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.



Seminar on DVD or CD Package:

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Wednesday December 12, 2018 December 13, 2018 December 14, 2018

Monroeville, PA Thursday

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FALL PREVENTION

Real Solutions to Reduce Falls, **Prevent Injuries and Limit Liability**

- 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
- New technology available to

for fall risk assessments

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

Tina Baxter, APRN, GNP-BC, is an advanced

practice registered nurse and a board certified gerontological nurse practitioner. She is employed at American Health Network as a nurse practitioner where she serves six different skilled care and assisted living facilities. Additionally, Tina is the owner of Baxter Professional Services, LLC, a consulting firm which provides legal nurse consulting services, wellness and chronic disease management coaching, and customized educational resources to healthcare organizations.

Tina earned a Master of Nursing in Nursing Education and a post-master's as a Gerontological Nurse Practitioner. She has taught on both the nursing undergraduate and graduate levels and continues to mentor nurse practitioner students during their clinical rotations. Her expertise has been sought on the national level to educate experienced professionals on a variety of topics, including fall prevention, challenging patient behaviors, and addiction.

Speaker Disclosure Financial: Tina M. Baxter receives a speaking honorarium from PESI, Inc.

Non-financial: Tina M. Baxter has no relevant non-financial relationships to disclose



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TOP 10 Geriatric Syndromes - Clinical Management Strategies

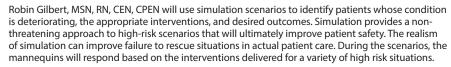
By Lisa Byrd, Ph.D., FNP-BC, GNP-BC, Gerontologist

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)

Lab Scenarios

Simulation Lab Scenarios to Prevent a Real Patient Crisis

By Robin Gilbert, MSN, RN, CEN, CPEN



- Pulmonary Embolism
- Sepsis
- Respiratory Crisis
- Acute Change in LOC

Viewing this simulation will allow you to think through the action you might plan to take for the patient and further reflect on her best practice recommendations and rationale that follow. Virtual simulation is self-paced to allow for personal assessment of strengths and weaknesses. Learning through simulation scenarios provides immediate feedback, in a safe environment, which builds confidence and provides an excellent bridge to real-life patient care situations.

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Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.

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THERAPIST ASSISTANTS: This course has been submitted to the Pennsylvania State Board of Physical Therapy. Approval pending.

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7:30 Registration/Morning Coffee & Tea

8:00 Program begins

11:50-1:00 Lunch (on your own)

4:00 Program ends

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