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Improve resident mobility with proper use of wheelchairs and walkers

As residents age, many find that getting around is harder than it used to be — and more dangerous. Statistics for falls among older adults are sobering. In 2009, there were 2.2 million falls for this group — more than 581,000 of which resulted in hospitalization — and in 2007, over 18,000 older adults died from unintentional fall injuries.

Ongoing evaluation, physical therapy and appropriate device choices can all play an important role in ensuring your residents' safe mobility.

Signs a mobility device might be helpful

Pain while walking, confusion, an unsteady gait and the inability to get from one point to another in a timely manner are all common signs of mobility challenges, but falls are by far the biggest thing driving people into mobility devices.

"For an elderly person, a fall is a devastating, life-changing experience," said Terry Lewis, director of health care service and wellness at Legend Senior Living in Wichita, Kan. "Ideally, they'll start using a device before a fall happens, but for many, a fall is the turning point."

Enlist staff at all levels to be on the lookout for residents who exhibit mobility problems but be aware that what looks like a mobility issue could actually be something else. "Residents who are suffering from an infection are sometimes physically unsteady," said Linda Wiley, R.N., B.S.N., director of nursing at The Pavilion in Sidney, Ohio.

Have a therapist analyze the resident

A physical or occupational therapist should determine whether it's time for a resident to use a device, if it should be temporary or long term and which one is the best fit.

Most residents will transition through a variety of mobility devices. Unless they've suffered a catastrophic event — like a stroke — or have a chronic, debilitating disease, therapy might delay the move into a wheelchair.

"Our residents participate in strength training, tai chi, therapy and balance exercises, and we've also had good results with energy conservation through breathing techniques — which works

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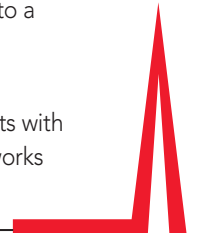
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especially with residents with heart disease," Lewis said. "You don't want to go into a wheelchair too quickly because once someone becomes accustomed to using it, they might not want to go back to walking, especially if walking is a struggle."

Choosing a mobility device

"Your therapist should be involved at every step — from determining the category of device a resident needs and the specific model to training them on how to use it. Even a very simple walker is more complicated than you might think," said Lauren Rosen, P.T., M.P.T., M.S.M.S., A.P.T./S.M.S., program coordinator at the Motion Analysis Center at St. Joseph's Hospital in Tampa, Fla., and chair of the Wheeled Mobility and Seating Group at RESNA (Rehabilitation Engineering and Assistive Technology Society of North America).

Work with local medical supply distribution companies instead of an 800 number. "They can offer you help with training and will be better able to ensure your residents get the

Considerations

Walkers

- Four legs are better than three — "Three-legged walkers tip over very easily, and I really don't know why they exist because people who don't have good balance need the stability of four legs," Rosen said.
- Have a seat — Walkers with a fold-down seat allow residents to more comfortably travel longer distances.
- Height adjustment — A walker that's too short or too tall can lead to falls. Make sure your therapist adjusts the height.

Wheelchairs

- Work with a PT with SMS certification — A "Seating Mobility Specialist" has advanced knowledge in wheelchairs. "A resident's needs can change over time as they gain or lose weight or if they have a progressive disease like MS," Rosen said. "You can't know exactly what someone will need a few years down the road, but someone with this certification has a better shot at picking a chair that will adapt to a broader range of needs. You've got to plan for the worst — not just look at the price tag."
- Power vs. manual — Residents who are dealing with any medical condition that limits their upper extremity strength — such as arthritis — breathing difficulties or cardiovascular problems might need to go directly to a power wheelchair.

Are scooters a better option?

Please see our Fall 2010 Q&A with Mark Leita of the Scooter Store for additional thoughts on this topic. This document can be found at www.churchmutual.com, click on Safety Resources, Risk Reporters and Risk Reporter for Senior Living Communities.

equipment they really need," Rosen said. "It also makes servicing easier. Be sure to ask about their service policy — if they have 72-hour response time, that won't help your residents who can't get out of bed without their chairs."

Helping residents make the transition

Your residents are likely to deal with a variety of physical and psychological challenges as they adjust to their device. Some are relieved to be able to move around more smoothly and safely, while others are upset by the feeling they're losing ability and independence.

"Talk with them about their feelings and, if necessary, about the risks they face if they don't use their walker or wheelchair," Wiley said. "If they're really struggling, counseling can be a good idea."

"Focus on the fact that they're regaining lost independence," Rosen said. "I've had people who grudgingly agree to a power wheelchair, and the next time you see them, they tell me that their quality of life is so much better, and they don't know why they waited so long. Before they might have kept largely to their room — or even their bed — because they were afraid of falling, and now they're socializing and having a much fuller life."

Staff, family and residents should all receive training on the proper use and adjustments of the device. "Some of the more complex wheelchairs have a lot of flexibility, and your staff needs to understand every element — the cushion, the footrest and the seat," Lewis said. "Plus, families might be breaking down the device when they take the resident on an outing, and they need to know how everything goes back together."

Review the training

"People forget, even if they've had excellent training," Rosen said. "Realize there's a lot to retain and check in with staff and residents to make sure they understand how the device works."

Try to create a sense of normalcy whenever possible — for instance, during meals. "We have residents sit in a dining room chair instead of their wheelchair during the meal," Lewis said. "This makes them feel less frail, and we've found that it leads to better hydration, nutrition and socialization."

Safety concerns

"The most common problem I've seen is people neglecting to lock their device," Lewis said. "They think they're stable, but they're not."

Uneven ground is another typical problem, and residents need to practice moving on all types of surfaces. Evaluate your facility to make sure you have appropriate curb cuts and railings throughout.

Wheelchair cleanup

Wheelchairs should be cleaned on a regular basis. "It's an infection control issue," Lewis said. "You have dirt from the outside, food, etc. We just have our maintenance staff hose them down at night."



Managing Your Risks

Claims history provides us with telling statistics

A recent claims study conducted of senior living communities insured by Church Mutual revealed an eye-opening statistic. Almost 85 percent of the losses that involved guests or visitors also involved slip/trip/fall incidents. This information suggests that proactive actions implemented to help eliminate such hazards should go a long way toward protecting residents, guests, employees and volunteers.

Parking lots, sidewalks and building entryways provide three great opportunities to look for ways to reduce loss exposures. Parking lots are notorious for having potholes, heaved sections of pavement, poorly fitted drain covers, clumps of vegetation growing up through cracks and stones or other debris that create obstacles, which people must walk around.

Sidewalks pose problems when walking surfaces have raised or sunken sections. Surfaces that vary more than one-half inch (such as between two sections of sidewalk) are frequently the types of exposures that contribute to trip-and-fall claims. Monthly inspections of sidewalk surfaces (and parking lots) will help identify potential slip/trip/fall hazards that need to be addressed.

Building entrances provide a transition between outside conditions and interior walking surfaces. Floor mats play a crucial role when it comes to preventing slip/trip/fall incidents. Mats help absorb moisture (rain, snow and ice) and assist in removing dirt and mud as people walk across them. Typically, a floor mat should be long enough to allow an adult to walk three to five steps into the building's interior in order to remove sufficient amounts of moisture and dirt from shoe soles. Also, a mat should not be prone to bunching up along its length or curling up at its edges. Conduct daily visual inspections of entryway floor mats to determine if they are adequate for the situation, properly placed and do not create a tripping hazard of their own.

Edward A. Steele
Risk Control Manager

Seasonal Spotlight

Fall

Indoor air quality affects quality of life

Indoor air quality (IAQ) is critical to the health and well-being of your residents and staff. Poor IAQ can impact both short- and long-term health and exacerbate everything from asthma to disease control. To improve IAQ at your facility, keep in mind:

Ventilation rate

Frequent air exchange can improve IAQ, but fresh air must be temperature- and humidity-controlled, and some facilities reduce their ventilation rate to save energy. "We've found this to be the No. 1 issue associated with air quality," said Frank M. Parker, CEO of Caliche Ltd., a safety, health and environmental management consulting company in Magnolia, Texas. "Mechanical filters can eliminate solid materials, but they don't do a very good job of removing airborne infectious agents, and that compromises your sepsis (blood stream infection) control."

Recommended air exchange rates:

- Percent of fresh outside air (make-up air) = 15% minimum; 25% preferred
- Air changes per hour = 6 minimum; 10 preferred

Airflow

Even if your facility originally had good patterns, remodeling or furniture layout can compromise them. "People put up a wall or set their filing cabinets in front of the air ducts," Parker said. "You can't take air out of a space that doesn't also have air coming in."

HVAC maintenance

Regular cleaning and inspection of your heating, ventilation and air conditioning (HVAC) system helps ensure you're removing the dust and moisture that can lead to problems.

Water

Leaks can be hard to find, and once they're found and stopped, people don't usually go far enough in removing and replacing damaged material. "If there's an inch-deep spill and it isn't removed within 30 minutes, you already have water absorbed 2 to 3 feet up the wall — much further than most people expect," Parker said.

Water damage can lead to mold and mildew and cause or aggravate a host of health issues.

Asbestos

Employees typically have the highest risk for asbestos exposure — because they're handling maintenance tasks and are likely to remain at a facility for much longer than a resident — but it can be a problem for anyone. "We've learned that if someone is sensitive to asbestos, it doesn't take much to affect them," Parker said.

Asbestos is not typically a danger unless it's disturbed. If you're doing any remodeling, have an expert test your facility before work begins.

- **IAQ resources:** <http://www.epa.gov/iaq/pubs/insidestory.html>

Q | A

A Perspective

The cyber world has opened up a wealth of opportunities for seniors. Now, even those with limited mobility can “shop” to their heart’s content, get access to everything from medical information to celebrity gossip and easily connect with old friends

and grandchildren. But the benefits of the Web are tempered by the reality of identity theft, phishing and online



scams. To learn more about how facilities can help residents safely navigate online, Risk Reporter spoke with Deborah Berlyn.

She was formerly a federal lobbyist for telecommunication and energy issues with AARP and is now executive director of the Project to Get Older Adults onLine

(GOAL).

Risk Reporter: Why did you start Project GOAL?

Deborah Berlyn: I was involved in some technology projects geared to seniors and discovered a huge range of knowledge about the Internet and a high level of vulnerability. There were many resources dedicated to helping the young, but there was a gap when it came to seniors.

Risk Reporter: Why are seniors vulnerable to Internet fraud?

DB: Often, it’s simply because they’re new technology users. They don’t know what to trust and what not to trust because they have limited experience with the Web. And because they’re no longer in the workplace and are in fewer social settings, they’re less likely to hear about the latest virus or Web scam.

Risk Reporter: It sounds like education is critical. What are some key issues?

DB: Recognize that financial scams are a huge problem. Never trust an unsolicited contact that appears to be from your financial institution. Your bank won’t ask for your account number or your Social Security number — they already have that information. If you get an email like that, don’t even hit return — just delete the email and call your bank immediately. Never open a file that you didn’t request — even from someone you know. It could contain spyware or a virus and might have been sent out by someone who’s hacked into your friend’s email address book. If something sounds too good to be true, it probably is. Never put your bank account, Social Security number or credit card number into the text of an email.

Risk Reporter: You mentioned that many seniors who are comfortable using the Web still aren’t buying online.

DB: About half of the seniors who actively use the Web fall into this category. Many of them don’t appreciate how vulnerable their credit card is in face-to-face transactions — say, when the waiter takes your card away to settle your bill. Reputable online resources understand consumers’ anxiety and use secure sites. When you enter your credit card information, look at the line with the website address. It should have an “s” right before or after the http — this means it’s a secure site.

Risk Reporter: What are some important considerations with social media?

DB: Seniors are embracing Facebook and similar sites, and these sites offer a great way to connect as long as you truly know who’s on the other end. Some people use the Internet to meet new people, but it’s important to have a healthy level of skepticism in a situation where all your contact is online.

Risk Reporter: What can facility administrators do to help protect residents?

DB: Have a seminar and talk about these issues. Help residents come up with a list of personal information that would be OK to share with someone they couldn’t meet in person.

- **Resources:** <http://theprojectgoal.org/goal/>
<http://www.atg.wa.gov/InternetSafety/Seniors.aspx>