



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

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GOVERNOR

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MEMORANDUM

DATE: February 13, 2004

TO: Long Term Care Facilities

FROM: MDCIS/ Clinical Advisory Panel
Quality Improvement Nurse Consultants

RE: Clinical Process Guideline: Evaluation of Falls/Fall Risk

Best clinical practice is only worthwhile to the extent that we use it to guide care for our residents.

Collaboratively, our current aim is to improve the prevention and management of falls for nursing home residents in Michigan. The purpose of the following instructions is to clarify how to apply the Documentation Checklist: Process Guideline for Evaluation of Falls/Fall Risk. A copy of the Process Guideline is available at www.michigan.gov/qinc. This optional “best practice” tool for the evaluation of Falls and Fall Risk was presented to you at the Fall 2001 Joint Provider/Surveyor Training on October 23, 2001. Effective date for usage of the tool was 11-1-01. The guide to usage was reformatted and additional examples of application were added on 2-13-04.

Both facilities and surveyors will have the opportunity to use the Documentation Checklist, when resident falls are of concern. Facilities will be accorded the opportunity to demonstrate that they have followed the steps in this guideline, as evidence to support an appropriate care process related to falls and fall risk.

A workgroup including doctors and nurses with experience in geriatrics and nursing home care discussed in depth the topic of falls and fall risk in the long-term care population. They used available references about falls and fall prevention to help them prepare the process guidelines. The documentation checklist contains a series of steps related to preventing falls and managing individuals who fall.

Best clinical practice information helps each facility provide the best possible care throughout the year. Along with information in the federal OBRA regulations, our surveyors will use these process guidelines to review how your facility is managing falls and fall risks.

We encourage you to examine your process to prevent or manage resident falls and to consider the application of the following information.

THE BASIC CARE PROCESS

The management of all conditions and problems in a nursing home should follow these basic steps:

Assessment/Problem Definition: The purpose of this step is to provide a rational basis for deciding whether there is a risk or problem and what to do about it. The facility's staff and practitioners collect relevant information about the resident (history, signs and symptoms, known medical conditions, personal habits and patterns, etc.) and then evaluate and organize that information to identify whether the individual has a condition or problem, and to describe and define the nature (onset, duration, frequency, etc.) of that condition or problem.

Assessment/Problem Analysis: The facility's staff and practitioners attempt to identify causes of a condition or problem, or explain why causes cannot or should not be identified as problematic.

Treatment/Problem Management: The facility's staff and practitioners use the above information to decide how to best manage a resident's condition, symptom, or situation. When causes are identifiable and correctable, staff and practitioners seek and address them, or explain why they could not or should not have done so.

Monitoring: The facility's staff and practitioners evaluate the individual's progress over time in relation to a problem, condition, or symptom, consider the effectiveness of interventions, and make a systematic determination about what to do next.