



July 1, 2019

The Honorable Susan Collins
Chairman, Special Committee on Aging
413 Dirksen Senate Office Building
Washington, D.C., 20510

The Honorable Bob Casey
Ranking Member, Special Committee on Aging
393 Russell Senate Office Building
Washington D.C., 20510

Dear Senator Collins and Senator Casey:

On behalf of the American Seniors Housing Association (ASHA), I am responding to your request of stakeholders to provide recommendations that will advance the goal of reducing the risk of falls and fall related injuries for seniors. ASHA members are well positioned to weigh in on this matter and are confident that the information they share with the Committee will be beneficial to its work.

ASHA is a national organization of over 500 companies involved in the operation, development, investment, and financing of the entire spectrum of seniors housing – independent living, assisted living, memory care, and Continuing Care Retirement Communities (CCRCs). Our members' communities serve a wide range of seniors, from those who require very little assistance with activities of daily living (ADL) such as eating, bathing, and dressing, to those with significant needs associated with Alzheimer's disease and age-related dementia. Many senior living residents need assistance with three or more ADLs. Our members are on the front lines when it comes to serving frail seniors at risk for falls and understand the need to mitigate the risk and/or to improve the underlying conditions that cause the falls in the first place.

Senior Living and Falls Prevention Strategies

Falls occur frequently in the senior population and are a major concern in senior living communities. Among older Americans, falls are the number one cause of injuries and death from injury. According to the Centers for Disease Control and Prevention (CDC), each year more than one in four older adults aged 65 and older will fall. This represents 29 million falls, 3 million emergency department (ED) visits, 800,000 hospitalizations, and 28,000 deaths. As the leading cause of fatal and nonfatal injuries among older adults, falls will continue to soar, as America's baby boomers grow older. While the benefits of senior living are numerous including socialization, nutritious meals, transportation and help with activities of daily living, falls prevention plans designed to directly address these risks, are integral to a resident's care and experience in senior living. It is important to recognize that there are many contributing causes of falls such as age-related changes, illness and disease, side effects of medications,

and environmental factors (insufficient lighting, unclear pathways, rugs, etc.). Therefore, when a senior makes the decision to live in a senior living community, the development of a customized resident care plan is the priority of each community. This plan defines the care and services provided to the resident overall but expressly includes falls prevention strategies. The plan can include specific areas of intervention in assisted living to more generalized approaches as appropriate in independent living environments.

This report summarizes examples of fall prevention strategies utilized at senior living communities operated by sampling of ASHA member companies.

Tools and Resources

Initial Evaluation Upon Admission: It is standard practice for assisted living communities to conduct a thorough evaluation upon admission to assess for fall risks. The Falls Risk Evaluation is repeated at specific intervals and as needed (such as when a resident experiences a change in condition). This analysis includes variations of the following:

- an examination of the resident's history of falls (i.e., no falls in past three months, 1-2 falls, 3 or more falls)
- review of medications, current dosage and change in dosage. Review use of more than one antihypertensive, antihypertensive and Diuretic, Psychotropic or Antipsychotics, muscle relaxants, sleeping pills, any combination of medications that may cause drowsiness
- specific medical conditions including any chronic conditions
- any level of impaired mobility and gait; steady, unsteady, with a limp, slow, shuffles feet, etc.
- cognition, any problems with confusion or memory
- dehydration
- visual impairment
- hearing impairment
- nutritional deficiencies
- general weakness
- elimination needs
- arthritis or joint problems
- psychosocial factors such as depression
- use of assistive devices, i.e., braces, prosthesis, canes, walker, wheelchair

Based on findings from the assessment, an *individualized care plan* is created for the resident, which identifies the level of risk and implements a management approach to minimize the risk of falls. All approaches are documented in the resident record. Residents are reviewed routinely and reevaluated each time a resident experiences a fall or there is a change in medical condition. When a fall occurs a response protocol is in place to assist the resident, document the injury (if any), call 911, family and other actions as appropriate. Plans are evaluated for effectiveness and updated accordingly.

The following is a list of some of the changes of condition that could contribute to a fall risk:

- Weakness secondary to flu or colds;
- Sprains of lower extremities;
- Upon return from a hospital stay;

- Change in medication;
- Glasses prescription change;
- Change in continence;
- Urinary Tract Infection (UTI) diagnosis.

Additional Assessment Tools and Intervention Strategies:

Centers for Disease Control and Prevention (CDC) Get Up and Go: Assesses the mobility, balance, walking ability and fall risk in older adults. The Timed Up and Go (TUG) Test measures the time it takes an individual to stand up from a standard armchair, walk a distance of 3 meters or about 10 feet, turn around, walk back to the chair and sit down. Scores are categorized and course of action assigned to each. The lowest score residents (lowest risk of falls) are encouraged to attend exercise programming at least 3x per week. Suggested Programs include walking programs, chair yoga, tai chi and core/balance programs. Residents with higher TUG scores are referred for outpatient therapy or home health care as necessary and those with the highest scores receive multiple safety checks each day.

Second Set of Eyes Program: Designed for high risk residents that allows all team members in the community to be aware that a resident may be at high risk for falling. This is about being watchful and aware of a resident's safety risk. Senior living communities that utilize this program provide color coding on resident's apartment doors to indicate varying levels of fall risks. This will be an alert and reminder to all staff in every department that they need to pay close attention to these residents. Stop in when passing the apartment to check on their wellbeing, listen for any indication they may not be safe or well. All Department managers will be made aware during stand-up meetings by the Life Enrichment Manager (LEM) or Resident Care Manager (RCM)/Wellness Manager (WM) of high-risk residents. Each department manager will inform their staff of these residents. The Wellness Center will have these residents listed on their daily reminder sheet. All staff members are educated on the program and it is discussed in each QA meeting and results shared with the Regional Director of Wellness to allow for revision to maintain the best possible outcomes.

4P's of Falls Prevention: Potty, Position, Pain, and Placement. This approach gives caregivers an easy tool when completing rounds to assist with fall reduction by addressing the top 4 reasons why a resident may fall. This includes asking the resident questions such as: do you need to use the restroom; are you comfortable; are you experiencing any pain; and do you have everything you need within reach.

7 Dimensions of Wellness: Wellness is commonly viewed as having seven dimensions that must be balanced to achieve a full integration of states of physical, mental and spiritual well-being. They include social, emotional, spiritual, environmental, occupational, intellectual, and physical, each contributing to a person's own quality of life. The healthy aging Signature Programming offered by some of our member companies specifically to help with reducing falls by improving balance and increasing strength are Tai Chi, Yoga, Shapemaster fitness equipment (power assisted designed for seniors), Bike Around (modified version of a stationary bike with a virtual reality experience) among many others. These programs are specifically identified on the resident program calendar as fall prevention strategies and they are encouraged to participate.

Electronic Health Records (EHRs): These systems make the access to important information more readily available to our nurses so that they can be more efficient in their clinical practices. Use of EHRs also reduces the amount of time nurses spend on documentation therefore allowing more time to spend on resident interaction and care.

Reduction of Psychotropic Drugs: The use of these medications greatly increases the risk of falls. Certain interventions have been put in place to reduce the use of these medications including destination stations and the Snoezelen room (a multisensory environment to help reduce agitation and anxiety for memory care residents). These spaces create an environment where the resident can have purpose and either reduce stimulation or enhance stimulation depending on the need of the resident at that time. Communities have contracted with medical directors and partnered with psychologists and psychiatrists as part of our interdisciplinary team to assure that we have a well-rounded approach to resident care and the reduction of falls. We also contract with a pharmacy; their pharmacist visits each community at least quarterly to review each resident's medication to identify potential adverse effects of the prescribed medications.

Physical Environment for Fall Mitigation: The home environment is critical to falls reduction strategies in a senior living community. Much like the evaluation to identify the physical and mental condition of the resident, a home assessment (of the resident's apartment) is an important component in the overall evaluation in understanding the full potential of fall risks. The following elements may be considered in a home assessment:

Chairs: Each resident must be carefully assessed before a specific chair is selected. Assessment must include evaluation of height requirement, slant, sturdiness quotient, identification of resident's center of gravity, postural issues, elevation of feet capability, pattern of behavior and increased pressure points. The final selection of a chair will be based on the functionality of the chair as it relates to the needs of the resident as identified in the assessment. No one chair should be used exclusively, as most residents will benefit from alternate seating throughout the day.

Beds and Mattresses also play a role in falls prevention and injury mitigation: Each resident must be carefully assessed before a specific bed is selected. The final selection of a bed will be based on the functionality of the bed as it relates to the needs of the resident as identified in the assessment.

-*Defined Perimeter Mattress (DPM)* assists in pressure relief and prevents rolling out of bed. Low beds, or those that reduce angles less than 90 degrees of hip, knees and ankles when seated are helpful with those who cannot identify edge of bed or residents with short stature. This will minimize injury if resident moves or rolls from bed.

-Floor Mats Around Bed: Minimizes injury if resident falls or rolls from bed.

-Bed Pillows and positioning bolsters: Assists in proper positioning and decreases ability to roll from bed.

-Wheel locks on Bed: Ensures safer transfers in and out of bed.

Floors and pathways: Low glare can be good for residents with dementia and create better visualization of floor surface. Carpet reduces noise and is more homelike and may reduce injury from falls. Lighting is an important consideration and glow pathways on floor using reflective tape or pathway lighting can create path to bathroom. Night lights increase visual acuity but can also cast shadows and disorient the resident. No-slip strips can reduce slips and falls. None of these are not without trip risks and should be carefully monitored.

Bathroom Features: There are several strategies to employ to enable a safer visit to the bathroom. Built up toilet seats, are helpful to tall residents with weak knees and assist resident in transfer ability. Grab bars help sit, rise and transfer, a bedside commode or urinal or locating residents closer to the bathroom increases convenience and improves continence, nonskid shower and bathtub prevents slipping.

Miscellaneous: Avoid rearranging furniture to reduce tripping risk, and to maintain familiar environment. Install padding to cover sharp edges of furniture, arrange floor mats around bed, avoid access to heaters, arrange cords, electric call system and oxygen and generally avoid clutter to diminish tripping risks and decrease the potential risk so injury.

Common Areas: Create rest stops seating in hallway to address fatigue and/or weakness. This also changes the perception of hallway length. Make available handrails in the hallways to support mobility, ensure emergency call light is well positioned and within reach. Assess for proper footwear and appropriate fitting of clothes to increase stability and decrease chance of injury from “caught clothes”.

Transition of Care

Transitioning from an acute care setting to a senior living community that maintains a fall prevention protocol assures that the resident will return to a safe and supportive environment where all elements as indicated above are considered.

We hope this information is helpful to the Committee as you prepare the Senate Committee on Aging's Annual Report on Falls Prevention and Mitigation strategies. Much of the information provided in this communication was compiled with the assistance of Senior Lifestyle Corporation, Senior Star, Pathway to Living and Allegro Senior Living. If you have questions about any of the material please feel free to reach out to Jeanne McGlynn Delgado, ASHA VP of Government Affairs at [jeanne @seniorshousing.org](mailto:jeanne@seniorshousing.org). Sincerely,



David Schless
President
American Seniors Housing Association