Ponce de Leon LTC RRG, Inc.

Risk Management Quarterly News

JANUARY 2010

Special points of interest:

- *Oh No, Not Another Article on Fall Prevention*
- *In The News*
- *Facility Safety*
- *Armed Intruder Policy & Procedure*

Oh No, Not Another Article on Fall Prevention

Yes, another article on a topic we deal with every day; however, I hope to provide you with some useful information that will actually help make a difference. The statistics are staggering. Per the CDC, each year the average nursing home with 100 beds report 100-200 falls. As many as 3 out of 4 nursing home residents fall each year. That's twice the rate of falls for older adults who live at home.

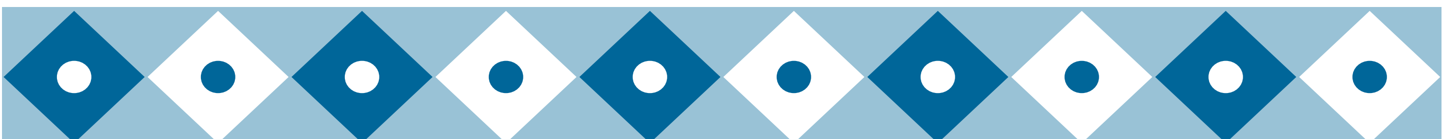
So why are elderly adults at a greater risk for falls when they are in a SNF or ALF? More importantly, what can we do as administrators and staff to reduce the number of falls? Some of the information as to why the elderly in facilities fall more often is really common sense. These individuals tend to be frailer, older, have more chronic conditions, and they have difficulty walking. Additionally, many have altered mental status and require assistance with ADL's.

The most common causes for falls in facilities are related to muscle weakness, environmental hazards, medications, poor foot care, use of restraints, and improper use of walking aides. It seems logical that if we understand what leads to falls we can work on prevention. I want to devote the remainder of this article to active interventions that can, and have been proven to, reduce the number of falls in facilities.

The very *first step* is to perform a complete *Admission Assessment* on all your residents. A comprehensive assessment should include: vital signs to help identify blood pressure or irregular heart beat issues; a neurological evaluation to help identify sensory impairment or an altered mental state; a musculoskeletal evaluation to determine gait disturbances, contractures, or weakness; a medication review to determine any potential side effects or drug interactions; a complete health history to identify those with diagnosis such as diabetes, seizures, CVA's, syncope, past falls, or vision impairments that can lead to a greater fall risk; and a review of lab values which can detect risk factors such as low potassium, glucose disturbances, anemia, or infection. The point being that a complete evaluation of your resident helps to identify if they are at a greater risk for falling and allows you to put additional interventions in place immediately. The best practice is to institute a fall care plan for *all* residents; then this can be updated with additional interventions to meet the individual's needs.

The *second step* is to *educate your staff* about risk factors, such as those noted above, and why they can make an individual more prone to falling. Educate them on the importance of environmental safety, the need to respond to call bells timely, proper lifting and transferring techniques, the proper use of equipment such as wheelchairs and walkers, and the most common medication side effects. Staff members are your front line defense and are a very important factor in fall reduction.

A *third step* is to *evaluate your*



Oh No, Not Another Article on Fall Prevention—Continued

environment. Are your halls clear of clutter? Is the lighting adequate in the hall, dining room, bedrooms, and restrooms? Is your flooring free of lumps, cracks, loose thresholds, broken floor boards or tiles? Do you have handrails in the hallways and restrooms? Is there enough room around the bedroom furniture for a resident to maneuver a wheelchair or walker? Are your dining room chairs sturdy? Are all your linen carts, med carts, etc. kept to one side of the hallway with cart doors or drawers closed? Taking a good look around and identifying potential hazards is a must.

Take a good look at all your Incident Reports for falls and see if you can identify any environmental links. Is there a number of falls that took place in one particular location, such as the dining hall or bathroom? Take a look at those locations and examine the floor, the lighting, any pluming leaks, etc. Tracking and trending your falls can help to identify problems that have gone undetected.

A *fourth step* is to *take a good look at your resident*. Is their footwear appropriate? Rubber soled, well fitting shoes that lace or Velcro closed, and do not slide on or off, are the best choice for footwear. Shoes should be well fitted. Is the clothing appropriate? Make sure that their pants are not dragging on the floor. Clothing should not be so tight or it can restrict movement, nor so loose that it gets in the way. Take a look at their hair – is it falling in their eyes? Hair should be trimmed or secured off the face so as not to interfere with their vision. If they wear glasses are they on or within easy reach? It may seem like basic common sense – and it is – but many times these little things are overlooked.

The *fifth step* is to *institute programs and teams* to evaluate and treat muscle weakness, restraint usage, and medications. Most facilities utilize their PT departments for post injury rehabilitation. Perhaps you can institute a program that focuses on wellness and prevention. It is a well know fact that a regular, gentle exercise program can greatly improve muscle strength and balance. One such study was conducted by JAMA in 1999. It was an 8-week study instituted at a SNF among frail residents with a mean age of 90. Residents participated in a daily wellness exercise program for 20 minutes. Results included a 48% increase in gait speed and 15% increase in ROM. If the doctor approves, the resident should participate in a daily exercise program.

"1,800 residents of nursing homes & assisted living facilities die each year from falls"

Medication review teams are a wonderful benefit for your facility. They identify residents who are at a greater risk for falls due to side effects or drug interactions. Pharmacy review teams can lead to decreased polypharmacy, decrease dosages, alternative medications that do not have nervous system side effects, and alternative non-medicinal treatments. In turn, this can help to reduce falls related to side effects, such as orthostatic hypotension, dizziness or lethargy.

The *final step* is to conduct *post fall evaluations*. The benefit is twofold. The assessment can help to identify underlying medical causes, such as new symptoms or diagnosis. It can also help to identify external causes, such as environmental hazards. A 'post fall evaluation form' should be completed. Post fall, the resident's care plan should be updated.

As we have all seen, one small fall can sometimes lead a resident down a slippery-slope of rapid decline. While we cannot prevent all falls, we can be proactive in reducing the number of falls our residents' experience and thereby increase their quality of life. The time and energy required to put these steps in place are well worth the benefits.

Linda McCallum, BSN, RN
Risk Consultant

In The News

- 6/8/02 – A woman entered a long term care facility in Griffin, Georgia, walked up to two men lying in their beds, took out a handgun, and shoot them in the head. Later, weeping, she begged another police officer, "I want you to kill me."
- 10/16/07 - An 82-year-old man shot his 80-year-old wife to death in a Ewing, New Jersey long term care facility before shooting himself. The wife had been in failing health from a recent stroke.
- 5/7/08 - In northern Kentucky an 85 year old man shot and killed his wife in her nursing home room, then fatally shot himself. Police say the man entered his wife's room and used a small-caliber handgun to shoot her in the head before shooting himself in the head.
- 6/11/08 - A man shot and killed his mother at a Guardian Care in Rocky Mount, North Carolina, a personal care facility. He then shot himself.

In The News — Continued…..

- 3/29/09 - A man, armed with more than one weapon, entered a long term care facility in Carthage, North Carolina, and killed seven residents and a nurse. He and his wife had recently separated, and she worked as a nursing assistant at the facility.
- 6/8/09 – An estranged husband of a certified nursing assistant fatally shot his wife at Parish Medical Center in Titusville, Florida. The gunfire erupted in the parking lot just before 7 a.m.
- 9/16/09 – A 64 year old woman entered a long term care facility in Oakland, California and shot and killed her forty-three year old daughter, and then killed herself. The daughter lived in multiple facilities, all allegedly incapable of handling her or her needs. The mother accused the facility of abusing her daughter.
- 10/24/09 – A man shot his estranged wife outside a long term care facility where she worked in De Soto, Missouri. The man was later shot and killed by a Sheriff's deputy.

Facility Safety

Most healthcare facilities have prepared for external disasters such as floods, power outages, tornados and storms. However, few are prepared for a disaster that can occur internally which would undermine the ability to provide care. Yet, these internal disasters are occurring more frequently. Shootings have been occurring within healthcare organizations, assets including computers have walked out the door, bomb threats and domestic disputes are issues that all healthcare organizations need to address. How prepared is your organization to prevent and/or manage a crisis event?

A shooting by a disgruntled and possibly imbalanced family member is a relatively infrequent event. Much more common are assaults against nurses and other caregivers by the drunk, the angry and the mentally ill. In fact, 1999 figures from the Bureau of Labor Statistics show that health care workers suffer nonfatal attacks at work four times more often than workers in other United States industries. Nurses, nurse's aides and orderlies suffer the highest proportion of these injuries.

"health care workers suffer nonfatal attacks at work four times more often than workers in other U.S. industries"

Emergencies happen, pure and simple. Despite all the steps facility executives take to prevent an emergency, it's impossible to eliminate the chance that one will occur, or to predict when. That's why emergency response plans are crucial. Developing an emergency plan involves the investment of time and money, but the payoff more than justifies the investment: A plan can prevent loss of life in an emergency. At the most basic level, an emergency response plan should outline responsibilities in an emergency, points of egress and methods of contacting emergency units. The plan should address every emergency that can be expected to occur in a particular facility so there is basic knowledge on what to do in different situations.

As our Risk Consultants travel the country visiting facilities, we found that many facilities did not have a policy and procedure on how to handle an armed intruder. Therefore, we created an armed intruder policy and procedure for facilities to use as a guide. This policy and procedure is attached to this news letter.

Kathy Massing, RN
Risk Consultant

Incident Reporting Reminder

Just a reminder we no longer require you to submit every incident report or log as we have in the past. However please remember to send ***adverse incidents*** as they occur. This includes….

- Resident death or serious disability associated with the use or function of a device
- Resident death or serious disability associated with a medication error
- Resident suicide or attempted suicide resulting in serious disability
- Any fall that resulted in a serious injury
- Abuse, neglect, or exploitation of resident
- Any condition that required transfer of the resident from the facility to a facility providing acute care due to the incident
- Resident elopement for more than 2 hours or with injury
- Resident-to-Resident altercation that results in injury
- Any condition that required medical attention to which the resident has not given his/her informed consent, including failure to honor advanced directives

- Susan Bugg, Vice President of Risk Management

Ponce de Leon Risk Management Services
500 Northridge Road, Suite 330
Atlanta, GA 30350
Toll Free: (877) 901-8513
Phone: (678) 781-2400
Fax: (678) 348-7230