Redefining Fall Risk for Persons with Dementia

Tena Alonzo
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Learning Objectives

1. Describe the progression of dementia as it applies to falls and persons who have trouble thinking.
2. Identify two factors that increase the likelihood that persons with dementia will fall.
3. Discuss at least two strategies for reducing the likelihood that persons with dementia will fall.
4. Identify two strategies for working with family decision-makers around the occurrence falls.
5. Identify one strategy which will enhance quality of life and redefine the risk in your organization.

Beatitudes Campus – Our Story
Session 3b: Preventing Falls when Dementia is Involved

Prevalence of Dementia in the US

- 8,000,000 people with dementia in 2012
- 1,000,000 people with dementia in 2021
- 1,300,000 people with dementia in 2051

Understanding Dementia

Progression of Dementia

- Mild: Impaired memory; Personality changes; Spatial disorientation
- Moderate or Mid-Stage: Confusion; Agitation; Insomnia; Aphasia; Apraxia
- Severe or Late Stage: Restiveness; Incontinence; Eating difficulties; Motor impairment
- Terminal: Bedfast; Mute; Intercurrent infections; Dysphagia
Looking at Dementia Differently

"I believe that Pat died to demonstrate that the day in, day out way we treat people with cognitive decline has to get better. You'd like to think that Pat got the kind of generous, sensitive care that she gave to others. But the fact is, she didn't always, for the simple reason that not enough of that care exists. We can do something about that”. Sally Jenkins, sports columnist, The Washington Post

Mild Dementia – What are my strengths?

- My long term memory is still working most of the time
- I know when I’m comfortable and when I’m not – I’ll do almost anything to be comfortable
- I thrive when engaged with interests that are meaningful to me
- My emotions are intact which means how I feel is very important to me

Moderate Dementia – What are my strengths?

- I communicate effectively with my actions even when words are difficult
- I know when I’m comfortable and when I’m not – I’ll do almost anything to be comfortable
- I thrive when engaged with interests that are meaningful to me
- My emotions are intact which means how I feel is very important to me
Advanced Dementia – What are my strengths?

- I communicate effectively with my actions even when I speak very little
- I know when I’m comfortable and when I’m not – I’ll do almost anything to be comfortable
- I thrive when engaged with interests that are meaningful to me
- My emotions are intact which means how I feel is very important to me

Why Comfort Matters for Reducing Fall Risk

- People with dementia are experts on their own comfort
- Emotions are intact so we can change how a person feels even if we can’t change how they think
- When verbal communication is compromised we communicate through our behavior/actions
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Merriam-Webster’s definition

1. “To give strength and hope to”
2. “To ease the grief or trouble of”

Synonyms:
assure, cheer, console, reassure, soothe

Antonyms:
Distress, torment, torture, trouble

Evidence-Based Rationale for Comfort

• Comfort is a benefit to people with dementia
• People with dementia are experts on their personal comfort
• People with dementia communicate comfort and discomfort through their actions
• Everyone with dementia can be comfortable
• Comfort is NOT just for end-of-life circumstances

Prevalence of Falls for Persons with Dementia
Why People with Dementia Fall

- Need for elimination
- Pain
- Positioning
- Fatigue
- Boredom
- Poor safety awareness
- Trips or other hazards
- Medical factors
- Personal history
- Predetermination

The Role of Comfort in Decreasing Falls

Comfortable people don't fall because their needs are anticipated for:
- Pain
- Positioning
- Elimination
- Boredom
- Past history
- Other factors

Road Mapping – A Unique Way to Evaluate & Reduce Falls
### Comfort-Focused Road Map

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<th>Describe the fall(s) and what happened</th>
<th>What is the person communicating?</th>
<th>What are the possible remedies?</th>
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Case Study – George Love

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Considerations for Medical Providers

Define the responsibilities of the medical provider for:
• Staff education
• Family decision-makers
• Medications
• Comorbidities
• Other expectations

Considerations for Families

• Create realistic expectations – people with dementia fall, don’t over promise
• Educate on the progression of dementia and the human need to move
• Partner with families for discussions on the possibilities
• Develop a plan that focuses on both safety and quality of life.
Final Thoughts

• Understanding what to expect from the person with dementia as she/he progress through the disease is essential to success.
• Creating realistic expectations with family members can pave the way for safety and quality of life considerations
• Identifying what the person with dementia is communicating through her/his actions will help redefine fall risk.

Questions?

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Presentation References


