

FALL-PREVENTION USING PERSON-CENTERED DEMENTIA ENGAGEMENT

Mercy Nursing Facility at OLV is part of Catholic Health in Buffalo, NY. Formed in 1998 under four religious sponsors, Catholic Health is a non-profit healthcare system that provides care to Western New Yorkers across a network of hospitals, primary care centers, imaging centers, and several other community ministries.

Mercy offers skilled nursing care. The 84-bed facility is the only nursing home in New York State to receive the Providigm Embracing Quality Award in 2015. It is also a previous CMS five-star-rated facility.

CHALLENGE/STATISTICS:

- According to the CDC, senior care residents fall frequently. About 1,800 older adults living in senior care die each year from fall-related injuries and those who survive frequently sustain injuries that result in permanent disabilities and reduced quality of life.
- About 40% of residents over 65 fall every year
- Senior care residents account for about 20% of deaths from falls for adults 65 and older.
- Each year, a typical community reports 100 to 200 falls. Many falls go unreported.
- Residents often fall more than once. The average is 2.6 falls per person per year.
- About 35% of fall injuries occur among residents who cannot walk
- Falls are responsible for 1 in 3 deaths due to injury.
- About 10 to 20% of falls cause serious injuries; 2 to 6% cause fractures.
- Falls result in disability, functional decline and reduced quality of life. Fear of falling can cause further loss of function, depression, feelings of helplessness, and social isolation.
- Mild Cognitive Impairment (MCI) and Dementia are independent risk factors in falls in senior care. Residents with dementia are 4 times more likely to fall, leaving them with a higher overall risk of sustaining injurious falls over time. Senior care residents with dementia should be considered important candidates for fall-prevention strategies.
- Unsafe wandering and elopement are the biggest causes of falls in residents with dementia.
- Residents with dementia are more apt to fall when they are not engaged in an activity, are unattended or when they wander. Risk reduction strategies focus on ways to provide engaging activities for residents and increase interaction.

CLIENT

Mercy Nursing Facility
at OLV, a Catholic Health
System Nursing Home
www.chsbuffalo.org
Industry: Senior Care
State: New York



STAFF HIGHLIGHT

**Rachel Hughes, Director
of Life Enhancement, LPN,
CNA, Activities Aide. On
the job for 14 years**

“My personal goal is to keep our number of falls to a minimum by providing the best dementia engagement to our residents. We can’t eliminate falls completely but we can focus on reduction and make sure it’s only happening sporadically.”

STUDY

BACKGROUND

Rachel Hughes is the Director of Life Enhancement at Mercy. Part of her responsibility is to track falls of residents within her community. She looks at trends of such events to understand the reasons why residents fall.

PROBLEM

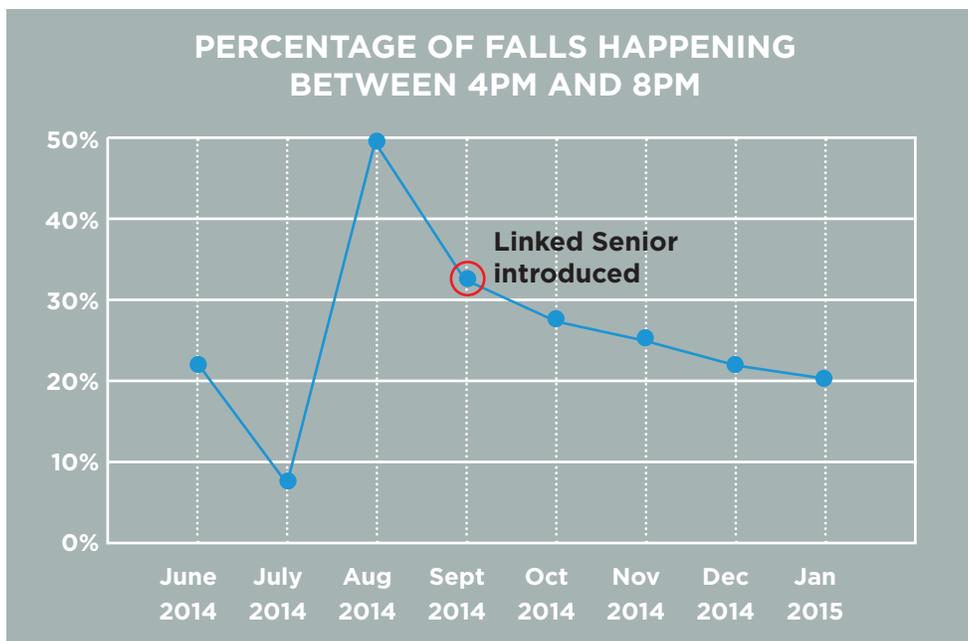
During the summer of 2014, Rachel saw the number of falls go from 1 in July to 7 in August between the hours of 4 PM and 8 PM. This was an increase of 42% for those hours, when residents are sundowning, restless, wandering and exhibiting aggressive behaviors. It is also when there is little engagement outside of dinner. More than half of residents who fell had a primary or secondary diagnosis of dementia with behaviors and were on psychoactive medication. In addition, Rachel knew that more cognitively impaired people that were much further down the path of dementia were being admitted. If nothing was done, not only would the number of falls increase but the rate of hospitalizations might increase.

SOLUTION

Rachel and her team decided to implement specific dementia engagement programming during the high risk hours. To be successful, the programs needed smaller groups, person centered content and would require a lot of research and preparation. Linked Senior was used as the cornerstone of this initiative: By empowering staff to initiate high-quality programming, the service provides person centered tools with little to no research and preparation required. Because Mercy was already a subscriber to Linked Senior, without adding any costs, the program focused on the neediest residents with the help of any staff or family member when the resident needed it the most.

RESULTS

The number of falls has reduced and is being maintained at these lower levels while providing person centered care to a much more acute population. Mercy saw huge improvement in attention, reduction of targeted behaviors and great success in the programs, to the point that Linked Senior is used more than 50% of the time for programs such as reminiscing, music therapy, sensory activities and conversational groups.



“Our families love the fact that we have this program in place. They love Linked Senior. People come back to these groups and stay until 8:00 at night.”

—Rachel Hughes