

BETTY'S TIP FOR AUGUST



It's Vacation Time – When You Travel, You Need A Map!

“Risk Mapping”

Most falls can be prevented if a caregiver is in the right place at the right time, i.e. with the fall risk individual to assist him/her in getting up from bed or a chair. That of course isn't always practical, requiring a 24/7 sitter, who is expensive and most of the time doing nothing more than sitting and waiting. A more sensible approach would be to know in advance when the patient is likely to try to get up, and that is often predictable by “risk mapping”.

What if we tracked a patient's falls or attempts to get up, and we found that most of them are on Wednesdays? What is happening on Wednesdays that is impacting negatively on this patient? Is he coming back from Therapy at those times and being left unattended at bedside? Is his spouse bringing him back to his room and leaving him unattended? Is this perhaps when the Bingo game in the Activities Room lets out and a volunteer is bringing him back to his room, just leaving him in his wheelchair? Maybe there's a lunch that affects him differently from meals on other days.

Risk mapping means that we implement a way to track specific times and dates of events that contribute to the risk. As a result, we may find the risk created by schedules, shift changes, diet or drug changes, family visits, or simply the behavior patterns of the individual. When trends and consistencies are found, preventive measures can be taken by staff to intervene *before the problem occurs*.

We cannot possibly predict every bed or chair attempted exit with risk mapping, but we can for many. For the others, when a sitter is not practical, quick staff response to a reliable fall risk monitoring system can usually allow them to intervene in time to prevent a fall from occurring.

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