



High-risk patients begin physical therapy day one at Holyoke VNA

Day one physical therapy awaits Holyoke high-risk patients

In 2002, the Holyoke (Massachusetts) Visiting Nurse Association Inc. put together a falls prevention committee made up of a nurse and two physical therapists, according to Director of Community Resource Development Jean E. Zaleski.

The interdisciplinary committee, which was charged with figuring out how to prevent falls, developed a good falls risk assessment tool for use upon admission. It was incorporated into the comprehensive assessment in the electronic health record. Then the committee educated the staff about the new tool.

In addition, a section about falls was included in the admission booklet so staff members could go over it with new patients. To further reinforce the message, laminated best practice cards for fall protocols were developed for clinicians to take with them on their visits.

The falls prevention program was in place, but the agency didn't stop there.

"It's not something you can let go on its own," said Zaleski, who recently earned a Doctor of Physical Therapy. "We really need to keep on top of things."

A couple of years ago, the falls program underwent two major changes. First of all, the intake department began working with hospitals and nursing facilities to identify high-risk patients before they were admitted as home health patients. The patients are high risk because they have recently had a fall, and they may have injured themselves or have been hospitalized as a result.

Second of all, high priority patients begin physical therapy the same day they are admitted. To arrange this, the nurse and the physical therapist must coordinate their schedules so the nurse gets in to admit the patient first. Often, the physical therapist will arrive at the end of the visit, just in time for the nurse to sum things up.

Patients like the way these visits overlap, said Zaleski, because they don't have to repeat for the physical therapist what they just told the nurse.

Same-day physical therapy also occurs on the weekend, she said.

"If they are discharged from the hospital on Friday, we will admit them on Saturday and begin therapy."

The program continues to evolve. The agency recently put together a team to bring back best practices from the Home Safe Home seminar sponsored by the Home Care Alliance of Massachusetts Inc.

The agency has already decided to implement the alliance's medication management initiative, and Zaleski is also looking at the possibility of monthly meetings, clinician champions and a falls checklist for patients to put on the refrigerator.

"There is still lots to do," she said.



Falls Prevention Protocol

1. On **admission**:
 - a. Give the Safety Information sheet and review it with the patient.
 - b. Complete needed assessments, including the falls risk assessment.
2. If the assessment indicates the patient is **not at risk for falls**, care will proceed as needed.
3. If the assessment indicates the patient is **at risk**:
 - a. Address urgent safety needs on this visit.
 - b. Give the Fall Prevention handout and teach at this or the next visit.
 - c. Place safety/falls risk concerns on the plan of care with specific interventions.
 - d. Record interventions and teaching and document patient response. If the patient or caregiver is unwilling or unable to change environment or behavior, document alternate plan.
 - e. Connect with a caregiver or family member for teaching.
 - f. Consider adding a discipline.
 - g. Consider offering information about Lifeline.



4. If the patient falls:

- a. Assess the patient for injury and for underlying cause.
- b. Assess the environment.
- c. Call the Office and come up with plan if appropriate.
- d. Call MD with report and request orders if needed.
- e. Institute Falls Risk Protocol if not already in place. If Protocol is in place, continue to teach, emphasizing teaching to reason for fall.
- f. Complete incident report.



Medication Safety and Fall Prevention Tips

Medication Safety

You should know:

- How to have your medications refilled;
- How to check for the expiration date;
- What you should do if you miss a dose;
- How to dispose of any unused or expired medications; and
- Where to keep your medications.

You should know the following about each of your medications:

- Name;
- Color;
- Dosage (how much);
- How often you are to take it;
- Why you take it;
- Side effects; and
- Interactions with foods or other medications.

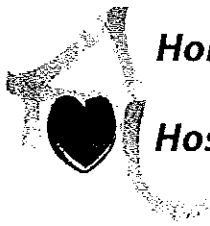
Remember to:

- Read medication label carefully to make sure the name and strength of the medication is the same that the doctor ordered;
- Keep a record of any allergies or reactions you have had to medication;
- Write down any problems you have with a medication and let your doctor and nurse know;
- Take all your medications unless instructed by your doctor to stop them;
- Have your medications refilled before you take the last dose;
- Tell your doctor about:
 - Any over the counter medications you may be taking including vitamins and herbal supplements;
 - Any changes another doctor has made to your medication program; and
- Keep all medications out of reach of children.

Do Not:

- Give your medication to anyone else; and
- Stop, increase or decrease any medicine without talking with your doctor.

Keep a record of the times and amounts of each medicine you are to take. If it is hard to remember when to take your medications, use a system to help you.



Holyoke VNA

Hospice Life Care

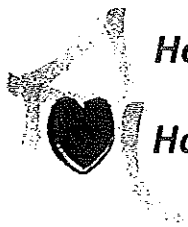
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For example:

- Write the time, name and dosage on a calendar; cross the medicine out after you take each dose;
- Use a medication reminder tray; or
- Put the medicines in a cup or envelope for each day and time.

Disposal of Prescription Drugs

- Take unused, unneeded, or expired prescription drugs out of their original containers;
- Mix the prescription drugs with an undesirable substance, like used coffee grounds or kitty litter, and put them in impermeable, non-descript containers, such as empty cans or sealable bags, further ensuring that the drugs are not diverted or accidentally ingested by children or pets;
- Throw these containers in the trash;
- Flush prescription drugs down the toilet only if the accompanying patient information specifically instructs it is safe to do so; and
- Return unused, unneeded or expired prescription drugs to pharmaceutical take-back locations that allow the public to bring unused drugs to a central location for safe disposal.



Fall Prevention

General guidelines:

- Make sure you have bright lighting, with easy to reach switches;
- Have a phone nearby and easy to reach. Consider a portable phone;
- If you live alone, consider having a daily contact or phone call. Consider Lifeline services;
- Exercise and maintain an active lifestyle;
- Never change or skip medications without talking to your doctor. Some medications may increase the risk of falling. Talk to your doctor or nurse about medications that may effect your coordination or balance;
- Get regular vision and hearing exams; and
- Limit alcohol intake.

When you sit or stand:

- Make sure your bed or chairs do not roll or slide;
- You may need to add a cushion on your chair or sofa to raise the height. Sit on the edge of the bed a few moments before standing, especially if you get dizzy;
- Move slowly from sitting to standing and walking; and
- Avoid quick movements when changing positions.

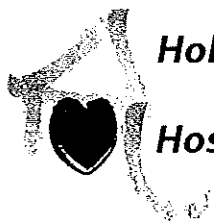
When you are walking:

- Wear supportive, non-slip, low heeled shoes. Do not walk in socks only;
- Use your cane or your walker if you have one. Make sure you keep it with you at all times;
- Do not walk around holding on to furniture;
- Attach a bag or basket to your walker to carry a phone and other light items; and
- Avoid walking on wet or icy sidewalks alone.

In your home:

Stairways, hallways and pathways:

- Should be well lit and be free of clutter;
- Throw rugs should be removed if possible;
- Carpets or rugs should have skid-proof backs or be tacked down;
- Stairwells should be well lit, with switches at the top and bottom. They should have tightly fastened handrails the entire length of the stairway and along both sides; and
- Be aware of differences in floor levels and thresholds. Mark the change in flooring with bright colored or reflective tape.



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Bathrooms:

- Should have a nightlight;
- You may need equipment like grab bars, a raised toilet seat or tub seat;
- Should have nonskid mats, abrasive strips, or carpet on all surfaces that may get wet; and
- Should have a rubber mat or abrasive strips in the shower or tub.

Bedrooms:

- Keep a flashlight with fresh batteries beside the bed;
- Nightlights and switches should be within reach of the bed; and
- The telephone should be within easy reach of the bed.

Work areas:

- Reorganize work areas to minimize stooping or reaching; and
- Do not use a stepstool or climb on anything to reach an object.

Living areas:

- Furniture, especially coffee tables, should be out of the way. Remove all items you could trip over from walking areas. Be aware of animals underfoot;
- Electrical cords, wires, and oxygen tubing should be placed away from walking paths;
- Rugs should be fastened down securely; and
- Couches and chairs should be a proper height to get into and out of easily. Make sure chairs will not roll or slide. Back up until you feel the chair or couch at the back of your legs before you sit down.