Experts' Roundtable

From falling to medication errors, from fire to wandering, myriad safety issues challenge the assisted living (AL) community. In this issue, we ask our panel of experts about some of the safety issues and what AL can, and should, do about them.

What, in your opinion, is the greatest safety issue facing assisted living residents today?

Linda C. Drummond, NHA, MSM
President
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Quality Management and Strategic Marketing Consultants

I find that as AL residents age in place, the greatest safety issue is that of falls, especially frequent falls or falls with resulting injury. Falls place a resident at risk for discharge from an AL community into a higher level of care. Although falls often can't be prevented, they can be managed via a Falls Management Program provided by the facility—a comprehensive program that looks not only at the resident's medical condition, but also includes an assessment of the environment and equipment used. Recently, while consulting for a national contract rehab company, I found that residents often use a walking device or wheelchair that is inappropriate or is used incorrectly, thus creating a higher risk of falling. Having a physical and/or occupational therapist resource available to screen and assess a resident who is identified at risk of falling can be helpful in managing resident safety.

Andrew Carle, MHSA
Assistant Professor, Director
Program in Assisted Living/Senior Housing Administration
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Resident falls take their toll not only on AL residents but on staff, family, and the industry as a whole in terms of skyrocketing insurance premiums. One reality born of this issue is the need to replace the term "falls prevention" in training and service offerings with the term "falls reduction." One-third of adults over 65 fall each year, with falls the leading cause of death from injuries for those over 85. Recognizing that it is virtually impossible to eliminate falls, "prevention" implies more than we can deliver. What we can promise is to attempt to reduce the number and severity of injuries from falls. Replacing a round of Bingo with fitness programs; and offering proper nutrition, medications management, and physical plant modifications are all commonly adopted and well invested practices. But there is one area that may hold the most promise for the future.

"Nana" technology, a term I developed to categorize technologies designed to improve quality of life for the elderly, has put significant focus on issues related to falls. Companies and universities are working together to develop "smart" canes and walkers that serve almost as seeing-eye dogs in avoiding obstacles, "sit" themselves in a corner, and come when they are called. Boston University recently developed "smart shoes" with vibrating inserts that warn wearers when their balance is approaching the tipping point so that they can take corrective action.

The sooner we can incorporate these technologies into AL environments, the better.

Robert Fusco, RPh, CCP, FASCP
Director, Government Affairs,
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In my opinion, the greatest safety issue in AL is medications. For the most part, AL residents are taking more medications than ever before. Statistics for the AL facilities we service show an average of 11 medications per resident versus 9 medications in our skilled facilities. As most healthcare professionals know, the more medications a person takes, the more adverse drug reactions and side effects are possible. *The Journal of the American Medical Association* recently reported 701,547 complications nationwide each year. The fact that there is no mandatory drug regimen review in AL facilities by a consultant pharmacist leads to complications and misuse of medications, which contributes to the above mentioned statistics.

In New Jersey, most AL facilities utilize a consultant pharmacist on a quarterly basis but without a mandatory response by the physician in these settings. It puts the resident at risk for adverse events, duplication of therapy, lack of monitoring, poor outcomes, and overmedicating. These risks can be further attributed to a facility not having a medical director but, instead, multiple physicians (rarely geriatricians) who treat residents without regard to federal standards that have been set for skilled facilities. For example, a resident who has high cholesterol and high triglycerides and therefore needs statin therapy, may be prescribed statin therapy, but the physician does not order liver function tests or labs to monitor the therapy. There are many situations like this, including use of drugs that have high anticholinergic side effects that lead to such things as falls, constipation, dry mouth and urinary retention.

There are many other examples of therapy failures, retention, and that is why I believe that medications are the greatest safety issue in the AL setting. ALC