor (documenting) & Evaluating -



## Monitoring and Evaluation:

Implement regular observation and/or monitoring of residents' progress and re-assess to modify plans as needed.

Use incident reports and feedback to evaluate the efficacy of the intervention or program, making adjustments based on data.



Monitoring is often understood as a FORMAL process by which something specific is MONITORED (observed, addressed, noted, documented, and passed to next shift for a timebound period).



EVALUATION – verifying our interventions are working! We often forget to take credit for our good work.

# Meaningful and Intentional Contentment

- **“Activities” – be constructively critical and examine your program**
- Is it over by 4 PM?
- Is it passive vs. active?
- Do the same 8 people attend every activity?
- Are there “1:1” visits (And what purpose are they serving?)

*An effective activity or leisure program may need to start AFTER breakfast (or lunch!) and last until AFTER DINNER when Sundown behaviors and staffing is often lower than during the day. Same thing on the weekend – MORE staffing on weekend and lighter during the week based on your needs.*

*This is a CHALLENGE – when does your care team need the most help? When are falls, behaviors, and similar most prevalent?*

# ENGAGEMENT & Support

## Community and Family Engagement:

1. Involve families in education sessions about fall reduction measures and the importance of supportive home-like environments.
2. Encourage community events engaging residents and their families to reinforce the social aspect of the program.

*Help families understand not all falls will be preventable AND if the loved one fell at home, they will most likely fall in the Assisted Living. We will do our best to minimize risk for falling although we cannot prevent falls.*

Schedule fun game nights, exercise groups, meal events, arts & crafts and INVITE THE FAMILIES to take part.

# Introduction to Fall Interventions

**Fall Interventions:** Strategies designed to reduce falls and reduce injury risk among residents, particularly in vulnerable populations like the elderly.



# Programs to Reduce Fall Risk (with physician approval) – physical, mental

1. Exercise program with weights, exercise bands, music
  1. Cardio drumming, hot potato, chair yoga, twisting with the oldies, weight & strength
2. Balance and gait
  1. Tai chi, Qiong, yoga (chair yoga)
3. Music & memory
4. Social hours
5. Memory and photo albums – get the family involved
6. Start activities later (after morning care and meals) and last later into evening (when people get “bored”)
7. Mocktail and card hours
8. Religious and cultural

# Be innovative & Creative

- BEFORE taking action-
  - Review and evaluate high risk and actual time for falls and behavioral symptoms
  - Talk to the team, get ideas and feedback
  - Review the hours care is provided vs. activity times and schedules
  - What do you do well, and should do more of, what do you not do so well and should do less of?
  - GET THE FAMILIES INVOLVED

The Art of Upright – Reducing the Risk of Falls by focusing on remaining UPRIGHT

# WHY Progressive Interventions Matter

- **Ethical Commitment:** Prioritizing the well-being of patients is a legal obligation and ethical imperative for healthcare providers and caregivers.
- **Responsibility:** Both healthcare providers and caregivers are responsible for creating a stable environment for residents, particularly those at increased risk of falls due to age, medical conditions, or mobility challenges.
- **Protection Against Liability:** A robust fall reduction strategy that consists of progressive interventions can serve to protect healthcare providers from legal action by demonstrating a commitment to patient well-being. This proactive stance is critical in litigation scenarios.

***KEY TAKEAWAY: Progressive interventions protect the resident and the caregivers.***

# Evidence-Based Strategies to reduce fall risk

- **Medication Review:** Regular review of medications by pharmacists to identify and address fall-related side effects.
- **Exercise Programs:** Implementation of strength and balance exercises shown to reduce falls in older adults .
- **Nutritional Interventions:** Adequate intake of calcium and vitamin D to support bone health and reduce fall risk.
- **Environmental Modifications:** Adjustments in home and care settings to remove tripping hazards and improve lighting.

# : Comprehensive (Fall) Risk Evaluation

- **Tailored Interventions:**
  - Progressive fall interventions involve ongoing evaluation of a resident's unique situation, including their medical history, environmental factors, and personal preferences.
  - Progressive fall interventions are tailored strategies built upon the outcomes of previous incidents, aimed at addressing the needs of individual residents. This creates a personalized service plan that addresses specific risks.

# :Changes & (Fall) Risk Evaluation

- **Identify Changes:** Regular evaluations allow caregivers to identify and respond to changes in a resident's condition or environment that may increase the risk of falls. For instance, recognizing the impact of new medications or changes in mobility and adjusting interventions accordingly demonstrates diligence.
- Helpful to monitor each progressive intervention and record data and observations regarding effectiveness of the intervention, need for modification or a move to a totally new intervention.



CAC Specialty Senior Living

# Let's Discuss Potential, and actual, causes of falls

*Using evaluation information will make it easier to create person-centered, progressive interventions*

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# Potential Causes of INTRINSIC Falls

- Effects of aging on gait, balance, and strength.
- Acute medical conditions. (i.e., Sepsis, flu, pneumonia, etc.)
- Chronic diseases. (i.e., COPD, CHF, Diabetes, Parkinsons, etc.)
- Deconditioning from inactivity.
- Behavioral symptoms and cognitive impairment
- Medication side effects. Combinations of multiple meds lead to instability – review the medications routinely with families -



# Potential Causes of MODIFIABLE INTRINSIC Falls

- Age-related changes and chronic diseases cannot be eliminated, they can be managed to reduce the risk of falling.
- Medical management of both acute and chronic conditions can improve through evaluation and treatment.

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# Potential Causes of EXTRINSIC Falls

- Environmental hazards.
- Equipment.
- Personal care items.

# Potential Causes of MODIFIABLE EXTRINSIC Falls

- Poor lighting.
- Cluttered space.
- Uneven floors, wet areas.
- Unstable furniture; unstable or unlocked bed wheels.
- Ineffective wheelchair brakes; missing equipment.
- Ill-fitting or slippery footwear.
- Hard-to-manage clothing.
- Inaccessible personal items.

# Ideas for Interventions

*Think outside of the box!*



# EXAMPLES of Interventions - MEDICATIONS

- **Be aware of the impact of medication regimens. Contact the primary care provider to review and revise the medication regimen based on evaluation, observation, or evaluation if needed.**
- \_\_ Verify medications on BEERS Criteria – note risks and potential adverse drug reactions.
- \_\_ Attention toward and review of medications known to impact fall risk including antidepressants, antipsychotics, benzodiazepines, sedative/hypnotics, and digoxin.

# EXAMPLES of Interventions - MOBILITY

- Staff assistance at identified times or activities of daily living

     Verify height of bed, toilet, or chair is individualized for resident needs

     Bed at height as marked on bedframe

     Raised toilet seat

     Chair at height to promote independent rising ; feet on ground while sitting

     Bathroom assistive devices

     Individualized fitted,

     Therapy review for seating modifications

     Other: \_\_\_\_\_

# EXAMPLES of Interventions - Behavioral

- \_\_ Behavior management strategies
- \_\_ Increased activities of interest
- \_\_ Review sleep cycle and sleep hygiene
  
- \_\_ Increase comfort
  - \_\_ Pain management
  - \_\_ Rest periods
  - \_\_ Recliner if resident enjoys and if it does not limit movement or rising
  - \_\_ Exercise



# EXAMPLES of Interventions – Orthostatic Hypotension

\_\_ Low blood pressure precautions

\_\_ Encourage slow position change; sit on bed edge & dangle feet before standing

\_\_ Encourage toes stretch upward before standing

\_\_ Educate not to tilt head backwards

\_\_ With medication change:

\_\_ Take postural VS \_\_ day X 3 days or as provider directs and notify of changes.

\_\_ Promote hydration

\_\_ TED hose per physician order

\_\_ Other: \_\_\_\_\_

# EXAMPLES of Interventions - Environmental

- Reduce or eliminate overhead paging which might agitate the residents(s)
- Red light in bathroom for those up during the night- better acclimation for return to bed.
- Adaptive call light – button, touch, sensitive pad, etc.
- Provide a bell to ring instead of the call light.
- Assess the location of bed and rearrange room if needed for more space.

# EXAMPLES of Interventions - Sensory

- Sensory environment based on assessed needs.
- Essential oil therapy with physician order as needed.
- Cueing: visual, tactile, and/or auditory
- Post signage - “Use Call Light,” “Call, do not Fall,” based on understanding.
- Use enhanced visibility signs; black, block lettering on a white background; increase font size as needed.

# Principles of Progressive Fall Interventions

- **Step 1:** Evaluations upon admission and comprehensive risk evaluations regularly.  
*Recommend: Evaluate/assess after each fall to verify if there are changes in condition.*
- **Step 2:** Use an interdisciplinary fall management team – ask the housekeepers, dietary, etc. for suggestions and observations.
- **Step 3: Build upon previous interventions to address new or persistent challenges. Track intervention outcomes and adjust strategies as needed.**
- **Step 4:** Educate residents and families about fall risks and fall reduction strategies. Setting the expectations about falls occurring and that once a fall happens, it is more likely to happen again.
- **Step 5:** Employ technological solutions such as alerts, automatic lights, movement sensors, and health monitoring devices based on resident needs, goals, and evaluation findings.
- **DOCUMENT YOUR ACTIONS**

# Case Study: A Progressive Intervention Example

- **Initial Evaluation:** Female resident with osteoarthritis identified as high fall risk due to medication side effects and pain.
  - **Initial Intervention:** Medication review and pain management to mitigate fall risk.
- **Second Incident:** Resident falls again due to deconditioning.
  - **Second Intervention:** Implement exercise and physical therapy programs to improve strength and balance.
- **Third Incident:** Falls again, nutritional evaluation indicates insufficient dietary protein.
  - **Third Intervention:** Dietary modifications with increased protein and calcium (e.g., larger portions, milk with meals).

# MEET JOSIE – A Frequent Flyer

- This is a case study on progressive fall interventions tailored to Josie's unique needs, highlighting an adaptive approach to enhancing fall interventions and independence.



# Josie's Background

- Resident Profile:
  - Name: Josie
  - Interests: Enjoys personal grooming and getting dressed, including the use of body shapers.
  - Medical Needs: Uses oxygen therapy due to respiratory issues. Has osteoarthritis and impaired gait.
  - ***Initial Concerns:*** *Josie's desire to wear body shapers led to compromised breathing, indirectly contributing to her fall risk.*

# Initial Fall and First Intervention



**First Fall:** Josie experienced her first fall while dressed in spandex body shapers, which restricted her breathing.

**Team Discussion:** After the fall, Josie, along with her daughter, met with the healthcare team to assess the risks associated with the body shapers.



***First Intervention:***

*Recommendations made to try a larger size body shaper to potentially improve her breathing and mitigate fall risk.*



# Second Fall and Adjustments

Second Fall: Josie fell again after removing her oxygen to use the restroom, highlighting issues with mobility.



Risk-Benefit Analysis: The team assessed the dangers of longer oxygen tubing, which could pose tripping hazards.



## **Second Intervention:**

- *Provided longer oxygen tubing to increase her mobility while reducing the likelihood of disconnection. Adjustable oxygen access was discussed to decrease Josie's fall risk while using the restroom.*

# Third Fall and Enhanced Strategies

- Third Fall: Occurred while Josie was applying mascara in the bathroom, revealing potentially risky habits.
- Staff Observation: A staff member noted that Josie tended to hold her breath while applying mascara, which posed risks to her balance.
- **Third Intervention:**
  - *Introduce a seated vanity so she can sit down comfortably while grooming.*
  - *Education and reminders on breathing techniques while applying makeup to improve concentration and stability.*

# Interdisciplinary Approach

- **Team Collaboration:** Incorporation of healthcare providers, family members, and assistive staff in Josie's service plan.
- **Customized Education:** Providing Josie and her family with information about fall Reduction practices and techniques.
- **Regular Re-evaluations:** Schedule frequent evaluations of Josie's condition and interventions for ongoing efficacy.

# Josie's conclusions

- **Summary:** Through progressive fall interventions, Josie's well-being and quality of life can be significantly enhanced.
- **Goal:** Ongoing engagement and reevaluation of interventions allow for adaptive strategies to meet Josie's unique needs.
- **KEY thoughts:** Personalized care and interdisciplinary efforts can effectively reduce fall risks and promote independence in residents like Josie.

# Relevant Fall Documents

- Careful Admission evaluations regarding fall risk
- Strategic Fall plan modified as needed
- Fall Risk evaluations per policy and as needed
- Post fall evaluations
- Interdisciplinary team reviews and input including physician and family
- Resident and Family cooperation....or not
- Documented **Progressive Interventions** and results
- Care file documented
- Fall training materials and schedule

# Conclusions

- **Summary:** Progressive fall interventions require ongoing evaluation, **root cause analysis** and individualize to reduce fall risk and enhance resident well-being.
- **Establish FALL LEADERS at the Facility and at Corporate for accountability and resources**
- **Final Thought:** Through personalized service plans and collaborative efforts, healthcare providers can significantly lower the incidence of falls and improve quality of life for residents at risk of falling.

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Erica Holman joined CAC Specialty in July 2024 as Vice President, Risk Advisor for CAC's Healthcare Practice. Erica's previous roles include CEO of a Senior Living Corporation, licensed nursing home administrator, and Senior Risk Manager. Holman's award-winning work increased occupancy rates, enhanced employee recruitment and retention and secured top ratings for skilled nursing centers. She also provided long-term care consulting, developed strategic business plans, guided teams through regulatory certifications, and stabilized financials for industry organizations.

She is licensed as a Nursing Home Administrator, as a Producer in Property & Casualty Insurance, and as a Master Clinical Social Worker. Erica is also a Certified Personal Trainer and Certified Clinical Hypnotherapist with a small private psychotherapy practice.

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