



# Get Active New England (G.A.N.E.) Managing Client Risks

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# What Client Risks Exist?

1. Falls – the biggest client risk
  - a) having a fall
  - b) consequences from a fall including:
    - injury and loss of confidence
    - loss of independence
    - medical and physical deterioration
    - death
2. Mobility and Transfers
3. Disablement



# What Does All This Mean?

- There are core underlying risks contributing to these predominant client risks. These are decrease in ROM, strength and balance
- Ageism can further impact on core risks - what can/can't be done, what should and shouldn't be done.
- None of these risks exist independently
- The body changes with age and remaining mobile and staying active on a regular basis can be a challenge
- Interruptions to normal routine (e.g. health problems, personal matters, etc) also impact on core risks



# What Does All This Mean? (Cont'd)

- Increasing confidence can lead to increased risk for falls if client lacks insight into their capability
- Increasing mobility can also increase risk if client lacks strength and balance for safety
- Encouraging greater independence can increase risk if uncontrolled medical conditions exist e.g. AF, syncope
- Social changes and mental health also impacts on risks



# How Do We Manage Risks?



# Lets Look More Closely .....

## 1. FALLS


**FALLS:** things to consider

1. A fall in the last 12 months?
2. 4 or more medications?
3. History of a stroke or Parkinson's disease?
4. Problems with balance?
5. Use of hands to assist getting up from a chair?
6. Reduced vision and hearing
7. Foot wear / Foot care
8. Incontinence



# What Can Be Done About Falls Risks






Risk	What Can Be Done?	
History of prior falls	After a fall, seek advice from a health Professional. Refer.	
Changes to thinking/memory (temporary or permanent)	<ul style="list-style-type: none"><li>• Temporary: get medical assistance to work out possible reasons</li><li>• Permanent: health advice / community care packages can assist</li><li>• Use environmental prompts</li></ul>	
Difficulty walking, standing up or changing positions	<ul style="list-style-type: none"><li>• Being able to get out of a chair, out of bed or off the toilet is critical to staying living at home</li><li>• If a walking aid is being used, it should be appropriate and correctly adjusted</li></ul>	





# What Can Be Done About Falls Risks?

Risk	What Can Be Done?
 <p data-bbox="474 544 647 587">Alcohol</p> 	<p data-bbox="757 395 2197 699">If on 4+ Medications, Home Medication Review or review with GP, pharmacist Discuss Vitamin D/ Calcium supplement with GP</p>
<p data-bbox="47 738 327 782">Medications</p>	<p data-bbox="757 746 1854 810">Alcohol - safe levels of consumption</p>
<p data-bbox="22 975 694 1121">Reduced balance and strength</p>	<p data-bbox="757 975 1955 1034">Start exercises: never ever too old/unfit</p> <ul data-bbox="757 1058 1503 1374" style="list-style-type: none"><li>• Suitable for individual</li><li>• Home based program</li><li>• Group program</li><li>• Measure progress</li></ul> 




# What Can Be Done About Falls Risks?

Risk	What can be done
Poor vision	<p>Regular eye checks</p> <p>Lighting, marking, highlighting</p> <p>Outdoors – consider single lens glasses</p> <ul style="list-style-type: none"><li>- sunglasses and hat to reduce glare</li></ul>
Home hazards	<p>Recommend removing trip hazards (e.g. mats)</p> <p>Occupational Therapy review</p>
Public hazards	<p>Encourage use of handrails</p> <p>Use of mobility aids</p> <p>Don't rush</p> <p>Caution in poor lighting</p> <p>Report trip/slip hazards</p>



# What Can Be Done About Falls Risks?

Risk	What can be done
Footcare	Safe footwear Podiatry checks
Multiple Health Conditions	Regular medical and health checks
Continenence 	Rushing to the toilet results in many falls in the home and in the community settings
Hearing	Have hearing checked. Use of aids assists with being aware of safety and the environment.



# Falls Risk Factors - Psychological

PSYCHOLOGICAL	WHAT CAN BE DONE
1. Client motivation	<ul style="list-style-type: none"><li>• Encourage participation in achievable activities</li><li>• Discuss benefits of remaining active (e.g. maintaining independent living)</li><li>• Encourage involvement and engagement with peers</li></ul>
2. Attitude of 'others' (carers, families, health professionals, GPs, friends and peers) ... AGEISM	
3. Expectations of 'others' and society (what older people SHOULD do, versus WANT to do) for a meaningful life	
4. Depression and anxiety	Refer to GP, encourage activity
5. Fear of falling	Refer for falls intervention
6. Lack of insight, perception of falls risk	Refer for education for falls risk
7. Individual barriers e.g. perceived state of "unwellness", lack of time	Refer for falls risk assessment to address fears and barriers



# Falls & Mental Health Wellness

- Biological Changes with age may interfere with brain's functioning
- Social Changes can lead to isolation or feelings of worthlessness and hopelessness
- Somatic diseases are often contributory factors
- Mental disorders may exacerbate functional disabilities

THE ONE PANACEA FOR THESE AND MANY OTHER  
CONDITIONS?

EXERCISE AND ACTIVITY



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# Falls and Posture

- How do many elderly people sit – poke neck, shoulders hunched over, and under the ears. This can cause tightness in the shoulders, neck and chest. More sitting = worse posture
- And how does that impact on how you FEEL?
- Better posture can improve sense of well-being and decrease some falls risk factors

**IMPROVE POSTURE BY STANDING OR SITTING WITH YOUR CHEST UP AND SHOULDERS RELAXED**

**IMPROVED POSTURE ASSISTS WITH BETTER BALANCE & SENSE OF WELL-BEING**



# Falls Action Plan

**Being physically active** has multiple health benefits

- Physical: prevent bone density loss, maintain balance and strength, improve mobility, improve reaction times, helps prevent illnesses (e.g. heart disease, stroke, and some cancers), improve energy levels, decreases social isolation
- Psychological/mental: maintain and improve memory, and mental ability, prevent and alleviate depression, enhances self-esteem and self-worth, reduce stress
- Cognitive: reduce and prevent impaired intellectual functioning



# Reminder .....After a Fall

12% of falls are classified as serious. However even a minor fall can result in:

- Becoming less active physically
- Becoming socially isolated
- Loss of independence
- Increased risk of future falls due to loss of strength and balance
- Fear of falling
- Depression





# Acute Concerns After a Fall.. MONITOR!

## SEEK MEDICAL ATTENTION IF:

- Taking blood thinners
- Has an increasing or on-going headache
- Reports dizziness or fainting
- Blurred vision or slurred, incoherent speech
- Increasing sleepiness. Confusion, agitation, or changed behaviour
- Increased clumsiness, decreased movement and/or balance



# Lets Look More Closely .....

## 2. MOBILITY & TRANSFERS

- What are the client risks with mobility and transfers?



# Mobility - Walking Or Shuffling....?



## Strong safe walking requires:

- Good dynamic balance
- Good movement in toes, feet and ankles
- Good muscles strength
- No pain
- Confidence / NO FEAR OF FALLING

**GAIT RE-EDUCATION**



**KEY TO SAFE WALKING**



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# Mobility - Walking Or Shuffling....?

- **Mobility ... What Can Be Done?**

1. Encourage good posture:

chest up, stomach in, look ahead



2. Encourage heel strike when stepping forward

3. Encourage use of walking aid to reduce falls

risk if balance is poor

# A Final Word about Posture & Balance

- It is more difficult to balance or walk correctly if posture is poor - slouching or looking at the ground. Poor posture will also make movement in the upper part of the body more difficult; this includes reaching as well as turning the head.
- Encourage to stand tall (as much as possible), tummy in, chest up and shoulders relaxed. It may feel a little stiff to begin with, and difficult to achieve and maintain, but keep trying. And remember any change towards improvement will help, so don't worry about perfection.



# Transfers

- The ability to move from one posture or position to another
- The most important transfer function is from sitting to standing – integral to maintaining independence
- Lost as a result of many factors: decreased strength, fear of falling, forgotten technique
- And this is how to transfer from sitting to standing correctly.....





# How to Stand from Sitting correctly

DESCRIPTION	REPETITIONS	OPTIONS
From sitting in a chair without arms practice standing fully upright and sitting down. Do the exercise slowly.	<ul style="list-style-type: none"> <li>• 5 repetitions</li> <li>• 3-5 times each day</li> <li>• Breakfast / Lunch / Dinner)</li> </ul>	<ul style="list-style-type: none"> <li>• Place hands on seat to assist</li> <li>• Arms crossed on chest in front to increase challenge</li> </ul>

## SIT TO STAND PRACTICE



Move forward on chair	Bend at waist and lean forward until your bottom lifts off chair	Continue to move forward and then upwards until you are standing upright
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# Lets Look More Closely .....

## 3. DISABLEMENT

- “Disablement” can occur through a physical setback (e.g. a fall) or illness and has significant effects on functional ability
- This in turn leads to reduced mobility, a loss of confidence and independence, and a decline in the quality of life.
- Ultimately it can lead to anxiety, depression and an overall loss of interest in life.



# Enablement?

- **Enablement is the process** of changing thinking, activity and habits.
- It involves empowerment and removing ageism
- Enablement aims to create independence, improve self-image and self-esteem, self-efficacy and reduce the level of care required
- Rehabilitative supports are delivered concurrently until maximum independence is attained
- It involves those around encouraging client to do more to regain their independence



# Why Enablement?

- Because it has the potential to enhance quality of life of individuals as they age.
- For too long, there has been an acceptance, that reduced function, a lowering of wellbeing, and limiting of participation in community activities is an *integral* part of growing older
- However flexibility, strength, wellbeing and health can nearly always be improved with a range of activities
- Planned, safe enablement assisted by building strength and balance aids falls risk reduction.



# Enablement Has A Ripple Effect!



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# Enablement Has A Ripple Effect!

- **Carers:**

As the independence of care recipient increases, the burden on carers is reduced.

- **Family:**

With age, there can be a greater dependency on family. Particularly in rural areas where family members often live a considerable distance away, the concern for older parents can often be the driving force to move them into care. Enablement of the client can and assist the client to stay living independently in their own home



# How to Enable.... EMPOWER

- Find the means to make increased mobility and maintaining independence possible with clients in their home or at the day centre.
- Remember ... BAN any ageism associated with constant negative self-talk and feedback from others. **This adds the 'dis' to ability.** “I’m too old”, “Not at my age”, “let me do that you’ve earned a rest”
- Exercise can consist of functional activities.
- **Think of exercise as “Medicine for Muscles” and any movement is good.**



# Let's Put a Cat Amongst the Pigeons



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# Managing Client Risk – Today and in the Future (Employee)

What can you do on a daily basis to decrease and manage client risk?

- Know the client's falls risk; be aware of risk factors, undertake screening and develop strategies
- Understand the client's transfer capabilities; instruct, allow time for response, have walking aid close by
- Be aware of mobility ability and requirements for assistance
- Use appropriate equipment and follow organisational guidelines



# Managing Client Risk – Today and in the Future (Organisation)

What can **your organisation** do to identify and manage factors to decrease client risk?

- The client's falls risk: provide a screening tool that is used for new clients and reviewed as needed
- The client's transfer capabilities: provide education and training for all care workers.
- Develop processes and procedures which address due diligence
- Risk assessment and intervention for all clients in all situations



# Why Focus on Falls Prevention?

- Falls are most common causes of injuries and often the reason why older people go into care.
- Poor strength and balance can lead to falls. Incorporating strength and balance exercises into day to day activities can be easy.
- Managing falls risk factors = managing client risks
- Manage risks in all environments
- Having strategies for day to day situations underpinned by policy, process and procedure is paramount.



# Decrease Falls Risk Through....

- Changing habits for life
- Improved balance by challenging balance throughout the day when doing different activities
- Increased balance challenge SAFELY with exercises
- Building stronger muscles. To strengthen them, load them and keep them working hard; don't make tasks easier, make them work the muscles
- Always think about safety when doing any activities

**ASSESSMENT, EDUCATION + BUILDING STRENGTH  
AND BALANCE**



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# Strength and Balance

- ***To improve balance it must be challenged (safely)***
- ***To strengthen muscles, they must be used to make them work harder***
- Look for ways to be more active in the day
- Make small changes in the environment to increase participation in activities and the amount of incidental physical activity that is done



# SO.....To Manage Client Risk

1. Identify the risk in the situation – client activity and environment
2. Assess and analyze what is involved and what can happen?
3. Develop a plan of action before attempting to carry out the activity
4. Implement the plan and monitor throughout activity
5. Measure the impact and outcome of the intervention and manage potential on-going risks



## WHAT IS THE KEY TO RISK MANAGEMENT OF FALLS, MOBILITY AND TRANSFERS?

1. ASSESSMENT
2. EDUCATION
3. SAFE, SUPERVISED EXERCISE AND ACTIVITY

# An Example – Day Centre Trips

- Consider the following from client risk perspective, which impact on number of volunteers / helpers required
- **Identify** and **assess** potential risks: what are the clients' physical capabilities and limitations
- Develop an **action plan** to eliminate/minimise the risks; include assessment of client fall risks and mobility
- **Implement** a program to improve clients' physical capabilities and decrease their falls risk. **Monitor** progress
- **Measure** the outcome and **modify** intervention for next outing





# The Missing Link?



To assess client safety the focus should be on the client

To manage client safety the focus should be on the client.

To improve client safety the focus should be on the client

What do we need to add to the current ingredients of client risk management?

- ❖ Focus on the client
- ❖ Assess their capabilities
- ❖ Identify limitations
- ❖ Develop an individualised plan that addresses issues
- ❖ Include strength and balance practise
- ❖ Add a dash of education and encouragement



# THANK YOU

## QUESTIONS?



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