



Free of Accident Hazards

Supervision to Prevent Accidents/Devices



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Our Mission

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- This workshop will integrate falls risk assessment, principles of QAPI, and person-centered care.
- A case study example will demonstrate practical application of investigation techniques and findings as well as current evidence-based interventions.
- The goal of this session is to give you the tools to develop an effective Falls Prevention Process Improvement Program.

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Michigan Initiative

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Michigan Fall Prevention Partnership

Formed in 2006 with members from health care, public health, the aging network, academia & professional organizations representing healthcare providers.

Mission

Bring fall prevention efforts into the mainstream of health care efforts & the design of home & community environments to maximize health & independence for older adults.

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Save the Date - NCOA

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Falls Prevention Awareness Day

The 6th annual National Falls Prevention Awareness Day (FPAD) - Sept. 22, 2013 to promote and increase public awareness about how to prevent and reduce falls among older adults.

Preventing Falls—One Step at a Time, seeks to unite professionals, older adults, caregivers, and family members to play a part in raising awareness and preventing falls.

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The I's in Team

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Components in Common

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- Achieving Excellence
- QAPI
- Interact
- CMS Mandates



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Important QAPI Principles: PCC

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Person-Centered Care

Person-centered care (PCC) is a journey that moves decision-making directly to the individual **despite frailty, cognitive impairment** or the location in which services are provided.

PCC includes the valuable input of care partners & integrates all aspects of daily life, creating environments where people can truly thrive & grow



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Deficit to Strength Focus

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To look at an individual in a different way.

To assist the focus person in gaining control over their own life.

To increase opportunities for participation in the community.

To recognize individual desires, interests, and dreams.

Through team effort, develop a plan to turn dreams into reality.

<http://www.carf.org/Programs/ProgramDescriptions/AS-Person-Centered-Long-Term-Care-Community/>

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Start at the Top

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Leadership cultivates relationships among persons served, families/support systems, and personnel.

They commit to continuous learning and growth, empowerment, responsiveness, and spontaneity.

<http://www.carf.org/Programs/ProgramDescriptions/AS-Person-Centered-Long-Term-Care-Community/>

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QAPI Principles - Staff Driven

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Include staff members at all levels, all departments, in program development, implementation & support.

Leaders facilitate, provide resources, and coach-

ALWAYS include your care giving staff in decision making



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Resident/Family Alliances

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Establish commitment to Falls and Injury Prevention

Market your commitment

Pre-admission considerations

Admission assessment in-put

ALWAYS include them in assessment findings & Education if responsible, or with resident permission



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Every Moment Counts

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Assessment Recommendations

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History & Root Causes Documentation

Current Status

- Footwear
- Seating
- Standing
- Transfers
- Toileting status



Resident & family response to commitment, immediate care plan measures

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Past & Current H & P's

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Read it all, look for:

Differences from current presentation

Medications

Safety measures

Resident & Family Impressions

Past care giver perspectives

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What to Watch

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TIMED GET UP AND GO TEST

1. Patient is in a seated position.
2. Place a visible object 8 feet away from the patient.
3. Have the patient get up and walk around the object and sit back down.

Allow them to practice once.

Then time them 3 times.



Scores greater than 8.5 seconds are associated with high fall risk in community-dwelling older adults.

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Seating Challenges

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- Ideal sitting posture is unnatural.
- People slide into a position of comfort and support. However . . . everyone fatigues out of the ideal sitting posture.
- Body type and disability often prevent ideal sitting posture.



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Why Alarms Don't Work

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"The body registers noise pollution as assaultive. The automatic tightening of muscles to armor (protect) and defend themselves produces sensations that range from mild discomfort to extreme pain. Gentle, appropriate touch can help the body to relax without more intrusive intervention.

Caring touch can restore equilibrium and balance."

Integrating Touch Into Our Daily Interactions

Posted on [June 20, 2013](#) by [Glenn Blacklock](#)

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First-Understand Movement

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The body must move to function

It is unnatural and dangerous
to prevent movement



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Effects of Restricting Movement

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Circulation

- Varicosities
- Thrombosis
- Reduced cardiovascular performance
- Skin impairment
- Pain

Respiratory

- Decreased gas exchange
- Poor cell nourishment
- Pooled secretions – atelectasis
- Infections
- Pain

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Effects of Restricting Movement

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Musculoskeletal

- Stiffness
- Muscle atrophy
- Loss of strength
- Loss of bone density
- Contractures
- Pain


Skin

- *Reduced circulation*
= *↓ oxygen & nourishment to cells*
- Loss of moisture and elasticity
- Infection
- Pressure sores
- Pain

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Effects of Restricting Movement		Insight Expertise Knowledge
Gastrointestinal <ul style="list-style-type: none"> • Anorexia • Decreased peristalsis = Poor digestion • Constipation • Negative calcium & nitrogen balance leads to protein deficiency & tissue breakdown 	Genitourinary <ul style="list-style-type: none"> • Urinary stasis • Incontinence • Urinary Tract Infection <p style="text-align: center;"><u>PAIN</u></p>	

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Pain		Insight Expertise Knowledge
Untreated, pain leads to: <ul style="list-style-type: none"> • Restlessness • Irritability • Depression • Reduced mobility • Atrophy 		

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Quality of Life Suffers		Insight Expertise Knowledge
↓Sensory input & output ↑Stress and anxiety ↓Socialization ↓Engagement with life ↓Self-direction & control ↓Independence		

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What's *Your* Response to Alarms?

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Remain in place, wait for direction?

Get up to see what's wrong?

See what you can do to help?



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Critical Investigation Elements

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Environmental review at the time of the event by on-shift staff

- Make immediate modifications
- Add to care plan immediately
- Communicate interventions & rationales immediately



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Can You Predict the Next Fall?

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Fall Commonalities
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INDEPENDENT WALKING



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Use of Devices
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- Watch them in action to assess correct use
- Therapies evaluation to identify modifications
- Do not let the device be a potential case for falls



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Making Rounds / Supervision
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Who Should Observe and Correct

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Assess As You Go

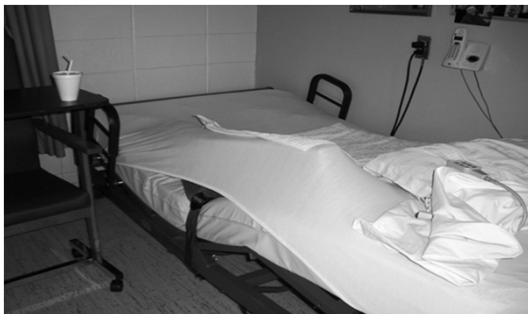
Insight | Expertise | Knowledge



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Safety Rounds

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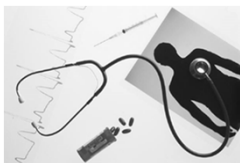
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Anticipate Medication Risks

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Do not wait until a fall happens to check for:

- Effects
- Side effects
- Interactions



Plan for Falls Prevention!

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Effects Of Medication

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Medications for:

**Blood Pressure Angina Parkinson's Disease
Urine Output Constipation Heart Rate &/or
Rhythm**

- Getting up quickly from sitting or lying down, can cause dizziness, fainting
- Mineral loss from diuretics (water pills) and over use of laxatives can also cause weakness, especially in leg muscles;
- Heart rate can become too slow or rhythm may become irregular

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Anticoagulants

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Excessive decrease in ability to form blood clots can cause bleeding, leading to anemia, weakness & dizziness.

Watch for bruising easily, unusual bleeding around gums, blood in urine, or rectal bleeding.



See pamphlet:
Blood Thinners: Risk Factors Associated with
Falling and What to Do When You Fall

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Psychotherapeutics

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- Involuntary movements
- Low blood pressure with position changes
- Heart rhythm changes
- Cause drowsiness, imbalance, incoordination, slowed reactions, dizziness, confusion.
- Poor impulse control
- Hyperglycemia



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Mandatory Return Demonstration

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Practice to reinforce

Stand up slowly after sitting or lying down.

If lying down, sit up first, remain seated for a few minutes, then stand slowly



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Effects Of Medication

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Medications for:

Allergies/Cold Symptoms Anxiety
Depression

Pain Sleep problems

- Can cause drowsiness, confusion, slowing of reactions, imbalance & incoordination, especially if taking medicine from more than one of these groups.

Avoid over-the-counter (OTC) antihistamines (also found in some OTC sleep aids).

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High Fall Risks - Compensate

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Muscle weakness –
Exercise, therapy

Gait problems -
*Exercise, devices,
modifications,
therapy*

Balance problems-
*Exercise, therapy,
devices*

Arthritis,
Degenerative Joint
Disease – *Exercise,
therapy*

Impaired ADLs –
*Exercise, therapy,
devices,
modifications*



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Photo by Samantha Whitefeather

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Resources

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NCOA – Excellent Resources- Falls Prevention Day – September 22, 2013
<http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-prevention-awareness.html>

National initiative web site - videos and educational materials. Celebrate Fall Prevention Awareness Week - September 22 – 28, 2013.
http://www.stopfalls.org/service_providers/sp_bm.shtml

Michigan Falls in the Elderly rates 2011
http://www.michigan.gov/documents/mdch/falls_factsheet_final_390532_7.pdf

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Falls Prevention brochure for distribution
http://www.michigan.gov/documents/Fast_Facts_About_Older_Adult_Falls_in_Michigan_167793_7.pdf

Veteran's Administration projects
<http://www.visn8.va.gov/patientsafetycenter/fallsTeam/>

VA Falls Prevention Tools and Programs
<http://www.patientsafety.va.gov/SafetyTopics/fallstoolkit/index.html>

Institute for Person Centered Care
<http://ubipcc.com/>

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http://www.patientsafety.va.gov/SafetyTopics/fallstoolkit/media/morse_falls_pocket_card.pdf

Vibrant Living Concepts
<http://blog.actionpact.com/2013/07/29/vibrant-living-prevents-falls-and-eliminates-need-for-alarms/>

<http://actionpact.com/index.php/product/eliminating-alarms-and-reducing-falls-by-engaging-with-life>

Sue Ann Guildermann, RN, BA, MA, Effective Fall Prevention Strategies Without Physical Restraints or Personal Alarms
 Empira, 4/24/2012 Webinar for Stratis Health

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Willy BA; Wheelchair Seating for Elders; On line pamphlet prepared under contract for Mountain Pacific Quality Health—Wyoming 2010. <http://www.mpqhf.com/WCSbooklet508.pdf>

Illustrations by Chris Willy; Web publication by Mountain Pacific Quality – Wyoming's 9th Scope of Work CMS; Wheelchair Seating for Elders by BA Willy.

<http://www.carf.org/Programs/ProgramDescriptions/AS-Person-Centered-Long-Term-Care-Community/>

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Practice Promotes Success

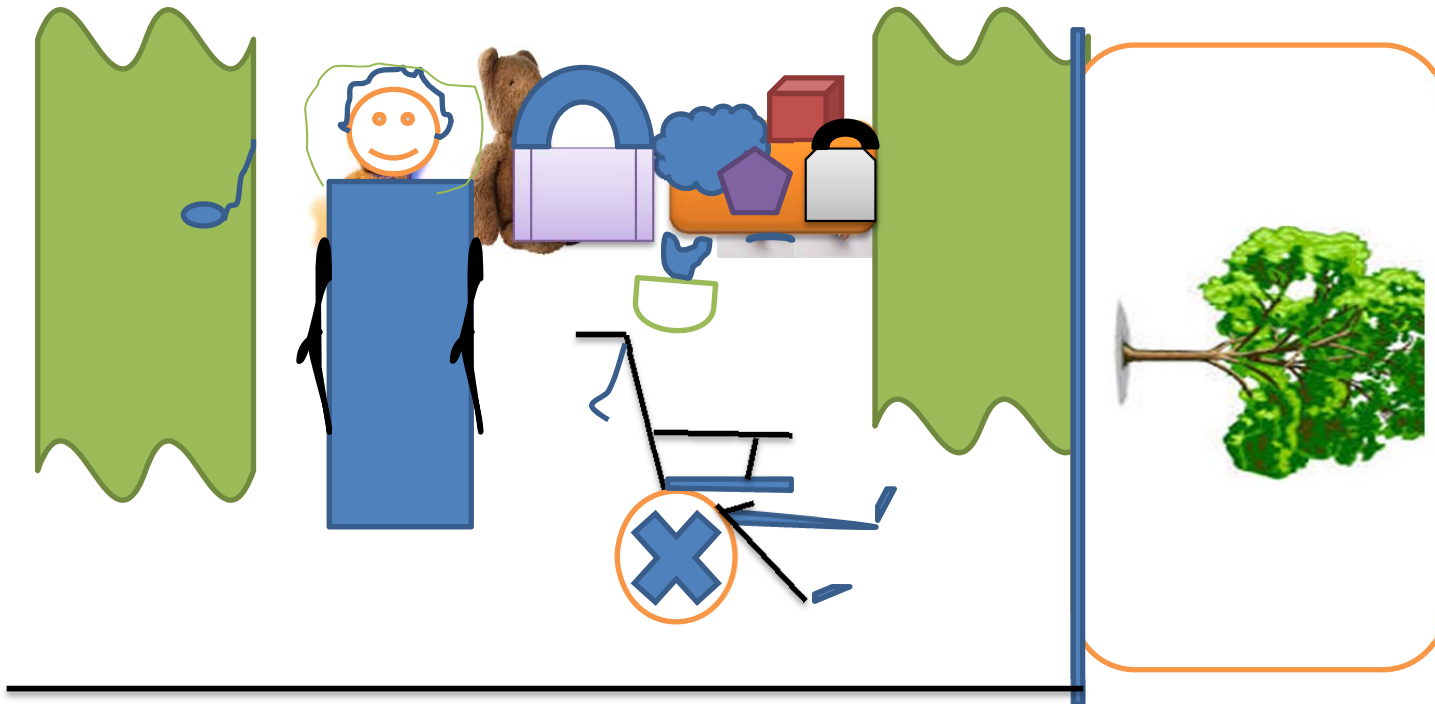
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Let's take a look at the handouts and
work through an actual case.



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MARY



Mary fell yesterday. She was lying on her side, her head near the basket with the blue bunny she likes to keep on the floor. She couldn't explain, but you know she loves to go into the drawers in the chest by the window. She gets around in her wheelchair, propelling with her hands on the wheels. In use are bed & chair alarms.

Based on the above information & what you see, identify possible causes of the fall, & what you can do to reduce fall risks.

RISK MANAGER UPDATE

The furniture was rearranged and now resident friendly.

Foot rests removed to accommodate to get close to her dolls and drawers.

Therapy picked her up.

The one thing I did notice yesterday is that she is not using her feet to propel herself.

It's not that she can't, it's probably because she is not used to having the foot rests off.

Also I took the bed rails off.

She was found moving to the end of bed, getting up and walking around her bed.

The string alarm removed because she takes it off. Not helpful.

Having her family bringing in tie shoes.

Only has loose fitting slippers.