Nursing home residents are inherently at high risk of falls because of their health status and new surroundings. Historically, caregivers immobilized or used alarms to try to keep residents safe, but recent research has debunked these well intentioned activities. Caregivers now implement person-centered care interventions specific to the needs and fall risks of each resident’s capabilities and preferences.

Mobility and Safety Enhancement Interventions

- Frequent rounding by frontline staff with the 4 Ps: pain, potty, personal items, position; also offer oral drinks
- Consistent staffing allows staff to be more acutely aware of residents’ needs and patterns and proactively respond
- Use an immediate post-falls huddle for real-time problem-solving and individualized interventions
- Meaningful activities need to be provided during all waking hours; cross-train CNAs or other staff to lead activities or set up personalized activities for residents
- Make physical exercise a part of every activity
- Change medication schedules to allow flexibility to minimize potential side effects that can interfere with balance, sleep, strength or safe movement
- Use toileting programs based on voiding diaries and specific resident needs; round proactively to respond to residents’ toileting needs
- Use dietary staff for regular hydration rounds
- Install motion-sensor lights to assist staff with knowing when a resident gets up at night
- Install contrasting-colored toilet seats and call lights
- Remove clutter and all unused items in resident’s room
- Strategically place resident room furniture to support their strengths and needs
- Learn which side a resident normally gets in and out of bed
- Install appropriate flooring to reduce glare and promote mobility
- Implement “walk to dine” and “get up and move” programs during the day
- Maintain all mobility devices in good working order (monthly preventive maintenance)
- Use quality incontinent briefs to allow residents to sleep uninterrupted during the night

Tips for All Interventions:

- Use interdisciplinary teams to implement interventions
- CNAs and family members are key contributors to successful person-centered care interventions
- Know the resident’s personal history and preferences before trying a new intervention
- Identify a clinical champion for mobility to serve as a point person for promotion and education
- Embed all developed mobility programs into your day-to-day structures so they will endure
- Change the culture of your facility to be proactive with care planning and delivery

- Reduce noise in the facility:
  - Eliminate alarms
  - No overhead paging
  - Avoid nighttime restocking/cleaning chores
  - Decentralize nursing stations
  - Install soft door closures
  - Keep utility cart casters in good repair
  - Reduce noise at night to promote uninterrupted sleep
  - Stop administering medications at night unless necessary

- Track and trend all fall-related information and identify opportunities to strengthen fall prevention practices
- Embed fall prevention roles in new employee orientation, job descriptions, performance reviews
- Recognize employees who contribute to successful fall prevention programs

For more information:
Mountain-Pacific Quality Health
www.mpqhf.org/QIO

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