Free of Accident Hazards
Supervision to Prevent Accidents/Devices

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Our Mission

- 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.

Michigan Initiative

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.
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.

Save the Date - NCOA

The I’s in Team
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.

Important QAPI Principles: PCC

Person-Centered Care

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/
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/

Start at the Top

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

QAPI Principles - Staff Driven

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

Resident/Family Alliances
Every Moment Counts

History & Root Causes Documentation

Current Status

• Footwear
• Seating
• Standing
• Transfers
• Toileting status

Resident & family response to commitment, immediate care plan measures

Assessment Recommendations

Past & Current H & P's

Read it all, look for:

Differences from current presentation
Medications
Safety measures
Resident & Family Impressions
Past care giver perspectives
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.

What to Watch

- 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.

Seating Challenges

"The body registers noise pollution as assultive. 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

Why Alarms Don’t Work

Posted on June 20, 2013 by Glenn Blacklock
First-Understand Movement

The body must move to function

It is unnatural and dangerous to prevent movement

Effects of Restricting Movement

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

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

Effects of Restricting Movement

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
Effects of Restricting Movement

### Gastrointestinal
- Anorexia
- Decreased peristalsis = Poor digestion
- Constipation
- Negative calcium & nitrogen balance leads to protein deficiency & tissue breakdown

### Genitourinary
- Urinary stasis
- Incontinence
- Urinary Tract Infection

**PAIN**

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### Pain
Untreated, pain leads to:
- Restlessness
- Irritability
- Depression
- Reduced mobility
- Atrophy

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### Quality of Life Suffers
↓ Sensory input & output
↑ Stress and anxiety
↓ Socialization
↓ Engagement with life
↓ Self-direction & control
↓ Independence
What’s Your Response to Alarms?

Remain in place, wait for direction?

Get up to see what’s wrong?

See what you can do to help?

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

• Make immediate modifications

• Add to care plan immediately

• Communicate interventions & rationales immediately

Can You Predict the Next Fall?
INDEPENDENT WALKING

• Watch them in action to assess correct use

• Therapies evaluation to identify modifications

• Do not let the device be a potential case for falls

Making Rounds / Supervision

• Use of Devices
Who Should Observe and Correct

Assess As You Go

Safety Rounds
Anticipate Medication Risks

Do not wait until a fall happens to check for:

• Effects
• Side effects
• Interactions

Plan for Falls Prevention!

Effects Of Medication

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

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
Psychotherapeutics

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

Mandatory Return Demonstration

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

Effects Of Medication

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).
High Fall Risks - Compensate

Muscle weakness – 
*Exercise, therapy*

Arthritis, 
Degenerative Joint 
Disease – *Exercise, therapy*

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

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

Balance problems-
*Exercise, therapy, devices*

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Resources

NCOA – Excellent Resources– Falls Prevention Day – September 22, 2013

http://www.stopfalls.org/service_providers/sp_bm.shtml

Michigan Falls in the Elderly rates 2011
Falls Prevention brochure for distribution

Veteran’s Administration projects
http://www.vsn8.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/

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

Vibrant Living Concepts

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


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