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2012- Q1

### Dates of Interest

#### March

Brain Injury Month

#### March 31

End of 1<sup>st</sup> Quarter, 2012

#### April 25-27

MAHC Annual Convention  
Osage Beach, MO

#### April 30

1<sup>st</sup> Quarter data due

Agencies should receive  
2012 Q1 reports by May 15

#### June 30

End of 2<sup>nd</sup> Quarter

#### July 30

2<sup>nd</sup> Quarter data due

Agencies should receive  
2012 Q2 reports by  
August 15

#### September 30

End of 3<sup>rd</sup> Quarter

#### October 31

3<sup>rd</sup> Quarter data due

Agencies should receive  
2012 Q3 reports by  
November 14

#### December 31

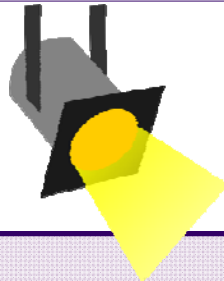
End of 4<sup>th</sup> Quarter

## Validation of MAHC's Fall Risk Assessment Tool - UPDATE



MAHC is excited to announce that the academic validity study of the MAHC Fall Risk Assessment Tool is complete. The student researchers have written the paper which is currently under review by the faculty of the University of Kansas. The final step in the validation process is to have the research paper published in a peer reviewed

journal. A journal has been identified and the process for submission will begin soon. We do not know how long this last step may take. The research process was very long and time consuming but we are well into the final stage. Again, we are very proud and excited about this validation and will let you know when we have a final product.



## MAHC's 2012 Annual Conference Spotlight

**Teresa Northcutt**, RN, BSN, COS-C, HCS-D, will be presenting a breakout session entitled **"Reduce Acute Care Hospitalization: Best Practices for Fall Prevention"** at MAHC's upcoming Annual Conference. Participants will learn best practices to prevent falls, and take home tools and resources to help train staff and educate patients on ways to reduce fall events in your patient population. Also, Vicky Speeler, RN, with St. John's Mercy Home Health will share the evolution of their successful fall prevention program.

**You won't want to miss it!**

For more information on MAHC's 2012 Annual Conference visit the MAHC website at [www.homecaremissouri.org](http://www.homecaremissouri.org)

## Link Between Elderly Falls and High Blood Pressure

There may be a connection between high blood pressure and hardened arteries, and an increased risk of falls among seniors, according to a new study. Researchers with Harvard University's Institute for Aging Research measured the brain blood flow of 419 seniors aged 65 and older. The seniors' mobility was also measured over a 12-foot walking course. Seniors with higher blood pressure or stiffened arteries were less able to transport oxygen and glucose to the brain during periods of heavy breathing. Seniors in the bottom 20%

for good blood flow were 70% more likely to experience a fall during the course of the study than seniors with better brain blood flow, according to the results of the trial. High blood pressure treatments, including treatments with statins to reduce high cholesterol levels, could help improve blood flow to the brain, researchers say. This, in turn, could help reduce the likelihood of falls in some seniors, though more research is needed to determine the potential benefits of blood pressure treatment on falls, they conclude.



Questions?

*MAHC is here to help you. Please contact us if you have any questions or need additional information related to any of our Benchmarking Projects.*

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## Tech Toys May Help Prevent Resident Falls

The same technology used in video games and security systems is being used to detect illness or falls among long-term care residents, according to researchers. Scientists at the University of Missouri are developing a device — usually used in creating video games — that employs infrared light to produce a silhouette of the person being monitored, rather than a video or photograph. They are also designing a second device that uses Doppler-radar technology to recognize whether a resident is walking, bending and executing other movements. These changes of position could indicate whether a resident has fallen.

## Study: Falls Not Linked to Physical Activity



Elderly hospital patients who fell while in a hospital did not walk around any more than patients who did not fall, a new study reports. Federal initiatives have cracked down on the costs associated with patient falls, but geriatricians warn that keeping seniors immobile can backfire. Not moving enough can lead to poor muscle tone and decreased balance, they argue. The study bolsters their

case. To examine the incidence of falls among ambulatory and non-ambulatory seniors, researchers from the University of Texas at Galveston equipped 35 elderly hospital patients with small electronic devices that recorded every step they took. They determined that there was no statistical difference in the amount of walking between the two groups. They did find that falls were associated with delirium and/or poor cognitive function. Additionally, all of the falls took place at night, with 60% of falls related to trips to the bathroom.

### Quick Fact...

Did you know that bathrooms are one of the most fall-prone spaces in a home? The Center's for Disease Control & Prevention (CDC) have brochures available to help you educate your clients on preventing falls.

[Click here](#) or go to the CDC's website for more information and to download additional resources.



## Debunking the Myths of Older Adult Falls

Many people think falls are a normal part of aging. The truth is, they're not. Most falls can be prevented—and you have the power to reduce your risk. Exercising, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

Every year on the first day of fall, we celebrate National Falls Prevention Awareness Day to bring attention to this growing public health issue. To promote greater awareness and understanding here are 10 common myths—and the reality—about older adult falls:

**Myth 1: Falling happens to other people, not to me.**

**Reality:** Many people think, "It won't happen to me." But the truth is that 1 in 3 older adults—about 12 million—fall every year in the U.S.

**Myth 2: Falling is something normal that happens as you get older.**

**Reality:** Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked and making your living environment safer are all steps you can take to prevent a fall.

**Myth 3: If I limit my activity, I won't fall.**

**Reality:** Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Social activities are also good for your overall health.

**Myth 4: As long as I stay at home, I can avoid falling.**

**Reality:** Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

**Myth 5: Muscle strength and flexibility can't be regained.**

**Reality:** While we do lose muscle as we age, exercise can partially restore strength and flexibility. It's never too late to start an exercise program. Even if you've been a "couch potato" your whole life, becoming active now will benefit you in many ways—including protection from falls.

**Myth 6: Taking medication doesn't increase my risk of falling.**

**Reality:** Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication. Talk to your health care provider about potential side effects or interactions of your medications.

**Myth 7: I don't need to get my vision checked every year.**

**Reality:** Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eyeglasses. For those with low vision there are programs and assistive devices that can help. Ask your optometrist for a referral.

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*Don't forget to mark your calendars for  
MAHC's 2012 Annual Conference & Exposition  
April 25-27, 2012—Tan-Tar-A Resort*

## 10 Myths About Falls—continued.....

**Myth 8: Using a walker or cane will make me more dependent.**

**Reality:** Walking aids are very important in helping many older adults maintain or improve their mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane to you and instruct you in its safe use.

**Myth 9: I don't need to talk to family members or my health care provider if I'm concerned about my risk of falling. I don't want to alarm them, and I want to keep my independence.**

**Reality:** Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help. They want to help you maintain your mobility and reduce your risk of falling.

**Myth 10: I don't need to talk to my parent, spouse, or other older adult if I'm concerned about their risk of falling. It will hurt their feelings, and it's none of my business.**

**Reality:** Let them know about your concerns and offer support to help them maintain the highest degree of independence possible. There are many things you can do, including



removing hazards in the home, finding a fall prevention program in the community, or setting up a vision exam.

## See Who's in the Falls Prevention Hall of Fame

The National Council on Aging Falls Free© Initiative has announced the first recipients of the Falls Prevention Certificate of Appreciation. State Coalitions on Fall Prevention are able to recognize up to 10 leaders who have made significant contributions to falls prevention in their state.

[Click here](#) to view the hall of fame including 9 winners from Missouri.

[Click here](#) to read more about the Show Me Falls Free Missouri Initiative.

[Click here](#) to find other state's falls coalitions.



## Undiagnosed Neurological Condition Could Contribute to Falls, Research Finds

Undiagnosed neurological conditions such as cervical myelopathy could be the reason for many falls and hip fractures in the elderly, new research shows. In a small study of 28 hip fracture patients and 35 hip replacement patients, 18% of the

hip fracture patients tested positive for cervical myelopathy. It is a neurological disorder that inhibits balance and coordination. Researchers assert that screening for cervical myelopathy should be standard in hip fracture patients to lower the risk of falls and fractures.

The study was presented at the 2012 Annual Meeting of the American Academy of Orthopaedic Surgeons in San Francisco.