



Commonly Heard, Commonly Said: Catchphrases That Hurt

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- Understand how common terms and responses undermine the care provided by long-term care facilities
- Explore the risk management issues involved in evaluating falls, pressure ulcers and elopements upon admission
- Discuss how rethinking these concepts may enhance practice in long-term care

How Do Staff Members Feel About Documentation?

How Can These Attitudes Be Changed?



“No Complaints of Pain”



- Does this mean that the nurse asked the resident if s/he was in pain and the resident said “no?”
- Does it mean that the resident did not independently say s/he was in pain, therefore the nurse concluded there was no pain?
- Does it infer that a pain assessment was actually performed?



“Called the doctor. NNO”

- Who did the nurse call?
- What did the nurse actually communicate with the physician/NP/PA-C?
- If the nurse called with the expectation that new orders would be issued, what NURSING interventions will be initiated in the absence of new orders?

“T&P Q2H”

- How do licensed nurses supervise the turning and repositioning provided by C.N.A.s?
- How is T&P documented in this setting?
 - As a narrative note?
 - How is repositioning done in a chair?
 - NPUAP guideline q30-60 minutes when in a chair
 - On the TAR every shift:
 - Turned and repositioned in bed q2 hours 7-3, 3-11, 11-7



“Is Your Mother Falling at Home? Bring Her Here, So She Won’t Fall”

- Disconnect between the expectations of families and the ability of staff to meet those expectations
- Residents are not monitored 1:1 and are not continually observed when in bed, even though residents tend to fall on 11-7
- Advantages for being in a nursing home for a resident who falls versus disadvantages MUST be discussed prior to/at the time of admission
- “Your mother has been falling at home. She will continue to fall here for the same reasons.”

“Please Step Outside the Room So That the Staff Can Perform Wound Care”

- If the resident agrees, what would be the negative implications of asking the family member if they wish to observe wound care?
- What would be the positive aspects of allowing families to observe the wound care or to view the weekly assessments of the wound(s)?
- How many family members have cameras on their cell phones and/or watch Jerry Springer?

“Comfortable People Don’t Fall”

- Is this a true statement?
- Can you think of situations in which residents may fall even if they are comfortable?
- Is comfort limited to physical issues?
- Do bed/chair alarms address the comfort needs of residents?



“If It Isn’t Documented, It Wasn’t Done”

- Is it possible to document everything that a health provider does during a resident interaction?
- Can we agree that documenting the **BIG TICKET ITEMS** is the goal for long-term care facilities?



- What can be done when gaps documentation are identified?



“The Doctor Has Ordered Sliding Scale Insulin to Control Diabetes”

- SSI will treat the glucose levels that have already been registered
- Not an effective strategy for residents in long-term care due to the necessity to obtain finger stick blood sugars 4 times/day and to cover the glucose level using injections of insulin
- Older adults tend not to display typical signs and symptoms of hypoglycemia and may be more adversely affected by low rather than high glucose levels

“Nurses Know How to Complete the Braden Scale”

Sensory Perception	1 Completely limited	2 Very limited	3 Slightly limited	4 No impairment
Moisture	1 Constantly moist	2 Very moist	3 Occasionally moist	4 No impairment
Activity	1 Bedfast	2 Chairfast	3 Walks Occasionally	4 Walks frequently
Mobility	1 Completely immobile	2 Very limited	3 Slightly limited	4 No limitation
Nutrition	1 Very poor	2 Probably inadequate	3 Adequate	4 Excellent
Friction & Shear	1 Problem	2 Potential problem	3 No apparent	

“Nurses Know How to Complete the Braden Scale”

- The Braden Scale does not ask one very vital question_____
- If policies require that interventions are implemented based upon a Braden Scale score but the Braden Scale was incorrect, what is the implication for the facility?
- If a resident has a pressure ulcer upon admission but has a low risk Braden Scale, what is the implication?

