



PARRI NEWS

The Pennsylvania Restraint Reduction Initiative

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Windy Hill Village of the Presbyterian Homes: Newest PARRI Chemical Review Training Site



Members of the Vision Team of Windy Hill Village.

Standing from left to right: Ann Ferguson, Linda Harter, Vicki Butler, Kathy Muir, Marcella Wood, Cindy Anderson, Cece Kelly, Nancy Shingledecker. Sitting from left to right: Lori Eckberg, Hope Ream, Laura Hamm, Jackie Soltis. Not pictured: Erin Johnson, Jennifer Pusey

The Pennsylvania Restraint Reduction Initiative (PARRI) is pleased to welcome the Vision Team of **Windy Hill Village of the Presbyterian Homes (WHV)**, formerly Presbyterian Home of Moshannon Valley, in Philipsburg, as the newest chemical review training site. Although currently recognized as a physical restraint reduction training site for PARRI, the Vision Team devoted several months to developing and refining their process of behavioral medication review. Intensive policy review, weekly team meetings, and staff in-services have contributed to development of this resident-centered program that dovetails into the restorative nursing, activity, and career ladder programs at WHV. PARRI appreciates the efforts extended by the Vision Team members and facility staff to create a chemical review training program and looks forward to a successful partnership. For more information about the medication review training sites and training sessions, please contact Sara Wright at 610-683-5839 or by e-mail, swright@kcorp.kendal.org.

Building a Psychotropic Medication Review Process: Insider Insights



Over the past two years, the Pennsylvania Restraint Reduction Initiative has been assisting facilities throughout the Commonwealth to evaluate their psychotropic medications review programs. We asked the staff from two facilities, *Pleasant Valley Manor (PVM)* in Stroudsburg, and *Windy Hill Village (WHV)* in Philipsburg, to identify some helpful components in the development of their psychotropic medication review process.

Darlene Fernley, RN, ADON at *PVM* noted the importance of collecting a thorough history about a resident to “help to figure out” the past patterns the resident had demonstrated. Carmen Acosta, RN, unit manager at *PVM* agreed. “Before asking the physician for an order for a sleeping pill the resident requested, I found out by ‘talking’ with the resident that the aching from arthritis was keeping him awake.” The members of the *Vision team* at *WHV* felt similarly and reported that “assessing for other factors, especially pain,” is one of the first steps necessary to assist in developing behavioral care plan interventions. In addition to a thorough assessment, both facilities stressed “education, education, education” of all staff as another important step in developing a medication review process. One approach to help staff to sharpen their assessment skills initially focuses the medication review team on PRN psychotropic medications in a resident’s treatment plan. Such an approach facilitates a *focused, individualized* approach to determine *why, when, and what other factors* may have contributed to a resident’s behavior and ultimately the administration of the PRN psychotropic medication. The insights gleaned through closely examining these specific instances add to the team’s knowledge and confidence in formulating non-pharmacologic interventions. As we have seen in many instances, finding non-pharmacologic interventions facilitates dose reduction or the discontinuation of a psychotropic medication, one of the team’s overriding goals. As with physical restraint reduction, psychotropic medications must be reviewed individually for each resident; looking at PRN psychotropic medications is one potential starting point for the medication review team.

Sara Wright, MSN, CRNP
PARRI

Thoughts of a Pharmacist



Well, here I am, first ice storm of the winter and I’m stuck in a line of cars at a dead stop. All bundled up, strapped in the car like a prisoner. I could return some phone calls but I’m in a “no cell” zone. I think of the many tasks I have to complete before the end of the month and here I sit. I am in this space 30 inches wide with a strap across my waist and another from my left shoulder down to my right hip. If only I could get up and walk around. Not going to happen. I stretch out my legs, then roll my shoulders. I try to work out the kinks in my spine. The guy in the car behind me wonders what the heck I am doing. My feet feel cold, but my torso is hot; too many clothes. I shimmy out of my coat; more stretches. Try the cell phone again. Still no coverage. Trapped in this tiny space, unable to move about, unable to communicate with anyone. I should have gone to the bathroom before I left. Is this what my residents think about their lives? Trapped in that chair, can’t go anywhere, can’t communicate their needs to anyone? I’ve now tried to reposition myself how many times? I’ve taken off my coat, now it’s getting chilly and I need it back on. I need to go to the bathroom. If you were observing me, would you document behaviors of fidgeting? Restlessness? Would you think I need further restraint because I’m trying to make my body more comfortable?

Finally, after 20 minutes, traffic is starting to move. I will soon be where I was headed, out of the car and able to go about my business. Once again, life has been a learning experience.

I’m grateful for these little moments in my life. Moments that give me the opportunity to ponder what it’s like to be a resident. I can hopefully understand their needs more clearly. The next time I look at a behavior sheet and see documentation that the resident is fidgeting in his chair, or restless trying to get out of his chair, I’ll remember this experience. I’ll realize he may need more repositioning, more activity. I will understand that adding an anxiolytic will complicate his needs rather than relieve them.

The next time you’re behind the wheel, think of yourself as a resident in his chair. Notice how many times you adjust your lower back, your shoulders. Stretching your left leg? Ah! Changing the radio station?

Fortunately for you, it’s only for a short period of time.

Irene Cuncelman
Thompson Pharmacy, Altoona

A Compendium of Fall Prevention Ideas

Editor's note: We hope to make this column a regular feature of the newsletter, and we would be thrilled to publish your fall prevention ideas. Please send them to: Neil Beresin, PARRI, The Kendal Corporation, P. O. Box 100, Kennett Square, PA 19348 or by e-mail, nberesin@kcorp.kendal.org.

What We're Doing to Reduce Falls



I am replying to your request for information regarding the falls program here. Our committee consists of a multi-disciplinary team with nurses, nursing assistants, Social Services, dietary, housekeeping and activities staff participating. We meet Tuesdays for "Fall Rounds" to assess residents who have fallen that week, as well as evaluate any newly admitted residents who are at high risk for falls. During our rounds, we look for environmental hazards and try to find interventions appropriate to reducing falls. Here are some examples of fall prevention strategies we have come up with:

- 1) Requested nonslip socks for residents when taking them to the bathroom at night or in the morning.
- 2) Removed mat by the bedside of a low bed; the mat was an obstacle for this particular resident.
- 3) After dinner, engaged residents in favorite poems or songs they might have recited or sung to their children.
- 4) Towards the end of their shift when they are filling out flow sheets, nursing assistants sat with agitated residents and engaged them in conversation. This has distracted the residents and has reduced some of their challenging behaviors.
- 5) One of our nursing assistants has been very good at showing new staff members proper lifting and transferring techniques.
- 6) Took an agitated resident for a walk outdoors until she calmed down.
- 7) Kept some restless residents occupied with productive activities, i.e., folding towels and face cloths.
- 8) Took a resident to the physical therapy room to ride the bicycle, an activity that often helped him to relax.
- 9) A housekeeping staff member occupied an anxious resident for 45 minutes prior to breakfast at 8 a.m.
- 10) Although it took longer to accomplish, a nursing assistant encouraged a resident to participate in dressing

and stayed with him throughout the transfer into his chair. With encouragement and continual praise, he has stopped falling.

- 11) A few days each week a housekeeping staff member sat with a resident at the piano and encouraged her to play. This activity served as physical exercise for the resident's fingers and kept her occupied.
- 12) While assisting in evening snacks, some of our nursing assistants encouraged residents to talk about falls and what could be done to prevent them.
- 13) It was recommended to adjust the location of a resident's bed who was prone to falling off a particular side. The remedy was to place the bed against a wall.
- 14) Removed an air mattress from a bed which was causing the resident to slip.
- 15) Encouraged residents to listen to music with headphones. This helped soothe and calm many of them.
- 16) On several occasions, lavender sachets were pinned on to residents' clothing and provided a calming effect.
- 17) We have a "try me first" cupboard that holds a variety of activities for residents. Notes are kept as to how successful the activity is, as well as any other special instructions or advice.

These are some of our interventions. We would appreciate hearing advice from other communities with similar interventions. Timing is always crucial to preventing falls as well as evaluating gait, walking apparel, and assistive devices. In addition, our staff has been very proactive in engaging physical therapy for strengthening our residents to prevent falls. I hope our ideas are helpful to you.

Sincerely, Pixie Wilder

Pixie Wilder, RN, is the Fall Committee Chairperson at Kendal-Crosslands Communities, Kennett Square, Pa. For further information, Pixie can be reached by e-mail at pwilder@kal.kendal.org.

WEB SITE RESOURCES

Huntington's Chorea Disease



In each edition of this newsletter, the editor plans to offer a list of web resources addressing specific diseases, care, or organizational issues.

We hope the resources will provide a bridge to discovering better care approaches and strategies, all in the spirit of facilitating resident-centered care without the use of physical restraints.

If you have a specific topic you would like to see addressed, or if you have a specific web site that you have found valuable in your daily work, we would like to know about it. You can e-mail Janet Davis at jdavis@kcorp.kendal.org with your ideas and suggestions.

References from this list of web sites do not constitute endorsements or recommendations by PARRI, but should act as a springboard to increase the level of awareness about any particular topic.

Even though Huntington's disease is relatively uncommon, affecting approximately 30,000 people in the United States, it creates unique challenges for the caregivers with regards to safety and keeping the individual free of restraints.

First described by an American doctor, George Huntington, in 1872, Huntington's disease is an inherited neurodegenerative disorder that results in progressive mental deterioration and loss of the ability to control major muscle movements. It was commonly called Huntington's chorea from the Greek word for "dance" because of the jerky movements of people with the disease.

If you are caring for a resident with Huntington's Chorea or know someone with the disease, we hope that you will find the following information helpful.

<http://www.hdsa.org>

Huntington's Disease Society of America
158 West 29th Street, 7th Floor • New York, N.Y. 10001-5300
Tel: (800) 345-HDSA • FAX: (212) 239-3430

http://www.hsc-ca.org/english/pdf/Caregiver_Handbook.pdf

A Caregiver's Handbook for Advanced-Stage Huntington Disease, Jim Pollard, MA (Huntington's Society of Canada).

<http://www.hdsa.org/edu/therapy.html>

Physical and Occupational Therapy for Huntington's Disease.

<http://www.kumc.edu/hospital/huntingtons/communication.html>

"Communication Strategies for those with Huntington's Disease." Jeff Searle, MS, Department of Hearing and Speech, Kansas University Medical Center.

http://www.ninds.nih.gov/health_and_medical/pubs/huntington_disease-htr.htm#Care

"Huntington's Disease - Hope Through Research." National Institute of Neurological Disorders and Stroke.

www.lib.uchicago.edu/~rd13/hd

"Huntington's Disease Information." Multiple resources and web links on all aspects of Huntington's Disease. Renette Davis, Librarian, University of Chicago Library.

<http://endoflifecare.tripod.com/huntingtondiseasesupport/id170.html>

"Certified Nursing Assistants First Shift With a Person Who Has Huntington's Disease." A brief look at some principals of care for nursing home residents with Huntington's Disease. Jim Pollard, MA.

<http://www.hdlighthouse.org>

"Huntington's Disease: Information and Community"

<http://hdlighthouse.org/see/ch/21.htm>

"Preventing Falls"

2002 PARRI Regional Falls Program a Success!

Comments from participants attending the “Falls Got You Down? Balancing Resident Autonomy and Safety” workshop offered by the Pennsylvania Restraint Reduction Initiative (PARRI) in 2002.

“Great information and handouts.”

*“I really enjoyed the in-service.
One of the best I have been to.”*

*“One of the best in-services I have
attended in a long time. Very
useful information.”*

*“Wow! We need to do more work to address falls
at my facility. Now I feel able to begin an
adequate program to reduce falls.”*



*Karen Russell, PARRI's Regional
Director of the western division,
listens to a team's remarks at the
program hosted by Westmoreland
Manor, September 18, 2002.*



Over the past year, the Pennsylvania Restraint Reduction Initiative training team presented eight regional programs addressing falls in the nursing home. The program, *Falls Got You Down? Balancing Resident Autonomy and Safety*, was presented in workshop and lecture format. Participants were guided through a chart review and care plan development to reduce and prevent falls. The latest information on bed and side rail safety was offered, along with information on pain assessment, seating options, and creative activity programs that could all potentially reduce fall risk within facilities.

The program highlighted the importance of a team approach to fall prevention, as well as taking a “broader view.” It “refreshed my insight to look at the complete picture of the issues of fall prevention and physical restraint reduction,” said one participant. The PARRI training team thanks all who attended. Their enthusiastic participation made the program very successful. A special thanks to all of the facilities that hosted the program this year.

As a result of strong feedback and several requests for additional programs, *Falls Got You Down? Balancing Resident Autonomy and Safety* will be presented two more times:

Tuesday, December 10
at Meadowood Retirement Community in Worcester, PA

Tuesday, January 14
at Charles Morris Nursing and Rehabilitation Center in Pittsburgh, PA

For more information or to register, contact Mary Scharf at 610-388-5580 or by e-mail, mscharf@kcorp.kendal.org.



NEWS AND UPCOMING ACTIVITIES

✓ The PA Restraint Reduction training team's proposal, "The Pennsylvania Restraint Reduction Initiative: The Keystone Uniting Successful Restraint Elimination" was accepted by the joint National Council on Aging/American Society on Aging (NCOA-ASA) conference in Chicago in March 2003. The session will explore the Initiative's train-the-trainer program: what has been learned, and how this initiative might be replicated on a state or local level. A similar program was presented at the AAHSA conference in San Diego in 2001.

✓ The PARRI team has compiled a resource booklet, –"Assessment Tools for Nurses and Caregivers." Sections include Bed Safety/Rails, Behavior Management, Environmental Safety, Fall Prevention, General Nursing, Medication Monitoring, Monitoring Devices, Pain, Restorative Nursing, Restraint Elimination, and Seating. Any Pennsylvania long-term care facility interested in receiving a free copy of this booklet should contact Mary Scharf at 610-388-5580, or by e-mail at mscharf@kcorp.kendal.org by January 15, 2003.

The Pennsylvania Restraint Reduction Initiative provides services to all Pennsylvania nursing facilities striving to deliver quality care to their residents. For assistance at your facility, do not hesitate to contact any member of the training team:

Neil Beresin, Regional Director, 215-844-6139 or nberesin@kcorp.kendal.org (eastern region).

Janet Davis, Regional Director, 610-268-6929 or jdavis@kcorp.kendal.org (central region).

Karen Russell, Regional Director, 814-375-6011 or krussell@kcorp.kendal.org (western region).

Sara Wright, Geriatric Nurse Practitioner, 610-683-5839 or swright@kcorp.kendal.org.

Members of the Pennsylvania Restraint Reduction Initiative want to take this opportunity to thank all caregivers and providers for the meaningful and important work that you do, and to extend best wishes for a happy holiday season. May the coming year be full of blessings for you and your loved ones.



PARRI

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