PILLS & SPILLS

A Fall Prevention In-Service Series:
Enhanced Training for Direct Care Workers

(Certified Nursing Assistants & Home Health Aides)

FACILITATOR'S GUIDE

Session Outlines and Suggestions to Stimulate Discussion

Presented by:
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Fall Prevention Center of Excellence
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With Funding from The SCAN Foundation

About the Authors

The University of Southern California has a long tradition of leadership in both pharmacy and gerontology. This program is presented as a joint venture by both the USC School of Pharmacy and The Fall Prevention Center of Excellence (FPCE), USC Andrus Gerontology Center.

As a major goal of its educational program, the USC School of Pharmacy focuses on the unique medication-related needs of older adults, providing direct patient care, consultant pharmacist services, and developing education programs and curricula for health professionals, direct care workers, and consumers.

The Fall Prevention Center of Excellence (FPCE), headquartered at the USC Andrus Gerontology Center, is devoted to improving the lives of older persons, by using a multidisciplinary approach to identify best practices in fall prevention and increase awareness through education service provider training, and policy advocacy. For more information and fall prevention resources, visit www.stopfalls.org.

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Note – We'll be using the following terms throughout this manual:

- **Residents** = individuals to whom you provide care
- **DCWs** (or Direct Care Workers) = the certified nursing assistants(CNAs) and home health aides (HHAs) taking the in-service series
- **DSD** (Director of Staff Development) = the primary facilitator of the in-service series, although you may serve another role in your facility

Introduction

This in-service series will help direct care workers (certified nursing assistants and home health aides) to reduce the risk of falls and minimize injury by:

- Increasing awareness of common risk factors—i.e., seeing the client through a falls prevention lens
- Increasing knowledge of how medications and the physical environment can increase or decrease fall risk
- Developing observational, reporting, and communication skills to reduce risk factors for falls

This series includes video presentations and discussions based on an adult learner-centered approach.

The overall goals of this series are to:

- Identify common causes of falls, including personal, environmental, and behavioral factors
- Describe the current characteristics of the older population.
- Review common health conditions of older adults that affect physical and cognitive function
- Identify the types of medication that are associated with an increased fall risk.
- Describe the person-environment model for fall prevention
- Introduce the 4 Ps model for fall prevention

This fall prevention in-service series reinforces knowledge gained during the certification process and supplements DCWs' understanding of fall prevention strategies with additional information to help them provide the best possible care to residents.

Course materials for this series include:

- Introduction for Facilitators
- Presenters' script with suggestions for discussion facilitation
- Participant handouts
- Pre/post-tests to measure increase in knowledge

In this series, "residents" will be the term used to refer to the individuals with whom the DCWs work. Although they may also be referred to as clients or patients, this will help provide uniformity between staff using this in-service series, whether providing care at nursing homes or providing home health services.

Why an In-Service Series about Fall Prevention?

Unintentional falls are a threat to the lives, independence, and health of adults ages 65 and older. Every 18 seconds in the United States, an older adult is treated in an emergency department for a fall, and every 35 minutes someone in this population dies as a result of their injuries.

Statistics from the Center for Disease Control's (CDC) National Center for Injury Prevention and Control show that:

- In 2009, 2.2 million nonfatal fall injuries among older adults were treated in emergency departments and more than 581,000 of these patients were hospitalized (Web–based Injury Statistics Query and Reporting System [WISQARS], 2010).
- Twenty to 30 percent of older adults who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas. Such injuries can make it hard to get around and limit independent living. They also can increase the risk of early death (Alexander, Rivara & Wolf, 1992; Sterling, O'Connor & Bonadies, 2001).
- The risk of being seriously injured in a fall increases with age. In 2009, the rate of fall injuries for adults 85 and older was alsmost four to five times that for adults 65 to 74 (Web–based Injury Statistics Query and Reporting System [WISQARS], 2010).
- Most fractures among older adults are caused by falls (Bell et al. 2000).
- Falls are the most common cause of traumatic brain injuries, or TBI (Jager, Wiss, Coben & Pepe, 2000). In 2000, 46 percent of deaths from falling among older adults were caused by a TBI (Stevens, 2006).

Falls in nursing homes are different from falls in the community.

- About 5% of adults 65 and older live in nursing homes, but nursing home residents account for about 20% of deaths from falls in this age group (Rubenstein, 1997)
- As many as 3 out of 4 nursing home residents fall each year (Rubenstein, Josephson, Robbins, 1994), which is twice the rate of falls for older adults living in the community.
- Nursing home residents fall an average of 2.6 times person per year (Rubenstein, Robbins, Josephson, Schulman & Osterweil, 1990)
- About 35% of fall injuries occur among residents who cannot walk (Thapa, Brockman, Gideon, Fought & Ray, 1996)

Session Descriptions

This in-service series has 6 hour-long sessions (including post-session evaluation) for a total training time of 6 hours. Although ideally the sessions are best completed in order, each session stands alone to accommodate individual schedules.

Session #1 – Stop Falls: Addressing Fall Risk Factors identifies common causes of falls, including personal, environmental, and behavioral factors. It also reviews which fall risk factors can be reduced by direct care workers.

Session #2 – Aging, Health, and Falls describes the current characteristics of the older population. Specific topics include how bodies change as they age, common health problems that affect older adults, and how medications used to treat those problems can contribute to falls.

Session #3 – Medical Conditions that Contribute to Falls reviews common health conditions among older adults that affect physical and cognitive function. How these conditions increase fall risk is explained. Strategies that direct care workers can use to reduce fall risks among their clients are described.

Session #4 – Recognizing the Link between Medications and Falls identifies the types of medication that are associated with an increased fall risk. Situations where older adults are at increased risk for medication-induced falls are described. The contribution of medications to both the prevention and cause of falls is discussed. Strategies to recognize increased fall risk, document potential problems, and methods to report possible problems to appropriate staff are discussed.

Session #5 – Personalizing Fall Prevention: The Environment describes the person-environment model for fall prevention. As our abilities change, the environment needs to be modified in order to support participation in tasks and activities. As physical abilities decline, support in the environment needs to increase. This session describes the role of direct care workers in identifying environmental problems and making recommendations.

Session #6 – The 4Ps: Pain, Positioning, Potty, Possessions introduces the 4 Ps model for fall prevention. It explains the key components of hourly rounding using the 4 Ps and positive benefits of incorporating these regular check-ins including reduced call lights, increased patient satisfaction, and reduced falls.

Format

As part of our process in creating this series, we interviewed staff who participate and complete the in-services (mostly certified nursing assistants and home health aides) as well as staff who administer and facilitate the in-services (such as Directors of Staff Development and Directors of Nursing).

Direct care workers expressed a strong preference for engaging presenters and in-services with interactive activities such as discussions. However, most in-services were facilitated by the Director of Staff Development, whose presentation style and level of knowledge were already familiar to them. We have taken what we learned during the focus groups and interviews to create this series.

Each session includes a case study vignette. Throughout the session, there are 2-3 timed discussion periods that are related to the vignette. The purpose of the discussions is to have participants talk about the issues presented in the case study and to consider ways that they can adapt what they do to help their residents or clients avoid falls.

This series of in-services was designed in a ready-to-play format. We believe that this can help ease the burden for many Directors of Staff Development. The in-service video segment provides the expert content, allowing the DSD to focus on facilitating discussion among the staff to make the content relevant and applicable to the individual facility.

A typical 60-minute session might look something like this:

- Session introduction from DSD
- Distribute handouts needed in the session
- Presentation of content – play the 50-minute video, which includes pauses for discussion
- Distribute session evaluations
- Collect session evaluations

Conducting Sessions

The curriculum is available on a DVD and as streaming video. For DVD presentation, a standard DVD player and a large-screen television or monitor are required. For streaming video, a computer with internet connection and a large-screen monitor are required.

Prior to beginning the series, administer the pre-test. This test is a 30-item instrument that measures the participants' knowledge about all of the material discussed throughout the six-session curriculum.

For each session, you will need:

- The session DVD or streaming video set-up
- Room with capability for setting up groups of 3-4
- Session evaluation instrument
- Note-taking materials

Allow one hour for each session. The procedure for the session is:

1. Distribute materials to participants.
2. Place participants into groups of 3-4.
3. Describe the topic to be covered.
4. Start the session (DVD or streaming video).
5. Facilitate discussion, as needed.*
6. Stop the program at the conclusion of the session.
7. Ask for questions or comments.
8. Distribute evaluation instrument.
9. Collect materials.

*Each discussion period is timed, with the timing noted on the screen. Thus, it is not necessary to stop the program during the discussion period.