

SAFE *and* SECURE:

QUALITY PROMOTION IN RESIDENT CARE

by Debra Wood, R.N.

aging-services professionals long to see residents stay healthy and safe, but wishing is not enough. Staff must be ever-vigilant to ensure that residents do not fall, wander away or develop pressure ulcers. While occasional incidents will occur no matter what steps caregivers take, many facilities, across the continuum of care, have implemented programs to not only lower their risk, but to improve quality at every step.

The Institute of Medicine's report, *To Err Is Human: Building a Safer Health System*, called attention to issues of resident and patient safety about five years ago. Since that time, the health care field, including long-term care, has beefed up communication systems, formed committees to identify and address safety issues, and implemented plans to reduce the risk of falls, medication errors and other hazards people face when living in institutional environments.



Independent Living Fall Prevention

Falls present a serious danger to older adults. Campbell-Stone North Apartments-Sandy Springs, in Atlanta, Ga., has a fall-prevention program that focuses on promoting physical activity to help residents retain optimal health. Studies show that regular exercise strengthens muscles, improves balance and decreases the risk of falls.

Residents walk three mornings a week, year-round, with Alison Cuba, Campbell-Stone's director of social services and admissions. The 197-unit independent and assisted-living facility also provides a chair-exercise program, led by a resident. The class uses resistance bands for strength training.

In the past, Campbell-Stone has tried Tai Chi and weight training, but the HUD facility found the two programs presented by outside experts cost-prohibitive for the long-term. Neither residents nor the facility could afford to pay the cost, and Campbell-Stone felt the walking and chair-exercise programs were just as effective and better accepted.

Exercising not only decreases the risk of falls, it can help avoid injuries. Cuba describes how one 100-year-old resident, pushed down by an electronic door at a discount store, brushed herself off and got right back up, unhurt.

If someone does sustain injuries or suffers a medical setback that limits mobility, Campbell-Stone has a plan to help them bounce back. The facility entered into an agreement with a home-health agency to follow residents after discharge from the hospital, and an outpatient rehabilitation company to establish an onsite satellite center.

The home-health agency assesses residents and the apartment for safety and provides physical therapy, with a physician's order, for as long as

possible under Medicare part A. It then refers patients to the outpatient center for continued rehabilitation under Medicare part B. The two outside vendors coordinate all physician orders and billing. The services cost Campbell-Stone nothing.

Residents feel comfortable walking into the rehabilitation provider with concerns about ambulation or other difficulties, to see if their insurance benefits will cover therapy, if ordered by their doctor.

"We're getting a lot of positive feedback from our residents with this program," Cuba says.

adjust to the concept and allows more people to participate in the program. The facility also offers daily group exercise classes.

As at most skilled facilities, nurses at Carleton-Willard complete a fall risk assessment on admission, quarterly and whenever a change occurs in a resident's condition. The facility uses a bed or chair alarm if a resident is deemed a risk. The alarms monitor motion, produce an audible sound when movement is detected, and send an alert through the call system.

Karen Kahale, R.N., assistant director of nursing at Carleton-

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Limiting Falls in Continuing Care

All types of aging services providers deal with the threat of resident or client falls. As with Campbell-Stone, Carleton-Willard Village, a continuing care community in Bedford, Mass., has developed an active fitness program to bolster physical strength and agility.

The continuing care community requires a physician's approval for residents to begin working out on the exercise equipment with staff supervision. New residents start slowly at two times weekly, which helps them

Willard, attributes a switch to primary nursing with decreasing falls and other potential problems. Nurses and nursing assistants remain assigned to the same residents, getting to know their conditions and habits.

"Ninety percent of the time we can anticipate resident needs and intervene appropriately," Kahale says. "Primary nursing is very important for every aspect of care, and it creates a sense of security for the resident."

Masonicare's Masonic Healthcare Center, Wallingford, Conn., keeps an outline of each resident's plan of care

taped to the inside of his or her closet. If a new or different caregiver attends to the resident, he or she can promptly refer to the plan to determine if the resident requires a lift or the assistance of two people to stand or transfer.

Creation of a new certified nursing assistant/activity position, to increase supervision during peak periods, has reduced falls at Carleton-Willard. An aide runs an activity with high-risk patients during shift changes or when aides are helping residents back in bed. The facility has not experienced any resident falls at these times since instituting the program.

Carleton-Willard also has invested in lift equipment to help residents stand and transfer. A physical therapist screens patients and recommends the most appropriate lift to use. Residents hold on to the stand lifts while being assisted and it causes little anxiety. If the resident needs a mechanical lift, staff provides education and reassurance about the device, how it works and its safe use.

Betty Z. Bogue, R.N., BSN, founder of Prevent Inc., a consulting firm specializing in lift technologies, has noted a 47 percent reduction in patient falls in facilities implementing no-manual lift programs.

"The number-one reason residents fall is [that] they attempt to go to the toilet, but there is no one there to help," Bogue says. She adds that the sit-to-stand lift allows one person to assist a resident.

Masonic Healthcare Center established a toileting program that has resulted in a decrease of falls. Nursing staff studies the residents' patterns of behavior and anticipates their needs. For example, if a resident regularly attempts to get up on his or her own at 2:00 p.m. to use the bathroom, the aide will intercede and

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take him or her perhaps at 1:30 p.m., before the need arises.

When Falls Occur

Despite the best intentions, falls occur. When that happens, Carleton-Willard aggressively investigates to determine the cause, such as a medication change or an infection. An interdisciplinary resident safety committee meets weekly and reviews recent incidents. A subcommittee with nursing assistants from all shifts gives suggestions to the full committee. Because behavior often differs from shift to shift, staff working nights may bring a different perspective to the situation.

At Masonic Healthcare Center, nurses conduct a two-page falls analysis report after each incident. The information includes the last time a nurse or aide saw the resident, when that person was last assisted to the bathroom or received other care, as

well as whether an audible motion-detection alarm was in place and if it was working. The nurse must complete a physical assessment and determine if additional interventions are warranted.

"We look at the mechanism of the fall and work backwards," says Jan Costello, R.N., MSN, vice president of patient care for the Masonic Healthcare Center.

Every Monday morning, a multidisciplinary team discusses all falls from the previous week to review interventions implemented and whether additional actions are warranted. Team members do not regularly care for the residents being discussed.

"They take an objective look," Costello says. "The nurse manager doesn't always see the forest for the trees."

Some residents may need a lower bed, an anti-tipping wheelchair or a chair with a self-locking mechanism.

Some residents have difficulty remembering to place the locks before standing. Masonic Healthcare Center also may occasionally use a bucket-style chair that limits residents' ability to get up. Lamb's wool covers the soft, comfortable chair, which was originally designed to safely manage people with Huntington's disease.

Any resident resting in a chair is placed where nursing staff can see him or her and respond to the resident's needs. They also are given a call bell. All residents are repositioned at least every two hours if not more frequently.

Carleton-Willard also takes steps to prevent injuries in residents subject to falls. For instance, it may ask them to wear hip padding. Or if the resident

has a habit of climbing out of bed, nursing may place nonskid mats at the bedside to cushion any fall.

The skilled nursing facility at Broomall Presbyterian Village, a continuing care community in Broomall, Pa., upgraded the night-lights in resident rooms for better illumination of paths to the restroom. In addition, it has dramatically reduced the use of hypnotic drugs. It also uses protective mats and hip pads (though many women resist wearing anything that makes their hips appear larger).

Elopement

As with falls, elopement can result in serious consequences, injuries or even death. Carleton-Willard, Broomall and

Masonic Healthcare Center use electronic wander-protection systems, which alert staff if a resident opens a door or attempts to enter an elevator.

Nurses assess residents' cognitive ability and mobility upon admission, and obtain an order to apply a bracelet for those at risk of walking off. As a second check, it also uses minimum data set scores to determine risk.

"It has eliminated elopements," says Linda Russell, R.N., director of nursing at Broomall. "A few family members were unhappy about it, but we helped them understand why it was necessary."

Wandering also presents problems for assisted-living facilities. Masonicare's Pond Ridge at Ashlar Village carefully assesses residents before admission and discusses with family members that residents at risk for elopement will need to transfer to a higher level of care. While waiting for a bed to come available, the facility makes a team effort to keep the resident safe, and the family may need to hire a private aide or stay with the resident. Ultimately, the facility is responsible and may have to place additional staff with the resident and bill the family, but most families cooperate, because they want to keep their loved one safe.

"We communicate on a regular basis to the families that if a resident progresses to the point of eloping, they would be at risk if they remain in our facility," says Samantha DeMello, director at Pond Ridge.

Other Health Issues

As assisted-living residents age and become frailer, making sure residents receive the appropriate level of care can present risks. Peg Soufer, a supervisor at Pond Ridge, says it is often easier at Masonicare, because it is a continu-



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ing care community. Freestanding centers may have a more difficult time transferring residents.

“When we admit people, they buy into the continuum,” Soufer explains. “Even so, it is often difficult for them to see the need for a higher level of care. They have the right to hire outside help to supplement their needs.”

Residents can hire home-health outside staff to stay in assisted living as long as it keeps them safe, chronic and stable. But it would be considered unsafe if the aides routinely do not show up or if the resident needs the help of two people to transfer and only one is hired.

Soufer discusses the issue with the resident and family if Pond Ridge professionals no longer feel the resident can safely stay in assisted living. Many residents will agree to a more appropriate level of care, only to resist when a bed becomes available. If that happens, Pond Ridge professionals begin communicating with and counseling the resident and family, explaining the situation and the safety consequences of not transferring.

“If you don’t already have good communication with the family and trust, you will have a tougher battle,” DeMello says.

Continuing care communities share information about patient status and medications whenever a transfer to another level of care occurs. Verbal communication and written documentation help ease the transition and decrease the chance of medication and other errors.

To decrease the risk of pressure sore development, Broomall has switched to pressure-reduction mattresses. Nurses perform a skin-breakdown risk assessment on admission and every quarter. A multidisciplinary team

conducts resident rounds weekly to discuss skin-care issues.

At the first sign of redness, Broomall institutes a skin action plan. Nurses may use pressure-reduction equipment. The dietician reviews the resident’s nutritional status, and a therapist evaluates positioning and the need for pillows or special cushions while the resident is in a wheelchair and bed.

The federal Centers for Disease Control and Prevention and HHS have both stepped up emphasis on the need to expand vaccination of frail older adults to reduce the risks of influenza and pneumococcal disease. The providers interviewed for this article already have flu-vaccination programs in place, and offer the immunizations free to all staff on all shifts. Masonicare also provides free flu shots to volunteers.

Broomall has added wall-mounted, alcohol-based hand sanitizing dispensers in utility and soiled-linen rooms throughout the facility. They also attached dispensers to every medication cart. The convenience increases staff compliance with handwashing.

Medication errors remain a prime concern for skilled-nursing facilities. Broomall has taken an educational approach to errors, evaluating the root cause of mistakes and whether a system problem exists. A pharmacy consultant reviews charts and checks dosages and duplication therapies. The facility has also instituted a name alert for residents who have similar names to other people on the unit.

“One problem I have found is that new nurses are not trained how to do order transcription,” Russell says. “We instituted a transcription test for new hires to identify areas [in which] they need more education.”

From fall prevention to eliminating medication mistakes, providers are implementing plans and establishing committees to watch for hazards and to empower employees to take action to make residents safer.

The risk management council at Masonicare includes representatives from every level of care and affiliated entity, such as its home-health care agency. Together the team identifies trends and exposures of significance. Holly Stepensky, director of risk management for Masonicare, emphasizes the value of communication across all levels of care and education about risk-prevention techniques.

The company has conducted mock trials to demonstrate to staff how a careless mistake can endanger an entire facility. Safety becomes everyone’s responsibility. If employees notice a problem, they are encouraged to speak up.

“Our risk management program won’t work without them,” Stepensky says. “They identify risk exposures, and if they didn’t, we wouldn’t have a risk management program.” ◀

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Resources

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Carleton-Willard Village, Bedford, Mass.
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Institute of Medicine, Washington, D.C.
www.iom.edu.

Prevent, Inc., Hickory, N.C.
www.getalift.com.