



MCCMH Preventive Care Guidelines – Fall Safety Awareness

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I. PURPOSE:

- A. To provide network providers with recommendations for educating persons served and their guardians on the importance of fall safety and fall prevention according to current Centers for Disease Control and Prevention (CDC) guidelines and supported research.
- B. To create awareness for providers on the important role they must play in assisting persons served and their guardians in following appropriate preventive care guidelines. It is through guidelines that MCCMH seeks to empower providers to create their own processes to ensure awareness.
- C. To mitigate the risk of fall occurrence or recurrence by assisting persons served and their guardians in remaining proactive with preventive care practices.

II. DEFINITIONS:

None.

III. GENERAL INFORMATION:

According to the CDC, falls are the leading cause of injury and death among adults 65 years of age and over. Falls are also the most common cause of traumatic brain injuries, and one out of every five falls causes a serious injury.¹

Per the CDC, adults 65 years of age and older can be at greater risk of falling when using medications that have side effects such as dizziness, blurry vision, muscle weakness, lightheadedness, loss of balance, drowsiness, slowed reaction time, etc.² The way our bodies metabolize medication changes with age and becomes more susceptible to experiencing side effects.

One of the most serious fall injuries is sustaining a broken hip, especially among the elderly population. Per the CDC, “Each year over 300,000 older people—those 65 and older—are hospitalized for hip fractures. More than 95% of hip fractures are caused by falling, usually by falling sideways. Women experience three-quarters of all hip fractures.”³

A fall can happen to anyone of any age and result in serious injuries, including a Traumatic Brain Injury also known as a TBI. A TBI is a head injury caused by a bump, blow, or jolt to

the head or body or a penetrating head injury that results in disruption of normal brain function.⁴ Although falls are preventable, the public should be aware that fall related TBI deaths are increasing throughout the country. Per the CDC, falls lead to nearly half of the TBI-related hospitalizations.⁵ Among the elderly, certain medications such as anticoagulants (Coumadin, Xarelto, Eliquis, etc.) and antiplatelets (Plavix, Aspirin, etc.) can increase the risk for bleeding in the brain following a sustained TBI because of a fall or other close contact injury.

As recommended by the CDC, it is important that individuals are aware of the steps they can take to prevent falls such reviewing medications with their doctors, learning about how those could increase their chances of falling, knowing what they can do at home to mitigate that risk, being proactive by engaging in safe exercise programs to improve balance and strength, and making sure they keep up to date with their visual exams.⁶

Attached to these guidelines are optional but very helpful educational resources that describe the CDC's recommendations. These include the Check for Safety - A Home Fall Prevention Checklist for Older Adults (Exhibit A), the Stay Independent Pamphlet to check for risk for falling (Exhibit B), and the Medications Can Be Linked to Injuries as We Age Pamphlet which provides a convenient list of medications that may raise an individual's risk for falling and offers considerations for individuals on how to reduce such a risk (Exhibit C).

IV. RECOMMENDED BEST PRACTICES:

Based on the information included in the attached educational handouts and in concurrence with the CDC guidelines established, it is the recommendation from MCCMH's Chief Medical Office to all of in-network and out-of-network providers that:

- A. Providers develop a process to educate their direct care staff on the most up-to-date guidelines and resources related to fall safety.
- B. It is up to the provider's discretion to develop a process that guarantees staff, persons served, and their guardians are provided with education on this subject.
- C. Providers may opt to use the MCCMH prepared educational handouts on fall awareness and the attached CDC documents with their staff, persons served, and their guardians as part of their efforts to create awareness on the subject. The use of the MCCMH educational handouts disseminated along with these recommendations is *optional*; however, the expectation of the role providers must play in providing this education is not. Providers may develop their own educational materials to achieve this awareness goal always abiding by the current CDC guidelines and/or evidence-based research.
- D. It is the provider's responsibility to update their educational materials as the CDC guidelines publishes revised guidelines or new evidence emerges on the prevention of falls.
- E. Providers and direct care staff must know that the person's served medical healthcare provider is the ultimate authority in providing specific treatments, but it is important to note that we are accountable for consulting with and reporting findings that show an individual may be at risk. It is of paramount importance that the person served and their

- guardians understand this and that they always follow and abide by their health care provider's recommendations.
- F. Providers must have their staff (i.e., supports coordinator) work collaboratively with the individual's medical provider to coordinate, at least annually, a discussion about this with the person/guardian.
 - G. If the provider is concerned for an individual related to falls, the CDC's Stay Independent Questioner (Exhibit B) results can be used to coordinate with the individual's primary healthcare provider on necessary next steps.
 - H. Providers must develop a process for their direct care staff or supports coordinators to document in the record instances in which education related to the issue was provided.
 - I. Granted all the above occur, if a person/guardian were to exercise his/her right to decline the above recommendation, the provider must develop a process for their staff or supports coordinators to thoroughly document and date all efforts made to educate and encourage the person/guardian on the issue and document the stated reason(s) for the decline by the person/guardian.
 - a. Appropriate documentation should at least include the date, name and credentials of the staff providing the education/encouragement and, as applicable, the reason(s) stated by the person and/or their guardian in the event they choose to decline the education or recommendations from their health care provider.
 - J. In cases of persons served whose cause of death was related to a fall or possible complications secondary to it, the documentation of such becomes especially important and necessary when submitting Death Reports or Root Cause Analyses to MCCMH's Critical Risk Management Committee (CRMC). In the event those are not initially submitted by the provider, the CRMC reserves the right to request this information from the provider when conducting the review of a case in which this is deemed to be pertinent and/or critically relevant.

V. REFERENCES:

1. <https://www.cdc.gov/falls/index.html>
2. https://www.cdc.gov/transportationsafety/pdf/older_adult_drivers/Medicine-Fact-Sheet.pdf
3. <https://www.cdc.gov/falls/hip-fractures.html>
4. <https://www.cdc.gov/traumaticbraininjury/index.html>
5. https://www.cdc.gov/traumaticbraininjury/get_the_facts.html
6. <https://www.cdc.gov/steady/pdf/STEADI-Brochure-StayIndependent-508.pdf>

7. <https://www.cdc.gov/steady/index.html>

VI. RELATED POLICIES

- A. MCCMH MCO Policy 8-003, “Reporting and Responding to Critical Incidents, Sentinel Events, and Risk Events.”
- B. MCCMH MCO Policy 2-042, “Service Referrals/Recommendations, Coordination of Care, and Follow-Up/ Advance Directive.”

VII. EXHIBITS

- A. Check for Safety: A Home Fall Prevention Checklist for Older Adults
- B. Stay Independent Questioner
- C. The Medications Can Be linked to Injuries as We Age

Annual Review Attestation / Revision History:

Revision:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	12/18/2023	Development of Guidelines	MCCMH Chief Medical Officer