

The KOLLaborator

PERSPECTIVES IN ELDER CARE

Vol. 1, No. 1

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Pennsylvania Restraint Reduction Initiative (PARRI) Partners with Dock Terrace Training Team for Phenomenal AAHSA Annual Meeting Falls Presentation

Attendees to the largest ever annual AAHSA meeting and conference, held in Orlando, were invited to explore several proven strategies that assisted in developing a successful fall management and reduction process. A Successful Falls Management and Prevention Program was presented to an audience of over 100 participants by members of the Dock Terrace PA FIRST (Fall Interventions, Resources, Systems and Training) training team. The session started with Sara Wright, PARRI, sharing some background regarding PARRI and the

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Left to right: Sara Wright from PARRI; Sharon Ambrose, Patricia Lee, Joan Benner, Erin Toth and Edith Landis from Dock Terrace.

Everything You Wanted to Know About Bed Safety But Didn't Know Who to Ask...

The following are a sampling of questions and answers found on the FDA/Hospital Bed Safety Workgroup (HBSW) web site. For a complete listing of the available documents and additional information, go to <http://www.fda.gov/cdrh/beds>.

QUESTION: What are the HBSW documents and how should they be used?

ANSWER: The HBSW published several documents over the past decade. They include:

The HBSW brochure, *A Guide to Bed Safety; Bed Rails in Hospitals, Nursing Homes and Home Health Care: The Facts*, which defines the problem of bed system entrapment.

The HBSW mitigation document, *A Guide for Modifying Bed Systems and Using Accessories to Reduce the Risk of Entrapment*, which can help healthcare providers determine an approach for assessing existing beds, mitigating risks, and deciding who should be involved in these tasks.

The U. S. Food and Drug Administration (FDA) dimensional guidance document (which HBSW helped create), *Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment—Guidance for Industry and FDA Staff*, which manufacturers may use in designing new bed systems and accessories and healthcare providers may use to identify entrapment risks in legacy bed systems.

The HBSW guide entitled *Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings*; which healthcare providers and other clinical staff can use to assess patients for entrapment risks and to mitigate those risks.

QUESTION: Why did the FDA produce the dimensional guidance document?

ANSWER: The FDA guidance was developed to improve the safety of hospital beds by identifying guidelines to reduce the risk of the most serious hazards—patient death or injury from entrapment in the openings and gaps in hospital bed systems. The guidance will help ensure that all new hospital beds are designed to reduce the potential for entrapment and that risks with existing (legacy) bed systems are identified.

In 1995, FDA noticed a pattern of deaths and injuries in hospital beds that investigation indicated may have been largely preventable. Our August 23, 1995, Safety Alert (available at: www.fda.gov/cdrh/beds/) generated considerable interest from the healthcare community. In fact, reports of this type of incident increased following the alert, which suggested we had tapped into an important health issue.

FDA held a meeting with many stakeholders including representatives of the hospital bed system industry, patient care advocacy groups, healthcare providers, and organizations that investigate this type of incident. As a result of the discussions, FDA realized that the problem was multidimensional and that a single regulatory

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Falls Presentation at AAHSA—continued from page 1

PA FIRST project. Along with discussion of the salient points to physical restraint reduction, the session moved on to examine how both a restraint reduction/elimination process, combined with a concentrated approach to fall prevention and management, positively impacted quality care outcomes. Dock Terrace staff members Joan Benner, Staff Development Coordinator and Fall Team Leader, and Patricia Lee, Health Information Coordinator, identified the critical steps Dock Terrace had to take in developing the effective fall management process which led to a 21% reduction in fall rates at the facility in the year following participation in the PARRI/PA FIRST project. Sharon Ambrose, Care Coordinator, reviewed a variety of techniques and equipment that proved helpful to restraint elimination and fall prevention. Edith Landis, Restorative Resident Assistant gave a direct caregiver's perspective on the importance of communication and staff

participation in the fall management process. Erin Toth, Activities Team Leader, discussed the special programs and activities developed at Dock Terrace to meet resident and staff needs. The Dock Terrace fall team also presented a mock fall team meeting. During the Question and Answer portion of the session, audience members applauded the commitment and efforts made, and the ensuing outcomes reaped that were apparent throughout the presentation. The partnerships developed with all the PARRI and PA FIRST training sites are, without a doubt, one of the most rewarding aspects and important outcomes to our statewide initiative. Kudos to the Dock Terrace training team for a job well done and for representing all the PARRI training sites in such a professional and outstanding manner!

—Sara Wright, Educator/Consultant, Kendal Outreach, LLC
Editor's Note: Dock Terrace is located at 275 Dock Drive, Lansdale, PA 19446

solution would not be effective in addressing the many facets of entrapment. A voluntary consortium of national bed system experts, known as the Hospital Bed Safety Workgroup (HBSW), was formed to address the complex problem. The HBSW's expertise assisted FDA in producing its guidance entitled Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment - Guidance for Industry and FDA Staff, which was published on March 10, 2006.

QUESTION: As a healthcare provider, what are my responsibilities related to bed safety?

ANSWER: Healthcare providers should provide a safe sleeping environment for patients. In regard to entrapment, the HBSW information can help providers determine and mitigate bed system entrapment risks for patients. As published in the FDA Hospital Bed System Dimensional Guidance and Assessment Guidance to Reduce Entrapment, "Not all patients are at risk for an entrapment, and not all hospital beds pose a risk of entrapment. We suggest that facilities ... determine the level of risk for entrapment and take steps to mitigate the risk. Evaluating the dimensional limits of the gaps in hospital beds is one component of an overall assessment and mitigation strategy to reduce entrapment. As a result, healthcare facilities may use this guidance as part of a bed safety program to help identify entrapment risks that may exist with current hospital bed systems."

QUESTION: Are healthcare providers required to comply with the HBSW documents?

ANSWER: As stated in the FDA Hospital Bed System Dimensional Guidance and Assessment Guidance to Reduce Entrapment, "The FDA's guidance documents,

including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited." Similarly, the other HBSW documents are guidances not requirements. However, some states and authorities having jurisdiction (e.g., state Departments of Health) have adopted or might choose to adopt the HBSW documents into their requirements for healthcare providers, and thus the documents may be required to be followed in certain localities.

QUESTION: How can surveyors cite facilities for an unsafe bed when there are no regulations that define dimensions related to entrapment?

ANSWER: While authorities having jurisdiction (e.g., state Departments of Health) might chose use the FDA and HBSW documents to regulate bed use in healthcare facilities, the documents should not be interpreted as regulatory mandates (see also answer to above question). Because there are no national regulations that must be followed, the FDA dimensional guidance and HBSW documents might be viewed by some regulatory authorities or accrediting agencies as representing a "best practice" because they were developed by the long-term work of the HBSW. (The HBSW is a partnership among the FDA, the medical bed industry, national healthcare organizations, patient advocacy groups, and other federal agencies [Centers for Medicare & Medicaid Services, Consumer Product Safety Commission, and the Department of Veterans Affairs]. Its goal is to reduce the risk of hospital bed system entrapment.) Best practices for safe and quality care are considered important by regulators regardless of the origin of the practice.

—compiled by Janet Davis, Educator/Consultant, Kendal Outreach, LLC

ABOUT KENDAL OUTREACH: Kendal, the pioneer of restraint-free care, has 35 years of management and operational experience in the development and execution of comprehensive approaches to safe, individualized care practices that have led to successful outcomes for many organizations. Whether exploring programs to improve existing practices or addressing challenges, our consultants offer guidance and processes specific to organizational needs across the continuum. Kendal consultants have over 100 years combined LTC experience; they currently serve as educators with the Pennsylvania Restraint Reduction Initiative and formerly served as educators with the Pennsylvania Nursing Care Facilities Best Practices project. The long-standing value of maintaining the autonomy and dignity of the frail, elderly person through resident-centered care underlies Kendal's dedication to promoting the well-being and quality of life of those served.

BED SAFETY TIPS: Update on Patient Entrapment and How to Report a Medical Problem

Healthcare providers should provide a safe sleeping environment for patients and a hospital bed is a part of that environment. A hospital bed should be viewed as a system that includes a frame, mattress, side rails, headboard, footboard, and any added accessories, such as a grab bar, IV pole, or traction equipment. Each component of the bed system must be compatible with other components; however, we have learned that not all bed system components are compatible and a bad mix increases the risk of patient entrapment. Entrapment is an event in which a patient is caught, trapped, or entangled in a hospital bed or bed accessory. It is one of the top hazards associated with hospital bed death and injuries. Since 1995, the Food and Drug Administration (FDA) and the Joint Commission on Accreditation of Healthcare Organizations have issued patient-safety alerts about entrapment in order to increase awareness of entrapment deaths or serious injuries.

Between January 1, 1985 and January 1, 2008, 772 incidents of patients caught, trapped, entangled, or strangled in beds with rails were reported to the U. S. Food and Drug Administration. Of these reports, 460 people died, 136 had a nonfatal injury, and 176 were not injured because staff intervened. Most patients were frail, elderly or confused.

In March 2006, the FDA issued guidance on hospital bed design to reduce patient entrapment. The guidance entitled, Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment, identifies the locations of hospital bed openings or gaps that are entrapment areas, characterizes the body parts at risk for entrapment in these locations or zones, and recommends dimensional criteria for gap openings to reduce entrapment. Although not all patients are at risk for entrapment and not all hospital beds pose a risk of entrapment, it is important for facilities to determine each patient's level of risk and take steps to mitigate the risk. Evaluating dimensional limits of gaps in hospital beds is one component of an overall assessment and strategy to reduce patient entrapment. As such, healthcare facilities can use the guidance to identify entrapment risks as part of their bed safety program.

Measuring Hospital Beds?

Healthcare facilities should also identify appropriate staff to measure beds for openings and gaps. Some facilities assign the bed assessment task to facility management, nursing, or clinical/biomedical engineering staff. The implementation, scheduling, and funding of mitigating remedies may be jointly addressed by representatives of risk management, engineering, purchasing, materials

management, and the safety committee.

Information for obtaining a tool specifically designed to assess unsafe gaps or openings in a hospital bed and to view a free short instructional video on how to measure zones 1-4 on a bed can be found at:
<http://www.nst-usa.com/>

Zones 5, 6, and 7 do not have test methods. Should these zones be tested, and if so, how?

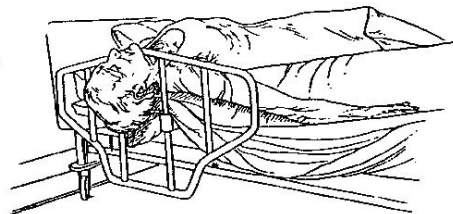
Although seven potential zones of entrapment have been identified by the FDA and the Hospital Bed Safety Work Group (HBSW), no dimensional guidance or test methods have been developed for zones 5, 6, and 7. FDA recommends dimensional limits and testing for zones 1 through 4, because they are most frequently reported as sites of entrapments. FDA will continue to monitor entrapments in all zones and collaborate with HBSW on possible assessment and remedial action.

In the meantime, if these zones are of concern (e.g., for a particular patient, for a particular bed system), mitigation strategies such as those described in *A Guide for Modifying Bed Systems and Using Accessories to Reduce the Risk of Entrapment* should be used. See www.fda.gov/cdrh/beds.

Entrapment Locations

There are seven potential areas of entrapment on a hospital bed. The drawings show a type of entrapment that can occur in each area:

Zone 1 – Entrapment within the rail. Body Part at Risk: HEAD



Zone 2 – Entrapment between top of compressed mattress and the bottom of rail, between rail and supports. Body Part at Risk: HEAD



Zone 3 – Entrapment in the horizontal space between the bedrail and mattress. Body Part at Risk: HEAD



Zone 4 – Entrapment between top of compressed mattress and bottom of rail at the end of the rail. Body Part at Risk: NECK



Zone 5 – Entrapment between split rails. Body Part at Risk: CHEST



Zone 6 – Entrapment between the rail end and edge of head/foot board. Body Part at Risk: NECK or CHEST, depending on gap size.



Zone 7 – Entrapment between head or foot board and mattress. Body Part at Risk: HEAD



Safety precautions you can take:

- Assess each patient's needs to determine if bed rails are required.
- If rails are needed, make sure their design and relationship to other bed components don't increase risk of entrapment. For example, bars within the bed rail should be closely spaced to prevent a patient's head from entering. See the FDA Guidance for the recommended dimension for rails.
- Regularly check to make sure bed rails work correctly. Fix loose or wobble rails.
- Make sure the mattress is the appropriate size for the bed frame. The space between the mattress and bed rails should be small enough to prevent entrapment.
- If a patient becomes entrapped with or without injury, immediately reevaluate his needs and bed system. Intervene as necessary to prevent another event. Heed a near miss event as a serious warning.
- Ask the manufacturer about compatibility of bed equipment (rails, mattresses or accessories), appropriateness for the care setting, and intended bed use. The manufacturer is the best source of information for safe use of beds.
- Inspect, evaluate, maintain, and upgrade bed systems to identify and remove unsafe equipment.

How to Report an Adverse Event?

Hospital bed safety requires ongoing vigilance from administrators, caregivers and even the housekeeping staff. The FDA relied on adverse event reports of bed entrapment to help determine risk of entrapment. The reports were critical to identifying entrapment zones and body parts involved.

Consumers who have experienced adverse reactions or problems with bed entrapment are encouraged to report to FDA's MedWatch Adverse Event Reporting program either online or by regular mail. When reporting, please include location or zone of entrapment, number of rails in use and a good description of the event.

- Online: www.fda.gov/MedWatch/report.htm
- Regular Mail: use postage-paid FDA form 3500 available at: www.fda.gov/MedWatch/getforms.htm.

Mail to MedWatch 5600 Fishers Lane, Rockville, MD 20852-9787

If you just have a question about a medical device, you can get an answer by calling this toll-free number: (1-888-463-6332) to speak to an FDA representative.

—Joan Ferlo Todd, Nurse Consultant
FDA/Center for Devices and Radiological Health
Office of Surveillance and Biometrics

Kendal Outreach's PARRI Team Introduces the Newest PA FIRST Training Site—THE BETHLEN HOME

Following many months of a concentrated focus on the issue of falls as a participant in the PA FIRST (acronym for Fall Interventions, Resources, Services and Training) project, members of the fall team of the Bethlen Home presented their inaugural fall training session on June 27, 2007. The diverse talents and creativity of the entire Bethlen team that was a large part of the successful decline in the overall fall rate at the facility was in evidence throughout the session and captured in the remark “very insightful” from one audience member. Ann Donovan, DON cautioned that although “group think” can be beneficial sometimes, the issue of falls really requires staff feeling empowered to “think outside the lines.” Means to control pesky FRED — one who embodies the Frantic Running Every Day that seems to be common within many facilities — were shared by the training team to highlight important system challenges that may thwart strengthening a fall management process. ADON Sandy Midlo stressed the importance of team work and Amy Smith, PT, Rehab Manager identified the role therapy needs to play in addressing falls. A resident-centered approach to falls was emphasized through case studies presented by Lisa Troy, Nurse Manager; Lisa Herrholtz, Case Manager; Donna Hudec OTR/L; and Donna Dietrick, Restorative Nurse. The session concluded with a review of the physical restraint reduction process that led to the elimination of restraint use as an intervention to prevent falls at the Bethlen Home. Special thanks to the efforts by Sandy Fritz and the dietary staff, as those in attendance were treated to a simply lovely buffet of snacks and sandwiches for the session. KO/PARRI welcomes The Bethlen Home as a PA FIRST training site. Kudos for your efforts to improve care outcomes for Pennsylvania nursing facilities' residents!

—Sara Wright, Educator/Nurse Consultant, Kendal Outreach, LLC

Editor's note: The Bethlen Home is located at 66 Carey School Road, Ligonier, PA 15668



In photo, (L-R): Lisa Troy, Nurse Manager; Lisa Herrholtz, Case Manager; and David Johnson, RNAC

*Collage*SM Welcomes Its Newest Member, Lutheran Homes of Michigan

Lutheran Homes of Michigan (LHM) has joined *Collage*SM, a national consortium of aging service organizations including “continuing care,” “at-home” and “housing residences.” The consortium includes nearly 50 communities in 19 states and is led by Kendal Outreach (kendaloutreach.org), an affiliate of The Kendal Corporation based in Kennett Square, Pennsylvania and the Institute for Aging Research at Hebrew SeniorLife (hebrewseniorlife.org) in Boston, both not-for-profit organizations.

*Collage*SM is dedicated to improving the lives, well-being and health of their residents. Participation in *Collage* offers a community the rights and opportunity to administer a set of assessment questions about health and wellness to its residents.

*Collage*SM helping to redefine how aging service providers think about and plan for activities, services and programs focused on health, wellness and well-being. “It’s an exciting time for us to participate in this endeavor,” said LHM’s CEO and President, David Gehm. “We’ve been actively looking for a way to improve our ability to advise our residents on matters of health, wellness and successful aging, as well as enable us to develop stronger system-wide interventions and outcomes. Participating in the membership consortium and using the *Collage*SM tools will give us the opportunity to collect and organize resident health and wellness data and will add a level of individual and program evaluation that we haven’t had up to now. We’re thrilled to participate and look forward to working closely with consortium members and developers,” said Gehm.

“We’re delighted that Lutheran Homes of Michigan has joined *Collage*SM,” commented John Diffey, Kendal’s CEO and President. “We’ve been impressed with their state of the art vision for advancing healthy aging and their commitment to using scientifically- grounded assessment tools.” LHM has wanted to develop stronger system-wide interventions leading to better outcomes to help advance healthy aging throughout the organization. “We know that *Collage*SM is part of LHM’s larger strategy to strengthen operations around health and wellness,” said Diffey. “We look forward to working with them and growing this important initiative on their Saginaw campus and with their home care agency.”

*Collage*SM assessment tools were developed by interRAI (interrai.org), a not-for-profit international team of researchers and clinicians devoted to improving the lives of older adults through the use of standardized assessment instruments and evidence-based interventions.

Through the *Collage*SM program, residents will meet with LHM staff at least once every six months. In a voluntary

SHARING COLLAGE AT THE AAHSA CONFERENCE



Judy Braun and Joe Savery from The Kendal Corporation with a perspective Collage member.

one-to-one conversation, a resident and qualified staff identifies an area or theme -- such as nutrition, sleep or preventive health maintenance -- that is particularly challenging to maintain, determine together what may be done about it, and develop a plan for addressing it.

*Collage*SM will affect residents in different ways. There are some who may have a desire for assistance with light housekeeping, home repairs, laundry, bathing, etc. Others may not have a need for such services and historically rely more on friends or family for help, when necessary. Whatever the situation might be, the *Collage*SM conversation will give Lutheran staff a chance to know their residents’ interests, needs and preferences, and better plan for the future if a resident’s situation changes and the resident needs more or less help.

Nationally, organizations must be given the tools and resources to enable them to identify interventions, programs and services towards improved health and wellness for their residents in independent and assisted living. With a program like *Collage*SM, organizations will be able to reliably and systematically improve resident outcomes.

—Neil Beresin, *Collage*SM Product Manager

*Collage*SM, The Art and Science of Aging
A membership consortium dedicated to improving the lives of older adults through valid and reliable health and wellness assessment tools and information technology - on the web at collageaging.org.

PARRI Expands Its Focus

In June 2007, the Pennsylvania Restraint Reduction Initiative (PARRI, a program of Kendal Outreach LLC) expanded its focus to include the development of pressure ulcer prevention training sites. Over the prior 11 years, PARRI has trained and supported 19 physical restraint training sites, three chemical restraint training sites, and four PA First (Falls, Interventions, Resources, Systems and Training) sites to support over 700 long-term care facilities across the Commonwealth.

To announce the expansion of the PARRI's scope of work to include pressure ulcer prevention, a letter was sent to every long-term care facility in the state. Of the 723 facilities, 38 replied by submitting the completed questionnaire. Of these 38 facilities, 27 were visited and evaluated for the program; nine were chosen. PARRI nurse educators are working with the nine sites to help them integrate the many factors which contribute to the risk of Stage One pressure ulcer development in order to

decrease the overall incidence of facility-acquired pressure ulcers. This work is done in an interdisciplinary fashion so that resultant care reflects the important and necessary contributions each discipline can make in this area.

Upon successful implementation of this initiative, each of the training sites will host training seminars, sharing their stories and clinical insights as they serve as resources and advocates to other facilities in their geographic regions.

Kendal Outreach, LLC is excited about this opportunity to help facilities lower their rate of facility-acquired pressure ulcers through the implementation of the Prevention of Pressure Ulcers program, and establish networking communities which offer leadership and collaborative learning among care facilities.

Editor's Note: To receive assistance with pressure ulcer prevention, contact Sabita Balgobin (sbalgobin@kendaloutreach.org) or Ruth Bish (rbish@kendaloutreach.org), nurse educators for Kendal Outreach, LLC.

A New Recipe for Dining Success

Rolling Fields, a 181-bed nursing facility in Northwest Pennsylvania has been on the Eden Journey for a little over five years. We have made tremendous strides in many of the key "Culture Change" areas. Of course, we have pets, lots of pets—dogs, cats, birds, fish, and a rabbit named Trixie. We have twelve Eden families which include every elder and every staff member. We have gardens, a child daycare and summer camp for our staff's older children.

But in January, we had the biggest epiphany of all. We realized that we could not truly have elder-centered care if we did not eliminate our dining tray cart service.

We have embarked on a mission to change our kitchen into a restaurant where our elders can order off a menu — a full menu — for all meals. We are also creating a grill menu that will be available 24 hours for those elders wanting to eat at "off" times.

Since our home previously centered around the times that our carts arrived, our elders had to be woken up early in order to be ready for breakfast, otherwise their meal would be cold. We found that virtually every activity was impacted by cart delivery times. Therapy, activities, hair appointments, etc., all had to be managed according to meal times. You can't get any more institutional than that!

Now, with our new chef on board, we are in the process of changing our dining service to meet the elders' needs, not the other way around. Our elders will order off the full menu as desired. They will be able to eat as much or as little (with a few exceptions) as they want. They will no longer be overwhelmed with the huge quantities of food we had to send due to the requirements by the Department of Health and will hopefully be more likely to eat what they order since it is their choice, not ours.

We have chosen one of our streets as our "pilot" and began our new endeavor on August 22. The staff involved in the pilot have all volunteered to make this happen and include housekeeping, hospitality, CNAs, LPNs, culinary services, therapy, maintenance, activities, as well as some Eden Leadership team members.

We believe this is a pivotal change in the way long term care will be delivered in the future and we are thrilled to be on the forefront of this important change.

—Cindy Godfrey, NHA, Rolling Fields

Editor's note: Rolling Fields is located at 9108 State Highway 198, Conneautville, PA 16406

KENDAL OUTREACH, LLC

Upcoming Events and Activities

[Diagnosing Danger: Examining Bed and Side Rail Entrapment](#) • Audio Conference

March 6, 2008 • 1:30 P.M. EST

[The “Five Rights” of Physical Restraint Reduction](#) • Audio Conference

March 18, 2008 • 1:30 P.M. EST

[A Restraint-Free Future](#)

March 18, 2008

Indiana Department of Health, Indianapolis, IN

[Physical Restraints in Long-term Care: Strategies to Promote Change](#)

April 1, 2008

West Virginia Medical Institute, Charleston, WV

[Physical Restraints in Long-term Care: Strategies to Promote Change](#)

April 2, 2008

West Virginia Medical Institute, Morgantown, WV

[Restraint Documentation Downfalls](#) • Audio Conference

April 15, 2008 • 1:30 P.M. EST

[CAPSTONE: Dignity in Dementia](#) • Audio Conference

April 22, 2008 • 1:30 P.M. EST

[Permanent Issues: aka Consistent Care Assignments or Primary Care Nursing](#) • Audio Conference

May 6, 2008 • 1:30 P.M. EST

[Physical Restraints in Long-term Care: Strategies to Promote Change](#)

Delaware Division Health and Human Services, Dover, DE

May 14, 2008

[Physical Restraints in Long-term Care: Strategies to Promote Change](#)

Delaware Division Health and Human Services, Wilmington, DE

May 15, 2008

[Communication: More Than Just Words](#) • Audio Conference

May 20, 2008 • 1:30 P.M. EST

[Challenging Behaviors: Is It Dementia or Are We at Fault?](#) • Audio Conference

June 3, 2008 • 1:30 P.M. EST

[Expanding Your Post-fall Analysis to Reduce Repeat Events](#) • Audio Conference

June 10, 2008 • 1:30 P.M. EST

[Pressure Ulcer Prevention: Not Just a Nursing Problem](#) • Audio Conference

July 15, 2008 • 1:30 P.M. EST

[And Miles to Go Before I Safely Sleep: Nighttime Issues in Long Term Care](#) • Audio Conference

September 9, 2008 • 1:30 P.M. EST

[Diagnosing Danger: Examining Bed and Side Rail Entrapment](#) • Audio Conference

September 23, 2008 • 1:30 P.M. EST

[Creating Individualized Restraint-free Interventions through Case-based Approach](#) • Audio Conference

October 14, 2008 • 1:30 P.M. EST

[Reducing Physical Restraints](#)

October 17, 2008

Mississippi Health Care Association, Jackson, MS

Clinical Issues Forum

offered by

Kendal® Outreach, LLC and the Pennsylvania Restraint Reduction Initiative

Over the past twelve years, the Pennsylvania Restraint Reduction Initiative (PARRI) has recognized that there are talented, creative, concerned and dedicated staff working within the nursing facilities across Pennsylvania. PARRI has also learned that simply offering them the opportunity to express their ideas during a facilitated peer or team discussion has reaped remarkable concepts, programs and processes that positively impacted care practices and resident care outcomes. However, the opportunities for such peer discussions may be minimal. To meet that need, PARRI introduces a new monthly program —

THE CLINICAL ISSUES FORUM (CIF)

Facilitated by PARRI Geriatric Nurse Practitioner Sara Wright, a monthly pilot telephone forum will be available to Pennsylvania facilities from April through June, 2008. The CIF sessions are not intended to be formal teleconferences. (No CEUs or handout packets are being offered.) Rather, the CIF is intended to provide an open discussion of clinical issues, questions or areas you may be seeking to iron out, shore up, bounce around, or simply get another opinion. These sessions are offered to Pennsylvania nursing facilities only at no charge. Each session will be limited to ten facilities. Check out the PARRI web site (www.parri.kendaloutreach.org) in March for more information, a list of topics, and registration information.

February, 2008

Pennsylvania Restraint Reduction Initiative (PARRI)

A grant-funded resource to assist Pennsylvania long-term care facilities in creating a higher quality of care and life for the residents they serve.

Missing Voices. . .

A compelling and candid look at the way we give care.

The families and friends who are a part of the client, resident or patient's life may not be seen and valued for the important role they assume in the health care continuum. Nursing care staff—in the midst of negotiating change and delivering care in a faster-paced, more technologically driven health care environment—can fail to see that the recipients of our care are more than just the resident.

Missing Voices, a unique training resource for health care systems is a video that documents stories of families affected by caregiver actions. It highlights how seemingly innocent, but insensitive behaviors of doctors, nursing staff and other disciplines in the health care setting can have profound impact on the lives of families.

The accompanying teaching guide can help management and caregivers develop and implement a continuum of care that complements the role of the family as vital members of the care team. The various exercises are designed to increase awareness and receptivity towards becoming more caring individuals in the role of healthcare professionals. The film and guide are designed to be used within a teaching setting for students in the medical, nursing and allied health professions; advocates, administrators, as well as for those staff presently engaged in service areas of care.

Expected for release in March, 2008, this special training package will be offered at an introductory rate for a limited time. For more information and to reserve a copy, contact Mary Scharf: mscharf@kendaloutreach.org; 610-335-1280.

KENDAL® OUTREACH, an affiliate of The Kendal® Corporation, is a not-for-profit consulting provider specializing in creative solutions for healthcare clients primarily devoted to long-term care.

The pioneer of restraint-free care, Kendal has over 30 years of management and operational experience in the development and execution of comprehensive approaches to safe, individualized, care practices. Whether exploring programs to improve existing practices or address challenges, our consultants offer guidance and processes that can lead to successful outcomes for your organization, your staff, and the people you serve.

The long-standing value of maintaining autonomy and dignity of the frail, elderly person through resident-centered care underlies our dedication to promote the well-being and quality of life of those served.

From single-issue analysis to comprehensive reviews and strategic planning, education and training, our consultative services are discreet, cost-effective and evidence-based with positive outcomes.

KENDAL OUTREACH OFFERS EXPERT, PROFESSIONAL ASSISTANCE UTILIZING:

- single-issue analysis
- comprehensive reviews
- strategic planning
- education and training
 - full day
 - half day
 - teleconferences
- consultation

WE TAILOR PROGRAMS TO MEET THE UNIQUE
NEEDS AND DESIRES OF EACH ORGANIZATION.

AREAS OF EXPERTISE:

CLINICAL

- Physical Restraint Reduction
- Behavioral Management and Psychotropic Medication Review
- Nursing Assessments and Care Interventions
- Pain Identification and Management
- Depression
- Urinary Incontinence
- Working with Residents with Dementia
- Effective Activity Programming
- Resident Abuse Prevention

MANAGEMENT

- Clinical Audits for Quality Assurance
- Policy and Procedure Review
- Working with Families
- Team Building
- Survey Readiness Reviews
- Leadership Skills for Nurses
- Maintaining Optimal Level of Independence
- Evaluation of Staffing Patterns
- Structuring Consistent Care Giver Model

SAFETY

- Fall Prevention and Management
- Bed and Side Rail Safety

TECHNOLOGY

- Valid and Reliable Wellness Assessment Tools



PROBLEM SOLVING
CONSULTATION • TRAINING

AN AFFILIATE OF THE KENDAL® CORPORATION