SUMMER / 2017

RISK WATCH

THE QUARTERLY NEWSLETTER OF
HealthCap RMS

BARIATRIC RESIDENTS AND SKIN CARE

The National Pressure Ulcer Advisory Panel (NPUAP) in collaboration with Creighton University Health Sciences Continuing Education, recently hosted a webinar on Considerations for Bariatric Patients in Pressure Injuries and Wound Care. This program focused on the "how" and "why" we do what we do when caring for residents with a diagnosis of obesity as their needs often differ.

At the beginning of the program a review of the International Guidelines Recommendations for Organizations was discussed. These guidelines include:

- "Provide safe, respectful care and avoid injuries to both the individual and health professional".
- "Maximize workplace safety by implementing organization wide bariatric management strategies that address manual handling techniques".
- "Provide pressure redistribution support surfaces and equipment appropriate to the size and weight of the individual".

Some of the discussion focused on why the assessment process for Bariatric residents is "different" as "there is nothing that makes an obese person ordinary when it comes to being a patient or a resident". The norm today is to assess a resident's risk using their BMI score however this process does not take into consideration the size of the person, thus is not accurate when used in this population.

Add to this, Bariatric residents have reduced tissue perfusion, compromised moisture barrier, chronic inflammation and thinning skin! The program went through a comprehensive outline of the four major steps for how to prevent skin injuries in this population. These steps include:

- Assessment
- Proper support surface
- Skin care
- Skin injury prevention protocols

Assessment – the discussion pointed out several important things to consider that we may not think about when assessing other residents. The standard is to assess skin daily and note any changes in condition. Look inside the skin folds, places where skin is against skin. Although it doesn't appear to be a "pressure area", anytime skin is against skin there is pressure. Observe for MASD (moisture associated skin damage). Then of course the mandatory nutritional assessment, remember, just because a resident is outside of expected weight parameters does not mean they are nutritionally sound. Many residents with obesity make poor food choices and may be malnourished.

Support Surface Selection – Weight capability is only one factor! Identify how the device removes excess moisture and controls the temperature, if it reduces or increases friction/shearing, how difficult it is for the resident to rise independently, etc. Seating devices also need to be considered when reviewing support surfaces. Wheelchairs should be properly sized, not bind at the sides and should have proper padding to avoid sharp edges. The seat cushions should be specific for the resident and prescribed by a professional who will re-evaluate the device at least yearly (preferably every 6 months). Consider establishing an algorithm for support surface selection based on individual needs.

Skin Care – Daily cleansing in all problem areas (i.e., skin folds, under breasts, perineal area and any areas with excessive moisture). Use of pH appropriate products is helpful and always pat dry (never use heat). It is important that the skin be moisturized using humectants or emollients to keep the skin from drying out and becoming fragile. Moisture barrier creams are also helpful in skin folds and perineal areas. Consider using products with wicking properties in skin fold areas.

Skin Prevention Protocols – Turn and reposition schedules should be based on individual need and include repositioning while up in chairs. Monitor the height of the head of the bed (anything over 30 degrees increases the risk for shearing/friction). Friction and shear reducing linens are now available and have proven to be effective. Monitor for adequate hydration and nutrition and moisturize! If medical devices are being used (i.e., trach ties, bed pans, catheters, etc.) monitor sites frequently and address any reddened or irritated areas immediately. Avoid positioning on pressure injury sites and devices that create heat and remember, many residents need assistance with repositioning more than every 2 hours!

Safety – Always obtain proper bariatric equipment including beds, chairs, wheelchairs, stretchers, canes, lifts, slings, transfer devices, tables and seating cushions. Transfer slings must be in good condition and compatible with the mechanical lift being used. Avoid lifting or turning a bariatric resident manually, use equipment as needed. Remember, proper equipment provides the best measure of safety and care for residents as well as caregivers. Please refer to the Safe Patient Handling Guidelines for guidance at https://www.publichealth.va.gov/employeehealth/patient-handling/

A few closing comments on sensitivity and empathy. Remember, residents with a bariatric diagnosis often have no control over their situation and need your support. Reconsider using terms such as "large chair", "big boy bed", etc. but rather document "more comfortable chair/bed". Recognize that obesity is not just a personal problem but a universal health problem with major health consequences. Thank you for providing excellent care to all of your residents and as always, if you should have any questions or need additional resources please feel free to contact your HealthCap RMS risk manager!

FALLS AND BRAIN ACTIVITY

There has been some exciting news in the pursuit to identifying the root cause of falls! A recently published article by a Dr. Verghese identified that people whose brains work the hardest when they try to walk and talk at the same time may have a higher risk of falling in the future than seniors who can do both of these with ease! The ability to multi-task is directly related to what is considered "executive function" and/or ""dual-task performance". What makes this truly exciting is that to our knowledge this is the first study to link brain activity changes that PRECEDE behavioral changes to risk of "falls".

So what does this really mean in predicting a resident's risk for falls in a proactive manner? Well, bottom line, people who are able to "multi-task" including walking and talking at the same time, will likely fall less frequently then people who struggle with multi-tasking. Think about asking questions of the resident and/or family, be inquisitive about previous lifestyles and employment. There are differences in brain activity and function for people who work in "change on a dime", dynamic positions versus positions requiring rote/single thought process activities. People who successfully manage several tasks at once without difficulty are less likely to experience falls in the future if this study is accurate. Remember, more than one in four seniors fall each year and falls are a leading cause of death and disability in seniors per the CDC which is why studies such as these are so important!

As with any study it is important to know and understand how the study was conducted, who participated, who evaluated and how successful outcomes were measured. In this study, researches asked the participants to perform three tasks: walking at a normal pace, reciting alternate letters of the alphabet while standing and reciting alternate letters of the alphabet while walking at a normal pace. They then measured the brain activity and oxygen levels in the frontal lobe of the brain. Although more research is needed to identify interventions that may influence brain activity during complex walking conditions as a way to prevent falls, this study does identify changes in brain activity and oxygen levels which is more scientific than anything being used today!

What to do now? For those interested in and/or responsible for assessing/evaluating residents at risk for falls, consider initiating the standards for fall risk identification and reduction such as balance and strength training, medication reviews, checking for appropriate footwear, etc. Then think outside of the paradigm that clinicians are often caught up in! The "homelike environment", "clutter free environment", "therapeutic milieu", all great additions to the care plan but may sound like "canned" interventions and unfortunately they often are. That said, think about what this study has identified and if there is as little 50% accuracy consider this, a resident at risk for falls ambulates in a common area that is distracting. What types of distractions might interfere with this resident's ability to ambulate safely? Noise, raised voices, other resident's calling out, chair/bed alarms, door alarms, telephones ringing, overhead paging, clutter around seating areas, staff moving about with medication carts and supplies, etc. These distractions require the resident to "multi-task" while walking and remember what the study shows? Residents who have difficult multi-tasking are at a higher risk for falls. Even if the resident tries to "tune out" distractions it isn't always possible. It is likely they will listen to other conversations, respond to alarms sounding, turn to respond to their name being called, will be required to step around items on the floor, which means they are multi-tasking. While these distractions may not affect every resident these situations can actually increase the risk of falls if the resident has difficulty processing multiple stimuli while walking!

Being alert to these situations may assist in maintaining a calm, therapeutic environment with a decreased risk for falls. There are some things to be done that are really quite simple. One thing that is critically important to every center is for the management team to "be the customer". Quietly visit resident care areas, common areas, activity rooms, dining rooms and therapy gyms. Bring a critical eye, be hypersensitive to noise levels, clutter. The typical "rounds" don't really identify these areas of risk and many centers are so tuned into the day-to-day operations that these things are considered the "norm". Then observe the residents as they ambulate about the center. Observe for unspoken levels of stress which is often presented as hesitancy while ambulating, turn their heads toward noise, attempt to respond to external stimuli, hand fidgeting and reaching out to support themselves on furniture, walls, etc. If it is identified that residents are exhibiting these unspoken signs of stress/distress consider referring to skilled therapy for evaluation.

CONTINUED ▶

FALLS AND BRAIN ACTIVITY CONTD.

The therapist may assist in determining whether the resident would benefit from an environment with decreased stimulation. If needed, the resident could be identified for staff members with color coded arm bands on the walker, etc. that signal staff to be considerate of the resident's need for a calm environment. The process should be interdisciplinary and would require education however the outcomes would definitely benefit the residents. Consider:

- Request referrals for resident assessment/evaluation by skilled therapy to determine if there is a connection between distraction and poor balance/gait stability
- Create a list of residents who may be affected by distractions, noise, clutter
- Establish a PIP through the QAPI committee to develop a plan for decreasing noise and clutter throughout the center and/or identifying ways to assist the specific residents affected
- Review the plan with the full QAPI committee, adjust as needed and establish an implementation plan
- Remember to circle back and evaluate the plan through ongoing monitoring, auditing and tracking/trending fall rates
- Review outcomes at the quarterly QAPI committee meeting and adjust the plan if needed
- If the center has struggled with higher fall statistics, consider initiating a History of Past Non-Compliance to avoid regulatory citations

Although there is no magic and seniors may continue to experience falls, the goal is to identify the specific cause of falls and this is usually very individual to each resident. Thinking about this study gives reason for pause, as many of the centers are a buzz of activity, happy noises, not so happy noises, alarms and such. The impact of these seemingly harmless, "normal" noises on residents at risk could be significant and our centers become "numb" to the noise.
Take the time to be the observer, stop, look and listen. Share resources with sister facilities and "mystery shop" different centers and give constructive feedback. Remember, it may make the difference in resident outcomes, fall rates, quality measure results, star rating and scope and severity of citations.

For more information regarding Dr. Vorghese' study please go to:
https://www.sciencedaily.com/releases/2016/12/161207180719.htm

HAND WASHING AND C DIFF!

The CDC has developed a handwashing program intended to assist caregivers in preventing the spread of infection including C Diff. The on line training program is interactive, requires staff to answer questions throughout the session and educates on both soap and water cleansing as well as alcohol based sanitizers.

So how long should you wash your hands when using soap and water? 30 seconds? 15 seconds? Think you know? It may surprise you to learn that it only takes 15 seconds of vigorous washing with soap and water to remove most microorganisms! How about hand sanitizers? Did you know that there are times when hand sanitizer may be a better option thank soap and water?

Consider adding this valuable resource to your inservice/training calendar, it is free of charge and ready to use! It would also be interesting to assess your campus and determine if infection rates decrease post training, kind of fun and can be presented as a challenge to your caregivers! Access to this tool is below, happy handwashing!

https://www.cdc.gov/handhygiene/training/interactiveEducation/

UPCOMING SEMINARS

Lincoln, Nebraska: August 3rd, 2017

Natick, Massachusetts: September 28th, 2017

Charlottesville, Virginia: October 12th, 2017

Greensboro, North Carolina: October 26th, 2017

REGISTER ONLINE TODAY:
http://www.healthcapusa.com/membership/seminar-schedule/

When bad things happen to good people we often wonder "how can that be, that center runs so well"? Murphy. Blame it on Murphy! That said, the best systems in the world aren't very helpful if they aren't implemented and monitored to ensure ongoing compliance. Are your policies/practices up to date with CMS requirements and cyber security recommendations? Would they actually work if implemented? This interactive program was developed based on "lessons learned" to assist in identifying points of frailty with internal systems. Attendees will have an opportunity to vote on each case study and discuss opportunities to address identified gaps in compliance.

Objectives:

- Define the process of conducting root cause analysis of negative outcomes
- Discuss how documentation can assist in defending a claim
- Identify why abuse and neglect can lead to criminal charges
- Discuss the importance of compliance with requirements of participation in disaster preparedness
- Discuss the importance of compliance and the development of policies and procedures on cyber security
- Discuss the pros and cons of video surveillance and "grammy cams" in post-acute care settings

First two HealthCap members are free!
Earn 7 contact hours through ANCC and NAB

ONSITE IN-SERVICES

Don't forget to take advantage of our onsite educational in-services for your staff during your onsite risk assessment visits!
We are accredited through ANCC and can award one contact hour to any licensed nurses that attend the full session!
Contact your HealthCap Risk Manager for more details.