



## Steps to Fall Prevention



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Dr. Stefanacci continues to build on his work as the 2003-2004 Health Policy Scholar at the Centers for Medicare & Medicaid Services (CMS), where he helped develop and implement the Medicare Part D Pharmacy Benefit. He is currently creating a LTC Management Degree Program for undergraduate and graduate students in the Geriatric Health Program, Center for Medicare Medication Management (cm3), Mayes College, University of the Sciences in Philadelphia (USP).

As a geriatrician, Dr. Stefanacci has worked in LTC for decades as medical director for several nursing facilities and continuing care retirement communities. He has also served as a medical director for primary care private practices, full-risk provider groups, Medicare + Choice HMO (M+C) programs, and PACE (Program for All-inclusive Care for the Elderly) in Philadelphia. Dr. Stefanacci provides direct patient care for the St. Agnes LIFE program and works with NewCourtland Elder Services on innovative LTC services such as electronic dispensing and prescribing systems for the company's facilities. He also serves as executive director of HepTREC, the Delaware Valley Hepatitis Treatment, Research and Education Center (HepTREC).

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey (UMDNJ) in internal medicine and earned a fellowship in geriatrics at the same institution.

Dr. Stefanacci participates actively in the American Medical Directors Association (AMDA), Academy of Managed Care Pharmacy, American Society of Consultant Pharmacists (ASCP), and the American Geriatrics Society (AGS). He is a fellow in both the College of Physicians of Philadelphia and AGS and an honorary lifetime member of ASCP. He is editor-in-chief of the *Assisted Living Consult* and *Medicare Patient Management* and serves on the editorial boards of *Consultant Pharmacist*, *American Psychiatry News*, *LTC Interface*, *Managed Care*, and *Jefferson's Health Policy Newsletter*.

Dr. Stefanacci's proudest accomplishment is as founder and member of the board of directors of [www.Go4TheGoal.org](http://www.Go4TheGoal.org).

**Y**ou truly never realize the importance of simple things until you lose them. Recently while taking my son and several of his friends on a canyon river hike, I went a little beyond my skill set and fell off a mountain ledge, injuring my ankle. Wow! or rather Ow!—one quickly learns the importance of ambulating. Having a restriction of non-weight-bearing certainly forces one to need assistances in living.

### Recognition of a Problem

With an ankle injury such as mine, the identification of the problem is easy. Patients like me self-present, meaning they themselves show up announcing their problem and seeking attention. Other diagnoses are much more difficult, in part because patients often do not self-present and when they do, it is with symptoms that may not be obviously related to the true etiology. Depression is one of those conditions—in this issue of *ALC*, we present the first of a series of three articles (page 30) dealing with the management of depression in assisted living (AL).

Even better than recognizing a problem is recognizing and correcting a potential problem. Getting back to our discussion of ambulation (which is often related to depression), fall prevention in the AL setting is increasingly important—not only for resident safety, but also as a major liability issue for facilities. Resident falls often result from the AL staff's failure to assess a resident's gait and ability to walk. In addition, the staff's failure to inform a resident that he or she needs to be assisted when walking and the facility's failure to have protocols requiring staff to assist residents has resulted in numerous liability claims.

It's not surprising that ambulation and fall prevention are important issues for AL facilities. Unintentional

falls are a threat to the lives, independence, and health of adults ages 65 and older. According to the Centers for Disease Control and Prevention (CDC), an older adult is treated in an emergency department for a fall every 18 seconds, and a senior in this age group dies as a result of such injuries every 35 minutes.<sup>1</sup> Twenty percent to 30% of people who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas.<sup>2</sup> These injuries can make it hard to get around and limit independent living. They also can increase the risk of early death.

Although 1 in 3 older adults falls each year in the United States, it is important to realize that falls are not an inevitable part of aging. There are proven strategies that can reduce falls and help older adults live better and longer.

An examination of some of the data related to falls from the CDC reveals several telling facts. For example, while the rates of fall-related fractures among older adults are more than twice as high for women as for men, men are more likely to die from a fall.<sup>3</sup> The rate of fatality from falls in 2004 was 49% higher for men than for women, after adjusting for age. Increasing age increases the risk of being seriously injured: the rates of fall injuries in 2001 for adults 85 and older were 4 to 5 times that of adults ages 65 to 74.<sup>3</sup>

The concern is not just for liability; residents who suffer falls may be forced to a higher level of care. People 75 and older who fall are 4 to 5 times more likely to be admitted to a long-term care facility for 1 year or longer.<sup>3</sup> It is fairly easy to see why fall risk prevention should be a big priority for any AL facility.

### Developing Solutions

The CDC recommends several steps older adults can take to protect their

# Your Chance to Be Heard: A Call for Manuscripts

*Assisted Living Consult* is currently accepting manuscripts to be considered for publication in upcoming issues.

## *Assisted Living Consult (ALC)*

is the first healthcare-dedicated publication serving assisted living providers and the related care team. *ALC* provides the assisted living professional caregiving team with insight, advice, news, and practical tips to improve health quality and outcomes for residents of assisted living facilities.



Articles should focus on practical information directed to the professional caregiving team—including nursing staff, physicians, pharmacists, and

administrators—with insight, advice, news, and practical tips to improve health outcomes for elderly residents.

Manuscripts submitted to *ALC* are reviewed by two members of the Editorial Advisory Board and Editor-in-Chief Richard G. Stefanacci, DO, MGH, MBA, AGSF, CMD.

For more information about submitting a manuscript for publication, please contact: Joan Horvath, Editorial Director, at [jhorvath@healthcommmedia.com](mailto:jhorvath@healthcommmedia.com).



independence and reduce their risk of falling. These same recommendations can be utilized by AL facilities in developing programs to reduce the risk of falls among their residents.

These recommendations include<sup>3</sup>:

- **Exercise:** Regular exercise with programs such as Tai Chi can increase strength and improve balance.
- **Medication management:** Have the resident's physician or pharmacist complete a medication review of both prescription and over-the-counter medications with an eye toward reducing side effects and interactions (see "A White Paper from an Expert Symposium on Medication Management in Assisted Living," on page 20 of this issue).
- **Vision:** Be sure an ophthalmologist checks residents' eyes at least once a year.
- **Lighting:** Improve the lighting in residents' homes and common areas.
- **Hazard Reductions:** Reduce hazards in residents' homes and common areas, including uneven walking surfaces or loose rugs.

Fall prevention takes a combination of medical treatment, rehabilitation, and environmental changes. The most effective interventions address multiple factors, including<sup>4</sup>:

- Assessing residents who have fallen to identify and address risk factors and treat any underlying medical conditions
- Educating staff about fall risk factors and prevention strategies
- Making changes in the AL environment to make it easier for residents to move around safely: putting in grab bars, adding raised toilet seats, lowering bed heights, and installing handrails in the hallways
- Providing residents with hip pads that may prevent a hip fracture if a fall occurs
- Using devices such as alarms that go off when residents try to get out of bed or move without help

There are many opportunities to provide assistance in living for older adults. This assistance should begin proactively to prevent falls.

## **On Another Note**

To help AL staff and all practitioners who care for elderly adults provide more efficient, effective care, the University of the Sciences in Philadelphia has partnered with members of the Alliance for Advancing Senior Health to develop the Advancing Senior Health (ASH) Conference, which will be held October 1-2, 2008, in Philadelphia. See the related article in this issue on page 19, or visit the conference Web site at [www.ash-conference.com/](http://www.ash-conference.com/). The more we are informed about the clinical information specific to this age group, guidelines for weighing risks and benefits of treatment, and senior-specific tools that promote quality indicators and quality improvement measures, the better equipped we are to provide a safe environment for our AL residents. ALC

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