Outline

How to Prevent Falls Before They Occur

Who is likely to fall? Which risk factors can we modify? Precipitating causes - what to watch for Institutional barriers - avoiding 1:1s Important implications of co-morbidities The benefits of vitamin D

Fall Risk Assessment

Current guidelines Who should we screen? Multi-factorial causes of falls Recommended fall risk assessments

Fall Prevention Strategies

What works and what does not Addressing alarm fatigue Avoiding 1:1s Effective evidence-based interventions Education & assistive devices

Putting Together a Successful Fall Prevention Program

Patient specific interventions Developing a multidisciplinary program: Roles & responsibilities Fall rounds

Patient Evaluation

History

Physical exam

Evaluation tools (POMA tool, Get up and go test, Functional reach test, Berg balance test, Short physical performance battery)

Diagnostic tests

Review of Gait Disorders (video)

What to do When a Patient Falls: **Hands-On Evaluation**

Assess need for immediate medical care Evaluate for acute illness/preceding factors Communication with caregivers Common injuries Goals of care

Difficult Situations

Frequent fallers - when injury prevention is your goal! Anticoagulation risks Prolonged time on floor What to do when fractures occur Head trauma management

Preventing Risk and Limiting Liability

Home safety evaluations Communication and documentation Quality improvement opportunities High-risk scenarios: Case studies Addressing family concerns with falls Managing poor outcomes

Fall Prevention Plan Development

Apply what we have learned Solutions for your biggest challenges!



- 1. Evaluate precipitating causes for falls so that preventative measures can be in place.
- 2. Formulate a comprehensive evaluation for high fall risk patients.
- 3. Analyze medications that are known to contribute in various ways to fall risks.
- 4. Assess the risk for adverse patient outcome and need for urgent intervention.
- 5. Determine the tools necessary for a multidisciplinary fall prevention program.
- 6. Select patient-specific fall prevention interventions for a successful fall prevention plan.
- 7. Evaluate the impact of common gait disorders on fall risk.

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FALL PREVENTION

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- Which fall prevention interventions are effective - and which are not?
- Tips to effectively manage your high risk & challenging patients
- The must-have tools for an effective multidisciplinary fall prevention program
- Identify risk: The latest guidelines for fall risk assessments
- New technology available to prevent falls and limit injury
- Comprehensive patient evaluations following a fall



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alls frequently result in significant adverse effects not only to patients but also to families and institutions. The far-reaching effects of falls make fall prevention an important topic for all healthcare providers. Falls are associated



with increased morbidity and mortality and are frequently a source of litigation and insurance claim denial. The impact of falls is extensive from psychologically to financially. The complex multifactorial causes of falls, such as cognitive disorders, gait impairment and environmental factors, make fall prevention a challenge; however, there are evidence-based interventions available to mitigate the risks for even the most challenging situations.

Healthcare professionals are increasingly aware of the importance of fall data, adverse effects from falls and limited staffing resources to provide 1:1 supervision to prevent falls. This seminar will provide realistic, efficient, and effective solutions to address falls. Learn best practice guidelines, evidenced-based interventions and prevention strategies, as well as how to apply this knowledge to your practice setting. This seminar will provide a hands-on, logical step-by-step approach to develop effective fall prevention plans to reduce falls, prevent injuries and limit liability. Join me for this comprehensive and dynamic seminar to explore your challenges and develop solutions for your struggles with falls.



____ Speaker

M. Catherine Wollman, MSN, RN, GNP-BC,

has been a gerontological nurse practitioner for over 25 years, caring for older adults in acute care, long-term care and home care. Catherine has served as the Director of Senior Health for a large hospital system offering a full spectrum of services, including prevention, acute care, and rehabilitation. In this capacity, she managed outpatient services for seniors and cared for 100 high-risk older adults. As a faculty member at the University of Pennsylvania, she worked with a nationally-recognized transitional care program for high-risk older adults. Currently, she teaches clinical GNP students in PA. Throughout the variety of settings in which Catherine has worked, fall prevention has been an area of interest and opportunity.

Speaker Disclosure:

Financial: M. Catherine Wollman is a visiting professor with Chamberlain College of Nursing. She receives a speaking

Non-financial: M. Catherine Wollman is a member of the Gerontological Advanced Practice Nurses Association.

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TOP 10 Geriatric Syndromes - Clinical Management Strategies

By Lisa Byrd, Ph.D., FNP-BC, GNP-BC, Gerontologist

This book will present many of the expected changes caused by normal aging and the Top Ten Geriatric Syndromes elders experience. These syndromes are a cascade of problems in an elder's health and revolve around vision and hearing problems, elimination issues, dizziness, falls, and cognitive impairment, including delirium as well as dementia (such as Alzheimer's disease). This easy to utilize, handbook format of treatment strategies will assist healthcare providers to better identify as well as diagnose when body changes signal disease in older adults. (2011)



Simulation Lab Scenarios to Prevent a Real Patient Crisis

By Robin Gilbert, MSN, RN, CEN, CPEN

These simulation videos will allow you to think through the best action to take for the patient and review the rationale that follows. Learning through simulation scenarios provides immediate patient feedback, in a safe environment, which collectively builds confidence and provides an excellent bridge to real-life patient care situations.

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