



NURSING HOME CLINICAL ASSIGNMENT FALL RISK ASSESSMENT

COURSE:TBD

LEVEL OF STUDENT: Second or third year

SPHERE OF CARE: Sphere 4: hospice/palliative/supportive care, which includes end-of-life care as well as palliative and supportive care for individuals requiring extended care or those with complex, chronic disease states or those requiring rehabilitative care.

LEARNING OUTCOMES:

1. At the end of the clinical assignment, the student will be able to identify the interdisciplinary team for a comprehensive fall risk assessment.
2. At the end of the clinical assignment, the student will be able to identify appropriate fall risk assessment tools for the residents.
3. At the end of the clinical assignment, the student will be able to conduct fall risk assessment with the residents including identification of risk factors for falls for the residents.

ESSENTIAL DOMAIN(S):

Domain 2: Person-Centered Care

Domain 5: Quality and Safety

ESSENTIAL CONCEPTS:

Clinical Judgment

ESSENTIAL COMPETENCY(S):

- 2.3 Integrate assessment skills in practice.
- 2.4 Diagnose actual or potential health problems and needs.
- 5.1 Apply quality improvement principles in care delivery.
- 5.2 Contribute to a culture of patient safety.

ESSENTIAL SUB-COMPETENCY(S):

- 2.3d Perform point of care screening/diagnostic testing (e.g., blood glucose, PO₂, EKG).
- 2.3e Distinguish between normal and abnormal health findings.
- 2.4b Create a list of problems/health concerns.
- 5.1a Recognize nursing's essential role in improving healthcare quality and safety.
- 5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.

Developed by Yurun Cai, PhD, RN, Megan Kazakoff, DNP, AGNP-C, RN, CNE, and Elizabeth A. Schlenk, PhD, RN, CNL, FAAN
(2025, September) for the Pennsylvania Teaching Nursing Home Collaborative.





NURSING HOME CLINICAL ASSIGNMENT **FALL RISK ASSESSMENT**

PRE-CLINICAL PREPARATION ASSIGNMENT:

Reading assignments:

Age-Friendly Health Systems: Guide to Care of Older Adults in Nursing Homes:
https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/IHI-Age-Friendly-Guide-Nursing-Homes_March28-2022.pdf

AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention:
<https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/ontime/fallspix/implmatls.html#section1>

Domain 5: Quality and Safety: This published webpage supports quality and safety in fall risk assessments in older adults with attention to how physiological and cognitive aging processes increase fall risk.

Competency:

- 5.1 Apply quality improvement principles in care delivery.
- 5.2 Contribute to a culture of patient safety.

Sub-competency:

- 5.1a Recognize nursing's essential role in improving healthcare quality and safety.
- 5.2d Assume accountability for reporting unsafe conditions, near misses, and errors to reduce harm.

CDC STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention:
<https://www.cdc.gov/steady/media/pdfs/STEADI-Algorithm-508.pdf>

Domain 2: Person-centered care: This published algorithm supports person-centered care in fall risk assessments for older adults with various levels of mobility in various settings.

Competency:

- 2.3 Integrate assessment skills in practice
- 2.4 Diagnose actual or potential health problems and needs.

Sub-competency:

- 2.3d Perform point of care screening/diagnostic testing.
- 2.3e Distinguish between normal and abnormal health findings.
- 2.4b Create a list of problems/health concerns.

Recommended readings:

Developed by Yurun Cai, PhD, RN, Megan Kazakoff, DNP, AGNP-C, RN, CNE, and Elizabeth A. Schlenk, PhD, RN, CNL, FAAN
(2025, September) for the Pennsylvania Teaching Nursing Home Collaborative.





NURSING HOME CLINICAL ASSIGNMENT FALL RISK ASSESSMENT

Montero-Odasso, M., van der Velde, N., Martin, F. C., Petrovic, M., Tan, M. P., Ryg, J., Aguilar-Navarro, S., Alexander, N. B., Becker, C., Blain, H., Bourke, R., Cameron, I. D., Camicioli, R., Clemson, L., Close, J., Delbaere, K., Duan, L., Duque, G., Dyer, S.M., ... Task Force on Global Guidelines for Falls in Older Adults. (2022). World guidelines for falls prevention and management for older adults: a global initiative. *Age and Ageing, 51*(9), afac205. doi: 10.1093/ageing/afac205

Shao, L., Shi, Y., Xie, X-Y., Wang, Z., Wang, Z-A., & Zhang, J-E. (2023). Incidence and risk factors of falls among older people in nursing homes: Systematic review and meta-analysis. *Journal of the American Medical Directors Association, 24*(11),1708-1717. doi:10.1016/j.jamda.2023.06.002

CLINICAL ASSIGNMENT & COMPONENTS:

1. Collect chart data: Collect information from the chart of at least two residents, one with high-mobility level and one with limited mobility level
2. Review chart data based on availability: Review residents' demographic characteristics, medication list, cognitive status, vision and hearing function, activities of daily living (ADL) status, and physical therapy notes
3. Interview resident, family, if indicated, and nursing home staff: Ask about self-reported abilities to perform ADLs with or without assistance, history of falls, health problems that impact mobility, medications that lead to dizziness, drowsiness, and altered mental status
4. Perform fall risk assessment:

Comprehensive fall risk assessment tools:

Johns Hopkins Fall Risk Assessment Tool:

<https://www.hopkinsmedicine.org/institute-nursing/models-tools>

Morse Fall Scale for Identifying Fall Risk Factors:

<https://www.brighamandwomens.org/assets/BWH/medical-professionals/pdfs/fall-tips-toolkit-mfs-training-module.pdf>

Fall Risk Assessment for Adults: The Hendrich II Fall Risk Model:

<https://hign.org/sites/default/files/2022-11/Hendrich%20II%20Fall%20Risk%20Model.pdf>

Developed by Yurun Cai, PhD, RN, Megan Kazakoff, DNP, AGNP-C, RN, CNE, and Elizabeth A. Schlenk, PhD, RN, CNL, FAAN (2025, September) for the Pennsylvania Teaching Nursing Home Collaborative.





NURSING HOME CLINICAL ASSIGNMENT

FALL RISK ASSESSMENT

For high mobility level residents, follow STEADI algorithm for fall risk screening and assess modifiable risk factors and fall history:

- Evaluate gait, strength, and balance
 - Common assessments:
 - Timed Up and Go (TUG) test:
<https://www.cdc.gov/steady/media/pdfs/steady-assessment-tug-508.pdf>
 - 30-Second Chair Stand:
<https://www.cdc.gov/steady/media/pdfs/STEADI-Assessment-30Sec-508.pdf>
 - The 4-Stage Balance Test:
<https://www.cdc.gov/steady/media/pdfs/STEADI-Assessment-4Stage-508.pdf>
- Identify medications that increase fall risk (e.g., Beers Criteria)
- Environmental hazards
- Measurement for orthostatic blood pressure
- Check visual acuity
- Assess feet/footwear
- Assess vitamin D intake
- Identify comorbidities (e.g., depression, osteoporosis)

AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention Self-Assessment Worksheet to check fall risk factors:

- History of falls
- Impaired cognition, including fluctuating mental status or change in cognition
- Impulsivity
- Impaired vision or change in vision
- Gait disturbances
- Limitations or changes in activities of daily living, including mobility and transfer
- Bowel and bladder incontinence
- Infection
- Underlying medical conditions affecting balance, endurance, strength, judgment, and vision

Developed by Yurun Cai, PhD, RN, Megan Kazakoff, DNP, AGNP-C, RN, CNE, and Elizabeth A. Schlenk, PhD, RN, CNL, FAAN
(2025, September) for the Pennsylvania Teaching Nursing Home Collaborative.





NURSING HOME CLINICAL ASSIGNMENT

FALL RISK ASSESSMENT

- Use of high-risk medications (e.g., antihypertensives, diuretics, hypoglycemic agents, psychotropics, and opioids)
 - Polypharmacy
 - Use of assistive devices for transfer or ambulation
 - Attached equipment (e.g., catheters, intravenous lines, and oxygen)
 - Environment (e.g., poor lighting, glare, and clutter)
 - Appliances or devices (e.g., cane, walker, and restraints)
 - Familiarity with the environment (including room change or new admission)
 - Recent hospitalization or change in condition
5. Report to clinical instructor the level of fall risk (low, moderate, or high risk) and risk factors for the residents

EVALUATION CRITERIA:

- Completes the entire clinical assignment
- Is able to extract relevant data available in the resident's charts to inform the assessment including demographic characteristics, medication list, cognitive status, vision and hearing function, activities of daily living (ADL) status, and physical therapy notes
- Is able to elicit relevant interview data from the resident, family if indicated, and nursing home staff to inform the assessment including abilities to perform ADLs with or without assistance, history of falls, health problems that impact mobility, medications that lead to dizziness, drowsiness, and altered mental status
- Demonstrates appropriate role of the nurse performing fall risk assessment in terms of identifying the assessment tool preferred by the nursing home administration, following the STEADI algorithm for fall risk screening of high mobility level residents, and assessing modifiable risk factors and fall history with the STEADI algorithm and AHRQ Safety Program for Nursing Homes
- Is able to report assessment findings to clinical instructor in terms of level of fall risk (low, moderate, or high risk) and risk factors for the residents
- Is able to report assessment findings to appropriate staff in terms of level of fall risk (low, moderate, or high risk) and risk factors for the residents

Developed by Yurun Cai, PhD, RN, Megan Kazakoff, DNP, AGNP-C, RN, CNE, and Elizabeth A. Schlenk, PhD, RN, CNL, FAAN (2025, September) for the Pennsylvania Teaching Nursing Home Collaborative.

