

## **Families**

### Notes to Instructor

The intent of this training program is to introduce the concepts of fall prevention in long-term care with special emphasis on residents with dementia. While content of each section explains general principles, how the information should be applied to your facility will require discussion. As stated in the introduction, “there is no one-size-all approach to reducing falls”. The education provided in each section is designed to give the participant the understanding of residents with dementia and the tools for risk assessment and problem solving that can be applied to your facilities specific needs. Problem solving and application of principles require team discussion and brainstorming for each individual resident.

Each section will have “Notes to Instructor” that will highlight information to be emphasized so the facility can get the most benefit from the program. While the introduction explains the premise of the program and how to use the DVD, it should also be noted that the content is divided into specific sections addressed according to staff position. The writers of this program felt the information would have greater impact if it was individualized according to position. While direct care staff have an understanding of falls and the need for prevention, CNAs in particular may not know they have valuable information related to a resident or how to convey the information to the team. Indirect care staff and volunteers may not know the full extent of how they can be a valuable resource in fall prevention. And finally, the information provided to the family may bring a greater understanding of their family member and all of the facilities efforts to prevent falls and keep their loved ones safe.



- \_\_\_\_\_ 1. True or False: Alzheimer's disease and dementia is the same thing?
- \_\_\_\_\_ 2. Which is an example of short term memory?
  - a. Remembering the name of someone you met this morning
  - b. Remembering the name of your first grade teacher
  - c. Remembering the name of all 50 states
- \_\_\_\_\_ 3. True or False: Because of the area deep in the brain that it affects first, Alzheimer's tends to interfere with long-term memory before short-term memory.
- \_\_\_\_\_ 4. Which of the following is NOT a symptom of mild Alzheimer's disease?
  - a. Increasing memory loss
  - b. Confusion about location of familiar places
  - c. Sudden decline in physical functioning
  - d. Taking longer to accomplish normal daily tasks
  - e. Mood and personality changes
- \_\_\_\_\_ 5. Which symptom(s) of dementia could increase a resident's risk of falls?
  - a. Language difficulties
  - b. Impaired reasoning
  - c. Confusion
  - d. All of the above
- \_\_\_\_\_ 6. True or False: If a resident with dementia insists that she needs to go to the bathroom and you know that she has gone recently, you should try to reason with her to convince her that she doesn't need to go again.
- \_\_\_\_\_ 7. True or False: The rate at which Alzheimer's disease progresses – that is, gets worse – can vary from person to person.
- \_\_\_\_\_ 8. True or False: Re-orienting a person with Alzheimer's dementia to time and place daily will help them remember.
- \_\_\_\_\_ 9. True or False: Advanced Alzheimer's disease can produce incontinence of bladder and bowel.
- \_\_\_\_\_ 10. Which is the best statement about working with people who have dementia and fall prevention?
  - a. If I have a better understanding of how changes in the brain affects behavior, helping my residents with dementia will be less frustrating.
  - b. If I understand dementia symptoms and behavior, I can more effectively reduce my resident's risk for falls.
  - c. Preventing falls in my residents with dementia will lead to better quality of life for them, better relationships with their families and greater job satisfaction for me.
  - d. All of the above





## Understanding Alzheimer's and Related Dementia for Families

Most likely, you are viewing this DVD because you have a family member living in this facility. The administration and staff want to provide a comfortable and safe environment for your loved one. This includes our continuous efforts to minimize the risks for falls or accidents. For our residents with dementia, there are special challenges to minimizing these risks.

Although you may not have thought much about how you might help to reduce the risk of falls at this facility, the truth is that everyone here has an important role, including visitors. To effectively reduce the incidence of falls and accidents, we're asking all employees and volunteers to be alert to situations that might pose a risk and then take appropriate action whenever needed. As a visitor, you can help by notifying staff if you see a potentially hazardous situation. Hopefully, the information in this program will also help you understand and respond appropriately to your loved one if he or she exhibits symptoms of dementia that might increase the risk of falling.

In this section we'll present basic information about the changes in the brain that can result from Alzheimer's disease or other conditions and the effects of those changes on a person's ability to function. Our goal is to help you understand what causes the symptoms of dementia so that you may be more effective in helping to reduce their risk for falls.

Let's start by explaining what we mean by the term "dementia." It doesn't actually refer to a disease – rather, it's a group of symptoms that result from any one of several diseases or conditions. One of the most common causes of dementia among older adults is Alzheimer's disease. As we'll see, Alzheimer's causes changes in the brain that result in symptoms or behaviors we refer to as "dementia." But, there are several other diseases or conditions, like a stroke, that can affect the brain and produce symptoms of dementia.

The most common symptoms of dementia are:

- a loss of memory,
- a loss of cognitive or "thinking" skills,
- a loss of language skills and
- increasing difficulty with how they perceive themselves or other objects in space – for example, the ability to accurately perceive where they are relative to a chair before they sit down.



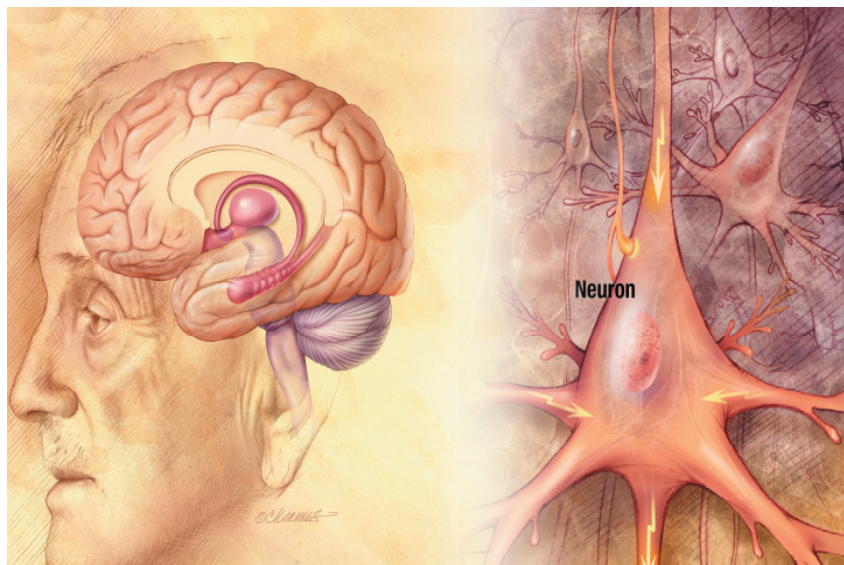
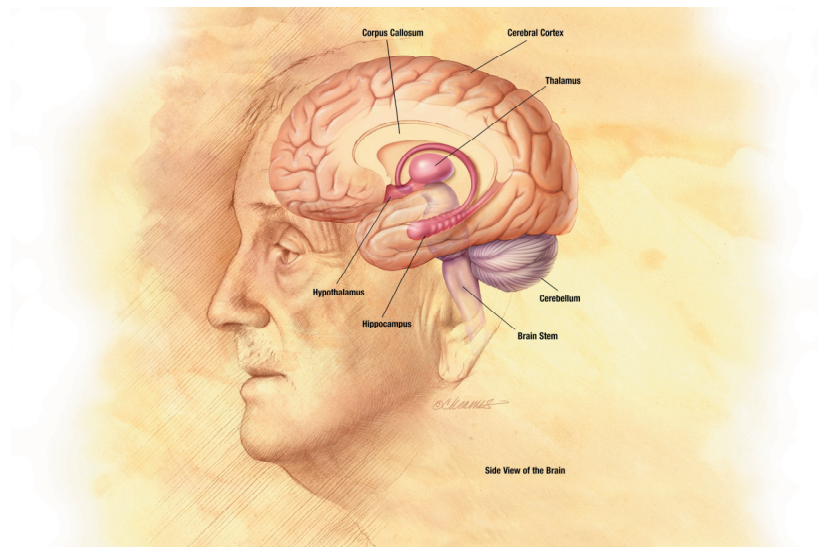
With dementia, these losses are serious enough that they interfere with a person's ability to do routine activities of daily life. Certainly, all of us forget things, get confused or have trouble expressing ourselves once in awhile. That doesn't mean we have dementia! Dementia is when these symptoms are frequent enough and severe enough that they make it difficult for a person to do daily activities independently. And, as we will see in another section of this program, these symptoms of dementia can put a person at a very high risk for falling.

To better understand how changes in the brain affect behavior, we will take a closer look at what happens to the brain of a person with Alzheimer's disease and what causes the symptoms of dementia you typically see. Keep in mind that dementia can be caused by other diseases and conditions. We're using Alzheimer's in the following examples simply because it is the most common cause of dementia.

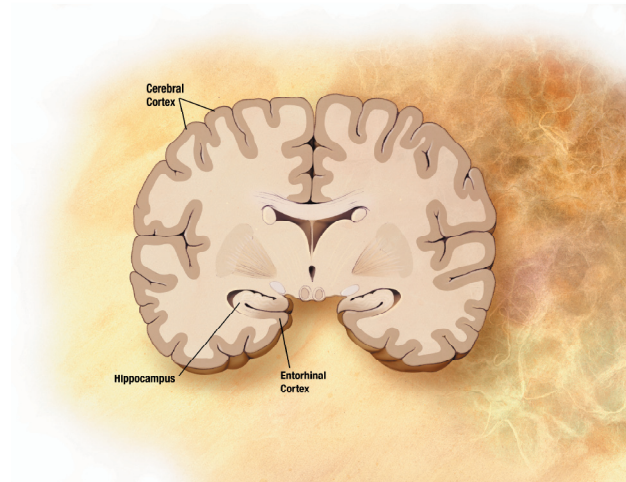
The human brain is a remarkable organ. Weighing only about 3 pounds, the brain contains about 100 billion nerve cells, or neurons, that manage our bodily functions and allow us to speak, see, remember, feel and make decisions. We know that different areas of the brain are involved in different types of activities. For example, by using advanced imaging techniques, scientists have been able to produce pictures which show that different areas of the brain are more active when a person is listening to words, speaking words, seeing words or thinking about words.

Generally speaking, this outer part of the brain – called the cerebral cortex– is responsible for processing information received from the outside world through our senses, controlling voluntary movement, and our thought processes. We also know that another part of the brain is involved in controlling our heart rate, blood pressure and breathing, while other parts are involved in controlling emotions, storing and retrieving memories, and controlling our balance. In a normal, healthy brain all of these parts work together smoothly and reliably. The billions of neurons communicate with each other through a complex network of connections, sending millions of messages every second.

Unfortunately, in a brain affected by injury or disease, these communication pathways are interrupted, neurons die, and areas of the brain atrophy – or waste away. Basically, Alzheimer's disease causes neurons, nerve cells in the brain, to stop working, lose connections with other nerve cells, and, finally, die. It begins in an area deep within the brain that's essential to the formation of memories. That is why the first visible sign of Alzheimer's is usually memory loss.



When we talk about memory, we often refer to “short-term memory” and “long-term memory.” “Short-term memory” refers to our ability to recall very recent events or “temporary” information like a phone number after we look it up – remembering it just long enough to use it. “Long-term memory” refers to our ability to recall events, names or facts from the past.



Because of the area of the brain it affects first, Alzheimer’s disease tends to interfere with short-term memory before long-term memory. So, a person with Alzheimer’s might be able to tell you about something she did many years ago, perhaps something from her childhood, but not remember what she had for breakfast today - or even that she had breakfast.

As the disease progresses to the outer layer of the brain, it begins to disrupt the functioning of the areas that control language, sensory processing (like hearing and seeing) and thinking. This leads to symptoms of the early stages of Alzheimer’s disease, like:

- Increasing memory loss
- Confusion about the location of familiar places
- Taking longer to accomplish normal daily tasks
- Trouble handling money and paying bills
- Poor judgment leading to bad decisions; and
- Mood and personality changes.

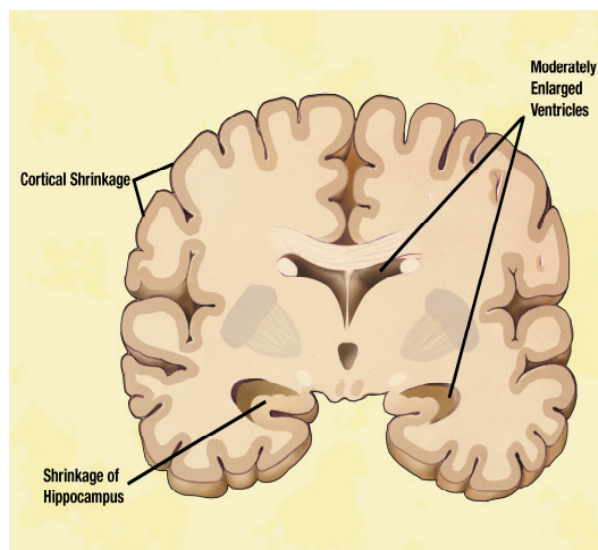
Most people with mild Alzheimer’s appear to be healthy, but show increasing difficulty making sense of the world around them.

The following is an illustration of the long term effects of Alzheimer’s on the brain over time. There is significant shrinkage in various areas of the brain, as well as the enlargement of open spaces in the brain. These changes reflect the loss of brain tissue and a serious disruption of the brain’s ability to process information and perform normally.

Among the symptoms of advanced Alzheimer’s disease are:

- Disorientation about where they are or what day, month or year it is
- Disturbances of language and verbal communication such as using the wrong words or repeating phrases over and over
- Loss of self-care abilities, like bathing and dressing
- Incontinence of bladder and bowel; and
- Problems with walking.

There are many other symptoms that might be associated with Alzheimer’s disease, and people’s symptoms will change over time as the disease progresses. However, it’s important to know that people with Alzheimer’s disease don’t all exhibit the same symptoms or the same rate of progression of the disease.





As adults age, they rely on their environment to compensate for increasing frailty and sensory loss. For example, people tend to use objects like tables and chairs for support as they become weaker or have problems with balance; or, they may rely on their memory of where things are located in a room if their eyesight begins to fail. When judgment, memory, and thinking processes are affected by the loss of brain tissue, like what happens with Alzheimer's, a person's ability to function in his or her environment is reduced and the risk for a fall or injury greatly increases.



Also, the disruption of normal thought processes might lead to the inability to remember how to perform common tasks such as how get in or out of bed, or the inability to communicate what they're thinking or feeling. For example, a person may become restless and attempt to get up because she feels hungry or feels the need to use the bathroom. If the part of the brain that controls speech is affected, the resident may not be able to tell you what she needs, even if you ask her. And, even if she has just gone to the bathroom, a person with dementia may not remember going and still feel the need to go.



When you see people acting this way, it's important to remember that changes in their brain may have affected their ability to use normal reasoning or judgment, or to express themselves or to understand what you say to them. Trying to "reason" with them, or arguing with them or telling them what to do or what not to do may not work very well... leading to frustration for you and the person with dementia.



To summarize, it is important to understand how symptoms of dementia can be caused by changes in the brain as a result of a disease process like Alzheimer's. Such changes in the brain can affect a person's physical functioning and decrease the ability to recognize limitations and express needs. Also, these symptoms of dementia are likely to change over time, as more areas of the brain are affected.

We encourage you to take the quiz included in this module as a way of checking your understanding of the information that's been presented.



## Role of Families in Reducing Falls

This presentation is part of our comprehensive approach to provide a comfortable and safe environment for your loved one and minimize the risks for falls or accidents.

If your family member or friend who resides here has Alzheimer's disease or any other form of dementia, we suggest you view the module called "Understanding Alzheimer's and Related Dementia" before continuing with this module. You may select the button that will take you directly to that module or you may select "Continue" to view this module on the role of families in reducing falls.



When it comes to preventing falls, we believe that everyone here has an important role, including visitors. To effectively reduce the incidence of falls and accidents, we're asking all employees and volunteers to be alert to situation whenever needed. As a visitor, you can help. Hopefully, the information in this program will also help you notify staff if you see a potentially hazardous situation. Understand and respond appropriately to your loved one if he or she exhibits behaviors that might increase the risk of falling.

In this section, we'll present some information about the types of factors that might increase a resident's risk for falling and describe some of the precautions we can take to reduce the chances of a fall. Although we have trained our staff to be alert to situations that could increase the risk of falling and to take appropriate action, we know that you, too, can help us out since we can't keep an eye on every resident every minute of the day.

Once you know more about the risk factors, you might be able to alert the staff if you observe a situation that puts resident at risk. In fact, you may observe a situation involving a resident other than the one you're visiting. Just by bringing such a situation to the attention of a staff member, you might help to prevent an accidental fall. When a resident is admitted to our facility, we do a thorough evaluation of the resident, including an assessment of their risk for falling. As a result of this, our staff is aware of residents who have a higher risk, so they can then take special precautions to minimize the risk. These precautions become part of the written care plan for the resident. This assessment is updated whenever a resident has any change to their health or mental status, since such a change might put them at increased risk for a fall. This assessment is also updated if a resident returns to our care after a temporary absence, such as hospitalization. Occasionally, in spite of everyone's best efforts, accidents can occur. If a resident happens to fall, our staff will conduct a thorough investigation of the circumstances, including a post-fall assessment that analyzes all of the factors that may have contributed to the fall. The results of this assessment are shared with the staff and may lead to changes in the resident's care plan or other changes in policies or procedures at our facility. We think it's important for you to know that the health, safety and comfort of our residents is our number one priority...and we appreciate your help in being alert for situations that might pose a risk for falling.



We have found it helpful to think about risk factors in two general categories.

The first group of risk factors is called “intrinsic”. These refer to the physical or mental health of individual residents. That is, these are risk factors that are the result of a person’s physical or mental condition, regardless of his or her situation or environment. Examples of intrinsic factors that increase the likelihood of a resident falling are: difficulty walking; weakness in the legs; problems with balance; the effects of certain medications; and poor vision. Residents with dementia may also show intrinsic factors like: Confusion; anxiety and restlessness; difficulty communicating with others and “forgetting” that they need a walker to get around.

The second group of risk factors is called “extrinsic”. These are situations in the environment – like poor lighting, recently-mopped floors, or tripping hazards. Most falls in long-term care facilities occur when there is a combination of an extrinsic risk factor, like a wet floor, and an intrinsic risk factor like poor vision or confusion. So even if a freshly mopped floor is clearly posted with those familiar yellow signs, a person with poor vision or confusion may not notice these warning signs. Many extrinsic risk factors are temporary situations in the environment, like slippers left in the path to the bathroom. Unlike intrinsic risk factors, extrinsic factors might appear at any time and nearly all can be reduced or eliminated by simple actions of alert staff members or visitors. Even if you can’t eliminate every risk factor, eliminating as many as possible can reduce the chances of injury if a resident does fall.



As a visitor, you can help prevent falls by being on the lookout for extrinsic risk factors. If you see something that you think might pose a risk to a resident, don’t hesitate to do something about it immediately: either take care of it yourself or bring it to the attention of a staff member right away.

Also, if you notice a sudden change in the health or mental status of the resident you’re visiting, please bring it to the attention of a staff member as soon as possible, since this change might increase the resident’s risk for falling.



Let's look at a few examples of extrinsic risk factors and see if you can identify them.

Imagine that you're stopping in to see a resident in her room. Take a look around this room. Can you find at least three extrinsic risk factors in this room?



Select "Continue" when you have found at least three extrinsic risk factors.

Here are some of the extrinsic risk factors in this room:

1. The resident's walker is on the other side of the room, rather than next to her chair, so she might be unsteady moving from her chair to the walker
2. The resident's shoes are off; so she is more likely to slip and fall with only socks on her feet
3. A cup of water has spilled on the floor, creating a slipping hazard

Do you see any others?

Here's a hallway at a long-term care facility. What extrinsic risk factors do you see?  
See if you can find at least two.



Select "Continue" when ready.

Here are some of the extrinsic risk factors for falls in this hallway:

1. The laundry hamper is an obstacle that people might bump into or might have difficulty getting around
2. The vacuum cleaner cord is an obvious tripping hazard
3. This one is a little more subtle: There is a dark area on the carpet which might appear as a "hole in the floor" to someone with impaired vision.

Do you see any other risk factors?

Select "Continue" when you're ready to continue.

This concludes our module on the role of families members and visitors in helping to reduce the risk of falls at our facility. As a visitor, you can help by notifying staff if you notice a potentially hazardous situation. Hopefully, the information in this program will also help you understand and respond appropriately to your loved one, if he or she exhibits behaviors that might increase the risk of falling.

## Understanding Dementia - Families

## Quiz

- \_\_\_\_\_ 1. True or False: Alzheimer's disease and dementia is the same thing?
- \_\_\_\_\_ 2. Which is an example of short term memory?
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- \_\_\_\_\_ 3. True or False: Because of the area deep in the brain that it affects first, Alzheimer's tends to interfere with long-term memory before short-term memory.
- \_\_\_\_\_ 4. Which of the following is NOT a symptom of mild Alzheimer's disease?
  - a. Increasing memory loss
  - b. Confusion about location of familiar places
  - c. Sudden decline in physical functioning
  - d. Taking longer to accomplish normal daily tasks
  - e. Mood and personality changes
- \_\_\_\_\_ 5. Which symptom(s) of dementia could increase a resident's risk of falls?
  - a. Language difficulties
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  - c. Confusion
  - d. All of the above
- \_\_\_\_\_ 6. True or False: If a resident with dementia insists that she needs to go to the bathroom and you know that she has gone recently, you should try to reason with her to convince her that she doesn't need to go again.
- \_\_\_\_\_ 7. True or False: The rate at which Alzheimer's disease progresses – that is, gets worse – can vary from person to person.
- \_\_\_\_\_ 8. True or False: Re-orienting a person with Alzheimer's dementia to time and place daily will help them remember.
- \_\_\_\_\_ 9. True or False: Advanced Alzheimer's disease can produce incontinence of bladder and bowel.
- \_\_\_\_\_ 10. Which is the best statement about working with people who have dementia and fall prevention?
  - a. If I have a better understanding of how changes in the brain affects behavior, helping my residents with dementia will be less frustrating.
  - b. If I understand dementia symptoms and behavior, I can more effectively reduce my resident's risk for falls.
  - c. Preventing falls in my residents with dementia will lead to better quality of life for them, better relationships with their families and greater job satisfaction for me.
  - d. All of the above







1. True or False

Alzheimer's Disease and dementia are the same thing?

**False** Dementia is not an actual disease. It is a group of symptoms caused by a disease or condition. Alzheimer's is one disease that can cause dementia but there are many others such as stroke and Parkinson's disease.

2. Which is an example of short term memory?

**a. Re-calling the name of someone you met this morning**

Short term memory involves the recall of specific details of very recent experiences

3. True or False: Because of the area deep in the brain that it affects first, Alzheimer's tends to interfere with long-term memory before short-term memory.

**False** Alzheimer's tends to interfere with short-term memory before long-term memory. A person with Alzheimer's might easily recall the name of a childhood friend, but not recall what she had for lunch today.

4. Which of the following is NOT a symptom of **mild** Alzheimer's disease?

**c. Sudden decline in physical functioning**

Mild Alzheimer's disease does not cause a decline in physical functioning. Most people with mild Alzheimer's appear to be healthy, but show increasing difficulty making sense of the world around them. However, **advanced** Alzheimer's can cause problems with walking.

5. Which symptom(s) of dementia could increase a resident's risk of falls?

**d. All of the above.** All of these symptoms of dementia could increase the risk of falls. If a resident has language difficulties, she might not be able to ask for assistance when needed, she might get frustrated, and she might attempt to do things she shouldn't do without assistance. If a resident has impaired reasoning, she might not be able to plan how to negotiate a crowded hallway. If a resident is experiencing confusion, she might not be aware of her physical limitations and attempt to do something she is not capable of doing.

6. True or False

If a resident with dementia insists that she needs to go to the bathroom and you know that she has gone recently, you should try to reason with her to convince her that she doesn't need to go again.

**False** It's important to remember that changes in the brain may have affected the resident's ability to use normal reasoning or judgment. Trying to "reason" with a resident under these circumstances will most likely lead to frustration for you and the resident. The best approach is to take them to the bathroom; maybe they really have to go!

7. True or False: The rate at which Alzheimer's disease progresses – that is, gets worse – can vary from person to person.

**True** For some residents with Alzheimer's, the disease progresses very slowly, while others can deteriorate very rapidly.

8. True or False Re-orienting a person with Alzheimer's dementia to time and place daily will help them remember.

**False.** Due to loss of tissue in the area of the brain that stores short term memory, re-orienting a person to place or time would not be beneficial.

9. True or false Advanced Alzheimer's disease can produce incontinence of bladder and bowel.

**True** Bladder and bowel incontinence may be a symptom of advanced Alzheimer's, as a result of the serious disruption in the brain's ability to process information or control certain bodily functions.

10. Which is the best statement about working with people who have dementia and fall prevention?

**d. All of the above.**

A better understanding of how changes in the brain affect behavior should lead to all of these benefits for you and your residents.