

## **Before the Fall**

### **Hospitals take measures to prevent hip fractures in elderly women.**

By Sandy Keefe, MSN, RN

When Regina Ann Demitrack, MPH, BSN, RN, director of community wellness for the Visiting Nurse Association of South Central Connecticut (VNA/SCC), New Haven, read a study in the March issue of the *Journal of Bone and Joint Surgery* showing elderly women with upper arm fractures are five times more likely than their peers to break a hip within the next 12 months, she wasn't surprised.

"Broken arms, to me, are like a signal: this person fell and put out an arm to stop the fall and presumably did," she said. "But no one investigated why the person broke an arm (by falling) and put on the brakes to prevent that from happening again, like a fall-prevention program. So the individual suffers the same or similar sequence of events and falls again, but this time - maybe trying to protect the arm - isn't able to protect against the fall, so the resultant action is the hip fracture."

### **Fall Prevention Program**

VNA/SCC nurses make good use of the evidence-based fall prevention program developed by the Connecticut Collaboration for Fall Prevention.

"A consultant pointed out to us home care nurses spend a lot of time assessing and striating risks, and then asked, 'Why are you using your resources on that process when you could use these limited resources to teach and prevent future falls?'" Demitrack said.

VNA/SCC instituted a policy requiring intervention-based assessments on every admission, except for those patients under the age of 18 years. "We identify risk factors

at the very beginning, and use that information to provide individualized teaching right then and there," Demitrack said.

Each patient is advised to have a floor recovery plan and encouraged to call for help instead of waiting for someone to find them. "I also teach a fall-prevention class in which I lie down on the floor and demonstrate a safe way to turn to the side and get up on all fours," Demitrack said.

### **Individualized Assessments**

Ruth Ann Gerr, MSN, RN, of the division of geriatrics at Saint Peter's University Hospital, New Brunswick, NJ, is especially mindful of fall risks when assessing seniors.

"I'll ask questions about home safety, determine when their last [bone density] scan was, and note whether they're complaining of arthritis in their knees and hips," she said. "I'll ask whether they're having trouble getting around the way they used to, and watch how they ambulate. If they're using a walker or cane, I'll make sure they're using those assistive devices properly."

As part of the comprehensive assessment through the Geriatric Evaluation and Management Services (GEMS) program, patients and/or family members are asked to complete a questionnaire prior to the first appointment.

"It includes a section on home safety that alerts us to teaching opportunities," Gerr noted. "For example, if a patient gets up several times a night to use the bathroom and is at risk for falls, we can recommend a bedside commode and discourage ambulating in a darkened room."

### **Window of Opportunity**

Terry Souza, MSN, ANP, surgical nurse manager at Charlton Memorial Hospital, the Fall River site for Southcoast Hospitals Group in southeastern Massachusetts, believes inpatient nurses have a golden opportunity to educate patients and family members about fall-risk reduction after an incident has occurred.

"Their awareness is heightened after an injury, and they're frightened to fall again," she noted.

"When we do our initial assessment of elders, whether they're admitted for gallbladder surgery, a hip fracture, total joint replacement, pneumonia or any other medical problem, we include a fall assessment that will identify where the patient is right now in

terms of level of activity, gait/balance, medication effects and cognitive status," Souza explained. "We compare that with information from the patient and/or family about the level of function prior to admission."

Souza and her staff role model fall prevention for family members.

"Our Ruby Slipper program is designed for patients at moderate to high risk for falls, and incorporates using bed and chair alarms, admitting the patient to a room near the nurses' station, and encouraging the family to spend time with the patient as an integral part of the care team, reassuring and orienting their loved one," she said.

### **Proactive Approach**

Sally Tortora, RN, ONC, orthopedic staff nurse at White Plains Hospital Center, White Plains, NY, stressed the importance of preventing "the hip fractures that often follow arm fractures, rather than waiting for that second, more devastating fall.

"We'll explore the events that led to the admission and talk about safer practices," she said. "For example, we just cared for an elderly gentleman who takes care of his wife at home, and injured himself climbing on a ladder to put things on the shelf in the garage. It's important for older patients to ask for assistance when they need it, instead of injuring themselves trying to do it all."

If patients smoke or drink alcohol, Tortora talks with them about the effect of those habits on bone loss and collaborates with the home care coordinator.

"A home care nurse can go out to evaluate the patient and environment, and the nurse may bring in OT or PT to suggest home modifications to reduce fall risk," she said.

### **Polypharmacy**

VNA/SCC nurses talk with elderly clients about polypharmacy and share a booklet on the topic with families.

"With the cost of prescriptions, we find seniors are buying from mail-order pharmacies, through AARP, and from whichever drugstore has a sale that week, so there's not a single pharmacist reviewing the entire list of medications," Demitrack said. "We do medication reconciliation on admission to home care, which provides patients with an updated and complete list of their drugs. We encourage them to take it to the pharmacist for discussion when they go to purchase over-the-counter meds, and to share it with their primary care physician as well."

When Demitrack sampled 25 Medicare-eligible patients, she found they took an average of 17 medications a day.

"We know the probability of some level of adverse drug reaction goes up 10 percent with each medication, and drug interactions contribute significantly to orthostatic hypotension in seniors," she said. "We're taking blood pressures in both sitting and standing positions on our new admissions to identify any orthostatic hypotension, another risk factor for falls."

### **Preventive Health**

Gerr and her colleagues focus on preventive health, enlisting nurses, PTs and OTs from home care agencies to evaluate home safety and make modifications to reduce fall risk. They also share information with patients and families to reduce bone loss.

"We've found people tend to drink less milk as they get older, so we stress preventive measures to reduce osteoporosis, including a healthy balanced diet, calcium and vitamin D supplements, and light weight-bearing exercises when possible," she said.

*Sandy Keefe is a frequent contributor to ADVANCE.*

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