

There is no such thing as fall prevention. But we can reduce falls by doing some simple things:

- Utilize the Life Story beginning with day one
- Do a room assessment (why shouldn't we do a room assessment to ensure things are set up that make sense to the resident?)
- Listen not only with our ears but with our eyes. 93% of our communication is through our body language. **Watch** what our residents are telling us.



- Engage! We move around because we are bored. We need purpose in our lives. Our residents are seeking purpose every day. Give it to them.
- Do learning circles with your residents that are falling. Let them have a voice in the solution.

Why do we use personal body alarms?

To ALERT us if someone has fallen or is about to fall

FEAR of family

FEAR of the surveyor

FEAR of staff

**PERSONAL
ALARMS**

eliminate the alarm by eliminating the need ...

RISK FACTORS:

that contribute to the likelihood of a fall ...

Obvious:

- Uncomfortable seating
- Improper footwear
- Forgetting to ask for assistance
- Forgetting to use a walker or wheelchair
- Medication changes
- Unfamiliar environment
- Too hot or cold
- Boredom

Less Obvious:

- Sleep fragmentation
- Pain
- Lack of Exercise
- Dehydration
- Depression
- Poor nutrition

Are there others? ASK WHY!

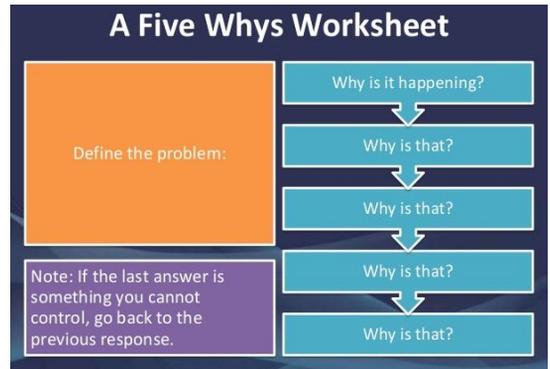


There are several risk factors that contribute to falls. Some are obvious while others are less obvious. It is important to give consideration to ALL.

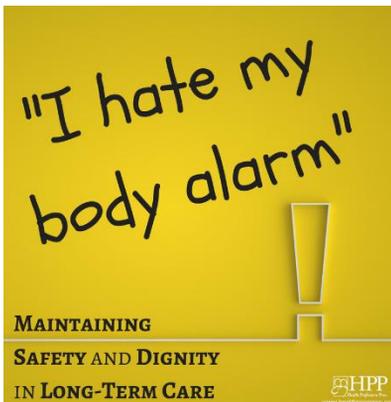
'PRO'ACTIVE vs. 'RE'ACTIVE:

How do you do this? The more you use consistent assignments and the Life Story, the more you get to know your residents.

I remember a time while one of my staff members was living as a resident and her challenge was that she was incontinent of urine while sitting across from the nurse's station. After sitting there for only a minute, her care-partner asked if she could take her back to her room to be freshened up. I said 'no' it hasn't been long enough. That really bothered the CNA because she couldn't stand to see one of her residents experiencing something that compromised her dignity. The CNA said to me, "...but Leslie this isn't who we are anymore. Our residents don't sit around incontinent anymore." She was right. We had become a pro-active environment.



An excerpt from "What Living as a Resident Can Teach Long-Term Care Staff", by Leslie Pedtke



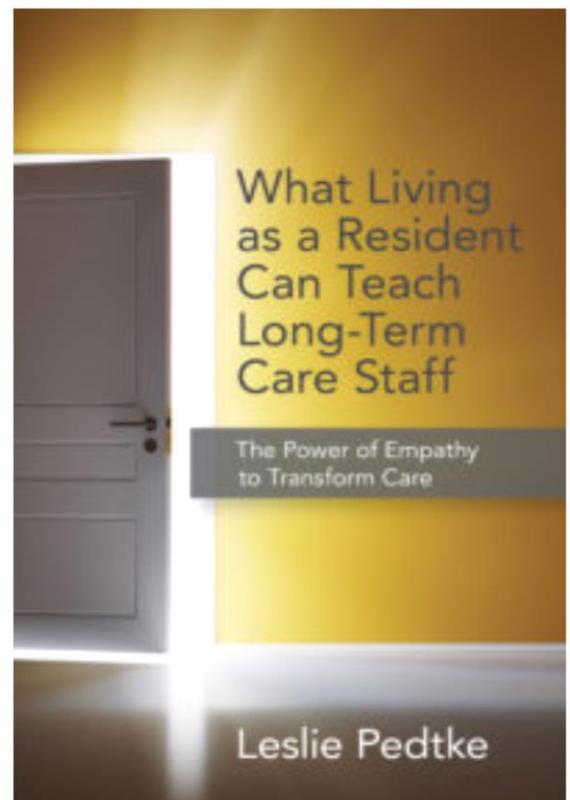
Leslie Pedtke's community had been using personal body alarms with their residents to prevent falls, putting residents' dignity on the backburner in order to ensure their safety. But staff came to discover that the emotional well-being of the residents was just as important as their physical well-being. Leah, a CNA, spent time living as a resident, which included wearing a body alarm. She absolutely hated wearing it. She said, "I can't imagine what it must be like to be wearing this thing if you have dementia. It must scare the crap out of them."

Of course it does! It also inhibits residents from getting a good night's sleep, which puts them at an even greater risk of falls. The staff in Leslie's community found that using body Alarms can actually cause falls, and took steps to eliminate using them entirely. This became a great lesson for the staff in transforming their culture away from being reactive to situations and adopting more proactive approaches.

Eliminating alarms forced staff to communicate with each other as well as with the residents to get at the heart of what was causing falls.

Have you ever been restrained so you could not move without everyone

knowing it? How would that make you feel? We need to involve the person in the decisions that involve their safety. Keep their dignity at the forefront of the conversation.



This book contains journal entries from long term care staff that lived like dependent residents in order to learn to be better care-partners.