

# Study: 21 percent of newly admitted nursing home residents sustain a fall during their stay

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One in five short-stay nursing home patients sustains a fall after their admission, and certified nursing assistant (CNA) staffing is associated with decreased fall risk, according to a study in the *Journal of the American Geriatrics Society*.

Researchers from the University of Southern California and Brown University analyzed the 2006 Minimum Data Set (MDS) assessments of all Medicare/[Medicaid patients](#) admitted to a nursing home for the first time. Among more than 230,000 patients in nearly 10,000 nursing homes across the country, the researchers found that 21% of newly admitted nursing home residents sustained at least one fall during their first 30 days in the facility.

To identify potential factors contributing to falls, the study also examined various organizational characteristics of nursing homes. Facilities with higher CNA-to-patient staffing ratios were associated with fewer falls, likely because CNAs provide much of the hands-on patient care during high-risk activities such as toileting, dressing, and ambulation.

While fall rates among long-term nursing home populations are well documented, the nationwide study is believed to be the first of its kind to specifically analyze fall rates among newly admitted nursing home residents. Because newly admitted nursing [home residents](#) are in a novel

environment and are unfamiliar to staff, identification and management of fall risk poses a particular challenge.

Lead author Natalie Leland, a research [gerontologist](#) and occupational therapist at the University of Southern California, explains how this study highlights the unique health care goals of a rehabilitating population striving to get back to the community relative to those of long-term patients who reside in the nursing home.

"A fall can delay or permanently prevent the patient from returning to the community, and identifying risk of falling is essential for implementing fall prevention strategies and facilitating successful discharge back to the community."

Provided by University of Southern California

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