



## Falls Management in Assisted Living

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The American Medical Director's Association (AMDA) has developed excellent clinical practice guidelines (CPGs) on falls and fall risk. Step 1 in the CPG is obtaining the history of falls which can be done by reviewing the resident's record and asking the resident, family or caregiver if the individual has a history of falling. To assist in developing a fall history, Drummond & Associates adapted "The Story of Your Fall," which is a simple form to be completed by assisted living (AL) staff. The ideal time to use the form is at the time of move-in to the AL community and then after any subsequent fall. See "The Story of Your Fall" below, right.

**Mrs. Smith had been a resident of an AL facility for about 2 years when she fell in the bathroom on 2 different nights. Her apartment, especially the bathroom, was checked for obstacles, and her mobility and walker were assessed as well, with no issues or problems evident.**

When asked to tell the "story of her falls," Mrs. Smith said that each night before she fell she awoke from what she thought was a "bad dream" but "it seemed so real and it was the same both nights." She was able to describe the dream in great detail. The rescue squad was called after each fall, helped get her off the floor, and determined that no injury had occurred. Mrs. Smith said she had no memory of either fall or what transpired afterward. The staff noted that this was unusual because she always was very alert and aware.

When the rescue squad said it could not continue to respond to Mrs. Smith's falls, which would put her at risk for discharge to a higher level of care, the family decided to bring her to a geriatrician for assessment

and medication review. Upon assessment, the physician found that Mrs. Smith was taking a sleeping medication that at times could cause "retrograde amnesia," and he suggested stopping it. He also felt she might be experiencing nighttime hallucinations. The medication was discontinued and there were no further episodes of either hallucinations or falling over a 6-month period. It was felt that taking the time to obtain the "story of the fall" assisted in a positive outcome. ALC

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### The Story of Your Fall

This tool should be used as part of a Falls Management Program. Questions should be asked in person, and can be integrated into a facility Incident Report to avoid duplication. Family may be a helpful resource in completing the initial interview with the resident. This initial information can be used as a baseline, as well as for identifying risk factors early on.

Resident Name \_\_\_\_\_

#### Description of the Fall

We need to hear the details of your falls in order to understand what is causing them. Think about a recent fall and please answer the following questions:

When was this fall? \_\_\_\_\_

Date (approximate) \_\_\_\_\_ Time of day \_\_\_\_\_

Where were you when you fell? \_\_\_\_\_

What were you doing just prior to the fall? \_\_\_\_\_

Did you wake from a nap or sleep just before falling? \_\_\_\_\_

How did you feel just before? \_\_\_\_\_

Were you using a walking device? \_\_\_\_\_

Were you wearing shoes, slippers, socks? \_\_\_\_\_

Was it dark where you fell? \_\_\_\_\_

How did you feel going down? \_\_\_\_\_

What part of your body did you hit? \_\_\_\_\_

What did you strike? \_\_\_\_\_

Were you injured? \_\_\_\_\_

What happened after the fall? For instance, did you call 911, use a lifeline, get help from a neighbor or member of the staff? \_\_\_\_\_

Has this happened before? (Describe previous falls) \_\_\_\_\_

Anything else you can recall? \_\_\_\_\_

Person completing the falls interview \_\_\_\_\_

Date \_\_\_\_\_