

Fall Prevention Awareness

Satellite Conference and Live Webcast
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Faculty

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Session Two Objectives

- At the end of the second half, you will be able to:
 - Apply guidelines for “Observe, Record, and Report” in order to effectively report risk factors for falling
 - Describe the communication skill of asking open-ended questions to explore fear of falling with an elder

Session Two Objectives

- Explain what to do to minimize injury from falls:
 - When the aide falls
 - When the client falls in the HHA’s presence
 - When the client is found by the HHA after falling

Observe, Record, and Report

- Observe, Record, and Report (ORR) is an important part of the HHA’s job
- ORR can help reduce fall risks by preventing some falls or reducing injury from falls

Observe, Record, and Report

- OBSERVE
 - Direct-care workers are the “eyes and ears” of the care team
 - Small changes that you notice about your patients could reduce his or her risk of falling – or even save the patient’s life!

Observe, Record, and Report

- **RECORD**
 - HHAs are trained to keep notes when they do the tasks that are listed on the care plan
 - In addition to noting what they do, aides note what they observe while doing these tasks and while spending time with the patient

Observe, Record, and Report

- **REPORT**
 - HHAs share their observations and notes with the RN and other members of the patient care team on a regular basis
 - This helps the care team to know how the patient's condition has changed

Observe, Record, and Report

- In terms of fall prevention, sometimes aides may notice changes that make them feel concerned that the patient may be more likely to have a fall
- In those cases, the appropriate person should be contacted immediately

Observe, Record, and Report

- **What should I observe?**
 - Changes in the client's condition
 - Physical, mental, emotional
 - Changes in the environment, or home, that could lead to falls
 - Changes in relationships with family and friends that could affect the patient's health

Observe, Record, and Report

- **Changes in the patient's condition**
 - Look for:
 - Signs of physical discomfort
 - Changes in what the patient can do
 - Changes in behavior
 - Changes in physical appearance

Observe, Record, and Report

- **Changes in the patient's environment**
 - Look for:
 - Objects that could cause the client to trip or slip
 - Unsafe stairs, rugs, or floors
 - Poor lighting
 - Safety aids that become broken
 - i.e. stair railings

Observe, Record, and Report

- Changes in social activities and relationships with family or friends
 - Look for:
 - Family or friends who used to visit regularly and don't anymore
 - Family or friends who suddenly start visiting regularly

Observe, Record, and Report

- Not going out of the house for usual short absences
 - i.e. shopping, or church, or visiting

Observe, Record, and Report

- How should I report what I see?
 - Identify who needs to know about the situation
 - Figure out if you should report immediately or with your regular report
 - Report in writing or by phone, as required

Observe, Record, and Report

- Be clear, specific, and focus on facts
 - Record what you know to be true
- Share your point of view about the situation based on factual observations

Patient Scenario: One

- Two weeks ago, your long-term patient, Mr. Henry slipped on the outdoor steps leading into his house
 - He bumped his head on the handrail and went to the emergency room

Patient Scenario: One

- The ER doctor said that the bruise on his head was minor and he simply needed to rest
- In the past few days, however, you've noticed some changes that make you concerned that Mr. Henry might be at risk of falling again

Patient Scenario: Two

- Your patient, Mrs. Smith, was recently released from the hospital after shoulder surgery due to a fall
 - You’ve been working with her for one week
 - Despite taking her prescribed meds, she still seems to be in a lot of pain

Patient Scenario: Two

- The other day you heard her ask her daughter to give her some Advil pills
- You’re concerned that she may be at risk of falling again

Communication Skills: How You Can Help Your Patient

- Effective communication skills/strategies can:
 - Help your patient see that falls are preventable
 - Problem-solve with the patient to make changes in the home environment, as needed, to reduce fall risk

Communication Skills: How You Can Help Your Patient

- Help you better understand the patient’s point of view about their risk of falling
- Help your patient to be realistic about his or her health and the risks of falling

Communication Skills: How You Can Help Your Patient

- Help your client to set realistic goals for increasing activity
- Assist and support your client to reach those goals

Communication Skills: Asking Open-Ended Questions

- Open-ended questions are questions that can be used to help reduce a patient’s risk of falling
 - These types of questions lead to longer answers than ‘yes’, ‘no’, or simple facts
 - They usually begin with ‘what’, ‘how’, or ‘why’

Communication Skills: Asking Open-Ended Questions

- You can use open-ended questions to:
 - Help you get the whole story behind a situation
 - Help you find out thoughts and feelings
 - Keep the conversation going

Communication Skills: Asking Open-Ended Questions

- What are some of the stories you've heard about people falling in their homes?
- How can we change things inside your home so that you feel safer moving around?

Communication Skills: Asking Open-Ended Questions

- What are some things you've stopped doing because you're worried about falling?
- What are some things you can do here in your home to increase your activity and help you get stronger?

Communication Skills: Asking Open-Ended Questions

- Why have you stopped going to sit on the porch even though your doctor says you're much better?
- What are some things you'd like to do outside your home?

Managing a Fall: Patient or Staff

- When a patient falls, follow the ADPH policy about when to call 911
 - Calling the supervisor is essential once the patient's situation is stabilized

Managing a Fall: Patient or Staff

- When an aide falls – whether on the job, in route, or at home – there are important guidelines to follow to minimize further injury while getting up
- Any fall that occurs while on the job - or on the way to and from a patient - should be reported to your supervisor

Actions to Take if Patient Falls While You're in the Home

- If your patient slips or falls in your presence:
 - Do NOT attempt to move your patient if the patient is unable to move his/herself
 - Reassure your patient and help him or her to remain calm

Actions to Take if Patient Falls While You're in the Home

- Observe for injuries without moving the patient
- Call 911
- Call your supervisor for any further instructions

Actions to Take if You Find a Patient on the Floor

- If you find your patient after he or she has fallen, or if he or she complains of pain after falling:
 - Do not move your patient
 - Immediately call 911 if your patient is unconscious

Actions to Take if You Find a Patient on the Floor

- If patient is not unconscious, ask what he or she is feeling
- Listen carefully to what he or she is telling you
- Observe the position of the patient's body

Actions to Take if You Find a Patient on the Floor

- Look for signs of bleeding, broken limbs, or breathing problems
- Make him or her comfortable without moving any body parts that hurt

Actions to Take if You Find a Patient on the Floor

- Call 911
 - Let paramedics assess your patient's condition
- Call your supervisor for further instructions

Managing a Fall: Staff

- It is especially important to know how to minimize injury when you yourself fall
- If you've ever had a fall, think about where you were when you fell, how you fell, and how you got up

Managing a Fall: Staff

- If you slip or fall:
 - Try to fall on your buttocks
 - Remain calm
 - Check yourself for signs of bleeding, severe pain, or other injury

Managing a Fall: Staff

- If you are bleeding or having severe pain:
 - Get to a phone, moving yourself as little as possible, and call 911 for help

Managing a Fall: Staff

- If not bleeding or having severe pain:
 - Roll over; turn head in the direction you're rolling
 - If possible, crawl to a strong, stable piece of furniture, like a chair
 - Approach the chair from the front and put both hands on the seat

Managing a Fall: Staff

- Slowly begin to rise
- Bend whichever knee is stronger; keep other knee on the floor
- Slowly twist around and sit in the chair
- If fall happens during work hours, call your supervisor for further instructions

Checklist Summary Recommendations

- REPORT ALL FALLS (even unwitnessed) to a manager or supervisor
 - The patient may report a fall to you but they might be hesitant to tell the nurse or therapist
 - Report any changes in balance or gait that you observe

Checklist Summary Recommendations

- Report any symptoms that could lead to falls
 - i.e., “I can’t see as well as I used to”
- Ask for data related to falls
 - i.e. how many falls occur each month at your subunit

Checklist Summary Recommendations

- Report any environmental problems that could cause falls that the nurse/therapist may not be aware of
- Report patient noncompliance with fall prevention measures

Checklist Summary Recommendations

- Reinforce all fall prevention interventions
 - Ask nurse/therapist if you have questions about these
- Reinforce the need for patient to rise slowly to avoid getting dizzy and falling

Checklist Summary Recommendations

- Know how to assist a patient after a fall
- Report concerns with defective equipment

Checklist Summary Recommendations

- Reinforce the need for patients to wear shoes or slippers with rubber soles and avoid loose fitting shoes/slippers that are open-toed or flip-flop style
- Remind patients to use their walker or cane all the time and correctly