

MDS Alert

Care Planning: Address Falls (J4) As A Safety And Quality-Of-Life Issue

Solve 2 problems at once.

If you see falls coded in Section J4, you know the facility has a balancing act on its hand to keep a resident out of harm's way without sacrificing the quality of her life. But the right strategies can accomplish both goals in a "win win" fashion.

Start by devising a care plan to prevent or minimize falls and fall-related injuries. Interventions might include the following, suggests **Rena Shephard, RN, RAC-C, MHA, FACDONA**, president of **RRS Healthcare Consulting** in San Diego.

- Strengthening the person with exercises. Encourage the person to do weight-bearing to strengthen the long bones and possibly take medication to improve bone health.
- Offering to take the resident for a walk when he tries to get out of the chair. "Or take him for a walk every hour and see if that affects how often he tries to get up on his own," suggests Shephard.

Free resource: For a case study on how one facility implemented a strength training exercise program that reduces falls, pain and depression, see the December 2006 Long-Term Care Survey Alert or e-mail the editor at EditorMON@aol.com for a free copy of the story.

Stop the Buzzing

Some facilities use alarms to help prevent residents from getting up without help. But one nursing home in a **Centers for Medicare & Medicaid Services**-sponsored culture change pilot found it could eliminate use of bed and alarm chairs by individualizing care, relays **Barbara Frank**, with **B&F Consulting** in Warren, RI, and a presenter in a recent CMS Webcast on culture change in nursing homes.

Instead of using alarms, the staff followed residents' customary routines. And staff paid attention to residents' moods and behaviors as cues for meeting their needs for food, comfort or going to the toilet, Frank tells **Eli**.

That was a smart move, because the unit with the highest number of falls was also the unit with the highest number of alarms. And the alarms were actually agitating residents, reports Frank. Some of the residents were striking out at residents whose alarms were going off, she says. Other residents would sit "still and stiff" to avoid triggering the alarms.

Once the home eliminated alarms, its fall rate declined -- and so did residents' need for antianxiety meds, relays Frank. "Residents' moods and clinical status also improved," she adds.