

# PARRI Launches New "PA FIRST" Fall Management Project

We are pleased to announce the kick-off of Pennsylvania's first fall management and prevention initiative, PA FIRST (FIRST is an acronym for **F**all **I**nterventions, **R**esources, **S**ystems, and **T**raining.) The project has been designed to address the increased need of long term care providers to develop a more comprehensive fall management and prevention policy and protocol. The Pennsylvania Restraint Reduction Initiative (PARRI) training staff will provide intensive support and technical assistance on policy and protocol revision, fall risk assessment, intervention strategies, care plan development, communication, fall trend analysis, and program development. Particular attention will be paid to addressing fall prevention strategies and practices, as well as staff accountability and development issues.

The PA FIRST project will incorporate a staggered design in the selection and training of participating nursing facilities across the state. Phase one, which started in May 2004, included the selection of three long term care facilities. The second phase, beginning between September and November of this year, will include the selection of three to five additional sites. A third group of facilities will be selected sometime in 2005, during phase three implementation. At the end of year one—May, 2005—it is expected that the three initial facilities will become training sites and will offer educational programs to area staff on fall management and prevention.

In addition to offering training programs on fall management and prevention at the end of one year of work with the PARRI training team, the minimum expectations for the success of the selected training sites include:

- Identifying a strong leader within the organization to act as a contact/liason person between the facility and the PARRI training staff;
- permitting and encouraging staff on all shifts to be available for multiple training sessions for up to one year;
- generating fundamental changes to the current facility fall management and prevention practices when and where necessary;
- promoting staff implementation of the fall management process; and
- supplying fall and incident data before, during, and up to one year after the "intervention" phase.

We are delighted to announce that the following three facilities have been selected to participate in phase one of PA FIRST, and are currently working tirelessly to improve their fall management and prevention practices:

- **Dock Terrace, Dock Woods Community, Montgomery County, Lansdale;**
- **Jefferson Manor Health Center, Jefferson County, Brookville;**
- **Stonebridge Health and Rehabilitation Center, Perry County, Duncannon.**

PA FIRST is an ambitious endeavor aimed at helping long-term care providers make sound and fundamental changes in their fall management practices. Given the significant challenges to providing quality care around fall prevention, the ultimate goal is to help providers complete a thorough assessment of their fall prevention operation to build a stronger care model.

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# Meet the PA FIRST Facilities

We extend our best wishes to the participating facilities for their hard work and dedication to this project. We are delighted to be working on a project that has the potential to promote important changes to care practices throughout the state.

**RIGHT: Dock Terrace** Fall Prevention Team:  
Front, left to right: Pat Lee, Susan Ardman,  
Debbie Alcala, and Kim Halteman. Back, left  
to right: Kathe Vannoy, Joan Benner, Elayne  
Welsh, Margaret Stewart, Catherine Doane,  
Sherry Franklin, and Rosemary Spiro



**LEFT: Jefferson Manor Health Center**  
Fall Prevention Team: Front, left to right:  
Karen Wilshire, Carrie Leadbetter, and Lisa  
Whiteman. Back, left to right: Amanda Ott,  
Andrea Stever, Lisa Smith, and Deanna  
Leadbetter

**RIGHT: Stonebridge Health and  
Rehabilitation Center** Fall Prevention Team:  
Front, left to right: Roxanna McSherry, Robin  
Yohn, Rosemary Minni, and Linda Staron. Back,  
left to right: Michelle Mannucci, Nicole  
Hockenberry, Mindy Wright, Larissa Selby,  
Betsy Garman, and Randy Briggs



## • SHARING STORIES AND SOLUTIONS •

The following three articles describe practices and programs that have enhanced the quality of care and life for frail elders. Do you have a story, anecdote, or program idea that you would like to share in the newsletter? Please contact Neil Beresin, KENDAL Outreach, LLC., P.O. Box 100, Kennett Square, PA 19348, or by e-mail, [nberesin@kcorp.kendal.org](mailto:nberesin@kcorp.kendal.org).

### Developing a Memory Program on a Dementia Unit: The Fireside Chat

Sharing memories is a natural way to tap into our residents' life stories, help residents feel more connected to each other, and build a stronger sense of community. Many of the individuals we care for suffer from dementia and experience a significant and progressive loss of memory function. However, often we see a noticeable difference in their short-term memory versus their long-term memory skills. Often, their short-term memory has deteriorated while their long-term memory is less impaired and in some cases very much intact. For example, many of our residents have difficulty remembering what they had for lunch an hour ago but recall, in the finest detail, the secret family recipe for Grandma's chocolate cake from many years ago. Facilitating the sharing of enduring lifelong memories has become a very important component of our Memory Lane dementia unit at DuBois Nursing Home.

As a facilitator, one of my favorite activities has become known as "Fireside Chats." The name was inspired by President Roosevelt's many speeches to the citizens of this country in the 1930s. The speeches, which Roosevelt named "Fireside Chats," have been credited with helping move America out of the deep depression of the 1920s. As a result, these talks represent a powerful and enduring memory for many of our residents. We also believe that the immediate association of the words "fireside" and "chat" with adjectives like comfort, warmth, coziness, and community works beautifully to communicate the group's goal of sharing lifelong cherished memories.

The activity involves sensory stimulation, imagination, and recall. Topics are chosen based on the residents' life experiences. We've discussed many things including, for example, the swimming hole, the old iron water pump, catching fireflies, and the porch swing. The topics are frequently inspired by the seasonal calendar and weather, and we get better participation on rainy and snowy days. Sad, scary, and off-color memories as well as fun, silly, and touching ones are shared. If residents are shy about sharing initially, we encourage the group facilitator to begin by telling a personal story to break the ice and motivate residents to join in. The residents take turns and everyone gets to share the spotlight. Each memory is collected, recorded, and posted on our bulletin board so all have the opportunity to read them.

This activity has been valuable in communicating to all staff

something important about the residents involved. In addition, it has helped us, at times, understand a particular resident's reaction to certain situations and has even identified possible triggers of behaviors. We have found that this activity is not strictly for the higher functioning residents. It has been particularly rewarding to observe lower functioning individuals listen to the stories being told with great interest. We have no doubt that the activity has helped these residents feel more connected to other residents.

Another positive aspect of this activity is that virtually any staff person can facilitate the group. We have had nurses and nursing assistants facilitate a wonderful experience for residents. You don't need to be trained in activities to share memories.

In addition to the shared memories being written down and posted on the Memory Lane bulletin board, all memories are recorded and published in a booklet that is presented to the resident's family when s/he passes away or leaves the unit for other reasons. Families of our residents have cherished this gift.

Here are memories shared by one of our former residents, Louise Beegle, and printed with permission of her family:

#### **Grammy's Front Porch Swing**

"I remember that it was always painted white and it had to have a fresh coat of paint every year. It had to be a nice day when it was painted. It squeaked and creaked! The neighbor kids would come and give it a big shove so that it squeaked and creaked for a long time until some grownup came and chased them away. Grammy! Oh, how I can see her now, snapping beans and shelling peas for dinner. Grammy would sit there wearing a white cotton bonnet she had made for herself. Sometimes she would have to shoo the kids away. She and I would always make lemonade."

#### **Catching Fire Flies**

"Well, I think it was in the month of June that we would collect them and keep them in a glass jar, and at night they would flicker and show their light. But their life was pretty short lived; they were bright in the night but in the daytime we sure couldn't find them. Oh, how they would flicker, flicker, flicker."

#### **Autumn Leaves**

"Well, I couldn't wait for autumn to come and we didn't mind going in the woods then because all the snakes were staying in due to the cool temperatures. We went picking burdocks. They were wild apples that were very small and very sour, not good for anything, but we would poke them with a stick and throw them. I loved autumn."

#### **School Days**

"I went to school out in the rural part of the state and we always carried our lunch in an old tin bucket which in the winter was nearly frozen until we got to eat, which wasn't very appetizing. Most of the time there was a woman teacher, but

once in a great while there was a gentleman and that was a great treat. At noon we had recess and that was a great treat, too. In the winter we would go outside and play in the snow or sled ride. There was a farm nearby and we weren't allowed to go there but we did anyway. We went in the old silo and found a rat that chased us around and I can still feel that old thing on my leg!"

•••••

Louise Beegle's family, upon receiving a booklet of their mother's memories, responded:

"We were so pleased to be given this booklet of our mother's memories. Reading about her youth brought out many emotions—sometimes we laughed, sometimes we sighed, sometimes we felt comforted. Regardless of what emotions were elicited, each memory started conversations between us. We have saved every memory and have started a project to copy them onto CDs for Louise's grandchildren and future generations. What a wonderful gift!"

*The writer, Terry Murray, is Activity Coordinator for Memory Lane, a special 25-bed activity-based dementia unit, DuBois Nursing Home, DuBois, Pennsylvania. He can be reached at 814-375-9100.*

## • SHARING STORIES AND SOLUTIONS •

# Special Programs for Cognitively Impaired Elders: The Gathering of Friends

*The Gathering of Friends* is a structured program initiated by the health services team at Kendal at Longwood in October of 1996. The idea for the group came out of our Committee for Programming for the Cognitively Impaired. A core goal of the committee was to find ways to address the behavior problems of our residents who wandered, were increasingly anxious or angry, or were experiencing falls or sleep cycle difficulties. Because the committee was multi-disciplinary, all departments were willing to contribute to new program ideas and solutions.

The committee began by looking at fall data trends and found that a high percentage of incidents occurred after breakfast, before and after lunch, and before dinner. Staff realized that many falls were related to residents being brought to one small lounge before and after meals. Here, the residents became bored, restless, and had physical needs that required attention.

We began by addressing this pre-breakfast time and initiated a group activity from 9:30 to 10:00 a.m. Six days a week, the activities department facilitated programs such as piano and auto harp music, group singing, massages, and balloon toss. This helped to reduce post-breakfast falls by providing an extra staff person to monitor the lounge, as well as an activity to address the boredom that had led to many of the behavior problems. Because most of our skilled unit residents were brought to this lounge after breakfast, it was also a way to offer an activity to those who would be spending the remainder of their day in

their room due to pain, illness, low energy, or personal choice. With this initial plan we experienced an increase in interactions with the more isolated residents and a decrease in falls during the post-breakfast time period.

The next step was the selection of residents who might benefit from a longer four-hour program. Residents were carefully assessed and chosen based on several factors including cognition, stamina, behavior, interest, and their general ability to function in a small group environment. Priority was given to those residents with behavior problems. The Global Deterioration Scale for the Assessment of Primary Degenerative Dementia<sup>1</sup> was utilized to assess cognitive level. Residents needed to score within the range of 4 (Mild Dementia) to 6 (Moderately Severe Dementia) to become a member of the group.

The program was designed to run from 10 a.m. to 2 p.m. and became known as *The Gathering of Friends*. It included morning activities, a meal, afternoon activities, and covered two of our time slots that had high incidents of falls. Programming for the morning and afternoon activity included exercise, craft projects, live music, reading, games, cooking, pets, and reminiscence. The group was designed with a 1:6 staff-to-resident ratio. There are two staff members who facilitate the program, one from activities and one from the nursing department, and we can accommodate 12 residents. We initially utilized existing space; however, as the program became increasingly valued, it was decided that the room would be renovated to better match our program goals.

We feel that this structured program has been successful in many ways. Residents in the program have experienced less anxiety, increased alertness, and new friendships. Staff and residents who are not in the group have had the unexpected benefit of a calmer, quieter environment on the unit while the group is in session. The unit as a whole has recorded fewer falls.

In October of 1998 we decided to implement an evening group similar to *The Gathering*. This structured program was initiated because of our concern for health center residents' quality of life after 4:30 p.m. We had observed increased wandering, falls, and anxiety at this time of day and wanted to develop a program to better meet our residents' needs.

The *Evening Program*, as it has been called, was designed to run from 4:30 to 7 p.m. It includes a structured activity, a meal, and a second activity following the meal. Even though it is shorter in length, the *Evening Program* has enjoyed many of the same benefits as the day program. Falls, challenging behaviors, and anxiety have decreased. For residents who tend to be more alert at this time of day, the program has been increasingly important. One of the staff members who helps with this program recently commented: "I love working with this group. Several of the residents have changed dramatically after attending the program. I can tell that they enjoyed themselves and have gotten something out of the experience with their peers."

For the pre- and post-meal activities, we have kept the attendance flexible. It has meant that residents who have felt isolated or bored while waiting for dinner can attend the pre-dinner activity. Some of them often come back to the group

<sup>1</sup> Developed by Dr. Barry Reisberg. See Reisberg, B; Ferris, S; de Leon, M; et al. "The Global Deterioration Scale for Assessment of Primary Degenerative Dementia." *American Journal of Psychiatry* 1982; 1136-39

after dinner to check out what is happening. An additional benefit is that it has been an easier time slot for visits from young volunteers who want to come after school or in the evening but need staff supervision.

We are delighted to be able to offer our residents consistent, structured programming, three times a day, five days per week. These engaging programs have helped to reduce resident isolation, stress, boredom, and the accompanying behavior problems. We have also seen an improvement in many functional abilities and social skills, elevating our participants' quality of life. We're proud of these programs and look forward to their continued evolution.

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## • SHARING STORIES AND SOLUTIONS •

# Are the Standards of Care for Preventing Falls Effective for Residents with Dementia?

On January 11, 2003, the *British Medical Journal* published a report of a randomized, controlled study completed by the University of Newcastle evaluating 274 cognitively impaired people over the age of 65 who had visited a hospital emergency department for treatment post fall. Nearly half of the patients were assigned to an interdisciplinary team for assessment and interventions to prevent falls, while the other half received usual care. After one year, the results showed no significant difference between the rate of falls for the patients with interventions and the rate of falls for the patients with no interventions.

Interestingly, there were many risk factors identified in the study including: untreated medical disorders; polypharmacy; medications with side effects that may contribute to falls, vision problems; depression; orthostatic hypotension; vasovagal syncope; and gait and balance problems. Interventions based on these risk factors included: treating medical problems; changing medication; correcting vision; teaching slower position change, the use of compression hose; modifying the environment; the use of more appropriate walking aids and footwear; and geropsychiatry consultation and treatment.

The type of assessments used to help identify the risk factors and interventions were consistent with what we usually do in our nursing homes to prevent falls. We implement these interventions, and expect a reduction or even elimination of future falls. Many times, especially when a resident is demented, we find that our interventions are not effective and reflect the findings of this study. Are the standard assessments and inter-

ventions effective for residents with dementia?

Standard assessments and interventions can address some basic problems, but fall prevention in the resident with dementia requires another layer of intervention. For example, in the situation of orthostatic hypotension, teaching and reminding a resident to change position slowly will not be sufficient. It is more effective to alter the resident's environment by replacing the resident's seating throughout the facility with "deep seating" chairs. Deep seating chairs are longer between the chair back and front edge of the seat. Club chairs fit this bill. They will not prevent a resident from rising, but do ensure that a resident will slide to the end of a chair before rising and ultimately slow position change, which may help with orthostatic blood pressure changes. A chair in which the back section of the seat is lower than that of the hip is optimal.<sup>1</sup> A more comfortable Adirondack chair is perfect for this use.

The same principle can be applied to the resident's bed. A softer mattress will slow a quick riser who is at risk for postural blood pressure changes. We have accomplished this at our facility with foam overlays and with a less dense mattress that is not so easy to "hop" from.

When physical therapy identifies unsteady gait and balance problems, strength training may help if the resident can follow directions. The effects of building muscle are slow, but long-lasting. We routinely ensure that the resident has proper footwear. The challenge comes during the night when a resident gets up with dry, bare feet on a tile floor. Worse still, at the end of the day, is the resident who takes off her shoes, and begins to walk around with only stockings or socks. We have successfully introduced the application of nonskid socks into our evening care routine. We also have used heavy duty Rubbermaid mats by the bedside and leading to the bathroom to prevent slips and falls.

The most effective interventions that we have used to prevent falls in residents with dementia were not implemented in the study mentioned earlier. The fact that residents with dementia suffer falls nearly twice as often as residents without dementia underscores the importance of developing more effective fall prevention interventions for this group of residents.

In order to devise more effective interventions to prevent falls for residents with dementia, we need first to focus on the diagnosis and understanding of the symptoms of dementia. Although symptoms and behaviors of residents with dementia manifest differently, some factors are consistent. Generally, residents with dementia may be unable to interpret their bodies' signals. They do not rest when they are tired. They do not eat or drink when hungry or thirsty. They do not slow down when they are in pain or discomfort. For these reasons, anticipating the needs of demented residents may contribute to preventing falls. This can be difficult and requires the skills of highly intuitive staff, but is crucial to success in preventing falls.

In addition to the fundamental approaches cited in the study, interventions such as a snack program of finger foods and beverage between meals, regular strength acetaminophen

<sup>1</sup> Unless a resident has a specific condition (i.e., joint problems) that would render this type of seating inappropriate. Also, providers need to be sensitive to how "lower-to-the-floor" or "tilt-in-space" chairs are used—just like low beds, for some residents the chair may create a restraining situation.

● As a follow-up to the successful series of full-day workshops offered earlier this year, the training team is hosting an additional session. **Fall Management: Solutions for Fixing a Fractured Process** will be held September 13 at the Greensburg Four Points Sheraton in Greensburg. To register, visit the website at [www.parrri.kendal.org](http://www.parrri.kendal.org) or contact Mary Scharf at 610-388-5580 or [mscharf@kcorp.kendal.org](mailto:mscharf@kcorp.kendal.org).

● The PARRI training team presented the program: **Falls Got You Down? Building an Effective Fall Management Process in Long Term Care** on May 5 at the Lifespan/Beacon Institute Annual Conference & Exposition in Ocean City, Maryland and on June 17 at PANPHA's Annual Conference & Exposition in Hershey, Pennsylvania.

● Since the beginning of 2004, the PARRI training team has facilitated nine **teleconference training programs** which represent the participation of nearly 90 facilities and over 450 long-term care staff. The four topics include: Bed and Side Rail Safety, Falls, Activities, and Behavior/Medications. Interested in participating in a future training program? Go to our website, [www.parrri.kendal.org](http://www.parrri.kendal.org) and click on the education link, or contact Mary Scharf at 610-388-5580. Teleconference programs are free of charge.

● PARRI's presentation proposal, **Developing Medication Review and Fall Prevention Programs: Lessons Learned from a Statewide Initiative** has been accepted for presentation at the American Association of Homes and Services for the Aging (AAHSA) in Nashville, Tennessee, on October 26, 2004.

● The PARRI training team has been invited to present a **program on fall assessment and management** from an MDS and medication perspective at the Pennsylvania Health Care Associations (PHCA) conference on August 31 in Mars, Pa.

● The PARRI training team has been invited to present on the topic of bed and side rail safety at the conference, **Strategies: Educational Excellence for Health Care Providers** on November 16 in State College. The conference is sponsored by the program for Workforce Education and Development at Penn State University and targets nurse managers and nurse trainers, as well as health occupations/allied health instructors.

## • SHARING STORIES AND SOLUTIONS •

### **Are the Standards of Care for Preventing Falls Effective for Residents with Dementia?.....continued from page 5**

on a scheduled basis, routine toileting and incontinence changes, and restorative nursing ambulation should be considered as potential interventions.

Some other interventions with which we have been successful have been tailored to the individual resident and have included: a scheduled nap every afternoon after ambulation and a snack; interventions to address boredom such as a van outing for sightseeing, photo albums for the resident to leaf through, sing-a-long videos designed for residents with dementia; and therapeutic knick-knacks supplied by occupational therapy to keep hands busy. Adjusting a resident's daily schedule—allowing her to retire to bed later in the evening, and arise later in the day, or the reverse—has also been effective for some residents.

These interventions alone will not prove effective without standard interventions as cited in the study. A care plan for

residents with dementia that begins with “standard” interventions, then adds specific interventions designed to address a resident's unspoken need and specific behaviors can make a difference in reducing the number of falls for a resident who suffers from dementia.

An abstract of the study cited in this article can be viewed online at <http://bmj.bmjournals.com/cgi/content/abstract/326/7380/73>

Special thanks to Joan B. Weinryb, MD, Corporate Medical Director, Presbyterian Homes & Services.

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# Web Site Resources

## • Activities •

In each edition of the newsletter, PARRI offers a list of web resources addressing specific diseases, care, or organizational issues. We hope the resources promote new approaches and strategies in the spirit of providing individualized, resident-centered care without the use of physical restraints. Please note that listing the web resources does not constitute an endorsement or recommendation by the Pennsylvania Restraint Reduction Initiative of any particular web site. 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, please send to: Janet Davis, KENDAL Outreach, LLC, P.O. Box 100, Kennett Square, PA 19348 or by e-mail, [jdavis@kcorp.kendal.org](mailto:jdavis@kcorp.kendal.org).

<http://www.activities.net/home.htm>

Activities Central. Various topics based on information from the Basic Education Course for Activity Professionals.

<http://www.activityconnection.com>

Innovative, creative ideas and printable products to promote and support the development and implementation of a full spectrum of activity programs and initiatives. Monthly subscription required.

<http://www.activitydirectors.org>

Activity program ideas, resources, and information on activity organizations and associations.

<http://www.activitytherapy.com>

Alternative Solutions in Long Term Care. Provide resources and services for health care professionals and Care givers.

<http://www.calendarsusa.com>

Create activity calendars (various sizes) online for a fee for healthcare facilities, schools, churches, hotels, and resorts.

<http://www.edenalt.com/welcome.htm>

The Eden Alternative

<http://www.innovationinrecreation.com>

Innovation in Recreation. Activity ideas and steps for implementing. Includes an "Ask the Consultant" forum.

<http://www.pioneernetwork.net>

The Pioneer Network

<http://www.recreationtherapy.com>

Recreation Therapy. Resources for therapeutic recreation professionals.

Snoezelen Therapy:

<http://www.swwf.com>

<http://www.demenz-alzheimer.ch/ENG/Snoezelen.htm>

<http://www.flaghouse.com>

[www.creativeforecasting.net](http://www.creativeforecasting.net)

Monthly magazine for activity planning for activity and recreation professionals working in long term care and assisted living facilities, adult day services, retirement communities, senior centers, mental health centers, and rehabilitation units.

[http://www.nursinghome.org/pro/firmNewsletter.asp?strFile=/pro/newsletters/closeup\\_new/2001/cu0436.html](http://www.nursinghome.org/pro/firmNewsletter.asp?strFile=/pro/newsletters/closeup_new/2001/cu0436.html)

Helping Residents With Pain: The Important Role of Activities

Kevin M. Kavanaugh, MA. Illinois Council on Long-Term Care

August 31, 2001 - #436

[http://www.nursinghome.org/pro/firmNewsletter.asp?strFile=/pro/newsletters/closeup\\_new/2001/cu0437.html](http://www.nursinghome.org/pro/firmNewsletter.asp?strFile=/pro/newsletters/closeup_new/2001/cu0437.html)

Helping Residents with Pain: The Important Role of Activities - Part II

Kevin M. Kavanaugh, MA. Illinois Council on Long-Term Care

September 7, 2001 - #437

# Educational Materials Available

- A video, **Do No Harm!**, is now available on bed and side rail safety. Produced by AARP for the Hospital Bed Safety Workgroup (HBSW), it was developed to provide the viewer with evidence-based suggestions to decrease the possibility of injury or death from improper bed systems. Using real-life situations, the viewer will understand the importance of individualizing the bed system for each person, regardless of the health care setting. Cost is \$45.

- The PARRI training team, with Untie the Elderly<sup>®</sup>, has compiled a resource guidebook, **Assessment Tools and Guidelines 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. Cost is \$25 to Pennsylvania providers; \$40 to others.

**Did you know** that the Pennsylvania Restraint Reduction Initiative is a grant-funded project available as a resource to all long term care facilities in Pennsylvania as they work to create a higher quality of care and life for their residents? The nature of our work may range from facilitating staff educational programs to working with interdisciplinary teams. If requested, we will review residents who may be falling frequently, who are currently physically restrained, or who exhibit increasingly challenging behaviors. Do not hesitate to contact any member of the training team for assistance.



- Neil Beresin, Regional Director, 215-844-6139 or nberesin@kcorp.kendal.org (eastern region).
  - Janet Davis, Regional Director, 610-932-8002 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.
  - Mary Scharf, Project Coordinator, 610-388-5580 or mscharf@kcorp.kendal.org.
- All requests for program information or educational material should be sent to Mary.

## PARRI

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