

## New Assessment Tool Aims to Reduce Falls

By Sonja Reschke, RN, CHPN, Agrace Clinical Nurse Educator

*Melvin, 89, has advanced dementia and lives in a dementia-care center, where he also receives hospice support. He has become weaker in the past month and cannot ambulate anymore, but he does propel himself in his wheelchair. He has fallen twice in the span of three days while trying to stand up from his wheelchair. He has a chair alarm, is on a toileting schedule and the staff check on him hourly. Can anything else be done to prevent Melvin from falling again?*

As a caregiver, you know the effects of a fall can be devastating to the health of a frail or elderly resident. To help promote the safety of residents like Melvin, Agrace has a comprehensive fall-prevention program. It's part of a five-pronged quality-improvement effort that also includes measuring pain management for new admissions, patient and family experience, medication management/safety and emergency room visit prevention.

Our fall prevention program begins with systematically identifying fall-risk factors. In 2013, we started using a new, validated risk-assessment tool, the MAHC-10, which looks at 10 main risk areas:

- Age 65+
- Diagnoses (3 or more)
- Prior history of falls (past 3 months)
- Incontinence
- Visual impairment
- Impaired functional mobility
- Environmental hazards
- Polypharmacy (4 or more prescriptions)
- Pain affecting function
- Cognitive impairment

**How can this tool help?** The Agrace RN uses this tool upon a resident's admission to Agrace, every 15 days as part of a comprehensive assessment and with changes in condition. **When four or more risk areas are present, the resident is at high risk for falling.**

For residents with fall risk factors, the Agrace RN collaborates with the resident, their family and your staff to identify prevention strategies specific to the resident's risk factors. Strategies might include a referral to a physical therapist, increased support from an Agrace CNA or assistance with resources from an Agrace social worker.

The identified strategies are written on the resident's plan of care so their whole care team is aware of the interventions to perform. The Agrace care group reviews the plan of care every week for residents who have had falls or are at high risk for falling. This allows the team to respond quickly and adjust the interventions when patients are having periods of functional decline.

*The Agrace RN reviewed Melvin's fall-risk assessment with the staff of his dementia-care center and Melvin's daughter. They realized that Melvin had a history of arthritis in his hips and knees and wondered whether he was having more pain since he stopped ambulating. They received an order for scheduled Tylenol for Melvin, and after the medication was started, the staff noticed that Melvin was not as restless in his wheelchair. Consulting with one another to prevent another fall was a valuable way Melvin's two caregiving teams worked collaboratively to improve his quality of life.*

## Honoring Residents' Wishes for Acute Care

The continuity of a resident's care is often disrupted when they make an emergency room (ER) visit. Based on feedback from our patients and their families, Agrace is striving to reduce the incidence of *avoidable* ER visits for patients who have chosen in their plan of care to minimize use of the ER, when possible.

Our goal is not to change the way care is provided in your organization, but rather to do a better job of learning and documenting patients' and families' expectations about ER visits so the care they receive in urgent situations meets their expectations.

Open communication between Agrace and your staff can help both organizations honor your residents' and their families' wishes. **Whenever a resident receiving Agrace's care experiences an acute event, we ask that you notify us** so we can collaborate with you, the resident and their family. We will work with you to explore the full range of options for clinical care.

Although not all emergency room visits can be prevented, decreasing the number of avoidable visits is an opportunity to improve the experience of residents and their families. Thank you for partnering with us to provide your residents the best care possible.

## 2014 Professional Learning Opportunities

Recently, Agrace delivered our catalog of available professional education topics to you.

A current list is also available online at [agrace.org/educationalopportunities](http://agrace.org/educationalopportunities). Please contact your Agrace outreach liaison to arrange a presentation about any topic that interests you and your staff.

## Daytime Call Triage Aims to Improve Responsiveness

Agrace has begun to use a new daytime call-flow triage process that we believe will improve our responsiveness to your calls.

With our new process, you will still call the main Agrace number; however, from 7:30 a.m. to 5 p.m., instead of leaving a message (as had been done in the past), you will be able to talk directly to a triage nurse who will either address your need immediately or schedule a team member to make a visit.

We began testing this new system last September, and feedback from our long-term care partners who participated was positive, so the process is being expanded to all of our LTC partners in January. Watch for a letter that explains when you will transition to daytime triage.

## Want to Help Agrace Improve?

Agrace is committed to providing the highest quality care and service to our patients, families and long-term care partners. We value our partnership with you and your organization and would like to have your thoughts about how we can improve our care.

Our Service Excellence Team is developing a forum for Agrace's long-term care partners to provide ongoing feedback on how we conduct our care and provide services to your residents. We'll be sending information soon about how you can participate. In the meantime, we welcome you to contact Amy Schmitz, MSW, APSW, Agrace's patient & family experience coordinator, at [amy.schmitz@agrace.org](mailto:amy.schmitz@agrace.org).

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***Back issues of Agrace's clinical newsletters are available on our website at [agrace.org/health-professional-resources](http://agrace.org/health-professional-resources).***

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For more information about partnering with Agrace, please call (608) 327-7419 or email [denise.gloede@agrace.org](mailto:denise.gloede@agrace.org).

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