



Newsletter

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Understanding Intimate Partner Violence

Slip and Falls

Be Prepared:
Staying Safe and Healthy
in Winter Weather



Understanding Intimate Partner Violence

Continued from the November Issue page #5

How can we prevent IPV

The goal is to stop IPV before it begins. There is a lot to learn about how to prevent IPV. We do know that strategies that promote healthy behaviors in relationships are important. Programs that teach young people skills for dating can prevent violence. These programs can stop violence in dating relationships before it occurs.

We know less about how to prevent IPV in adults. However, some programs that teach healthy relationship skills seem to help stop violence before it ever starts.

How does CDC approach IPV prevention?

CDC uses a 4-step approach to address public health problems like IPV.

Step 1: Define the problem

Before we can prevent IPV, we need to know how big the problem is, where it is, and whom it affects. CDC learns about a problem by gathering and studying data. These data are critical because they help decision makers use resources where needed most.

Step 2: Identify risk and protective factors

It is not enough to know that IPV affects certain people in a certain area. We also need to know why. CDC conducts and supports research to answer this question. We can then develop programs to reduce or get rid of risk factors.

Step 3: Develop and test prevention strategies

Using information gathered in research, CDC develops and evaluates strategies to prevent IPV.

Step 4: Assure widespread adoption

In this final step, CDC shares the best prevention strategies. CDC may also provide funding or technical help so communities can adopt these strategies.

For a list of CDC activities, see Preventing Intimate Partner and Sexual Violence: Program Activities Guide (www.cdc.gov/violenceprevention/pub/ipv_sv_guide.html).

Where can I learn more?

National Domestic Violence Hotline

1-800-799-SAFE (7233), 1-800-787-3224 TTY, or www.ndvh.org

National Coalition Against Domestic Violence

www.ncadv.org

National Sexual Violence Resource Center

www.nsvrc.org

Family Violence Prevention Fund

www.endabuse.org



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Source: http://www.cdc.gov/ViolencePrevention/pdf/IPV_factsheet-a.pdf

Slip and Falls

By Janet Fulfs, President

Falling is the number one cause of death due to injury for people over 75 years old.

According to a 2002 report from the National Safety Council, falls are the number one cause of death from injury among people over 75 years old. Falls are the second leading cause of death due to an injury among 45 to 75 year olds.

The Centers for Disease Control (CDC) reported in 2007 that 81 percent of fatal slips and falls occurred among seniors, ages 65 or older. Though falls are more devastating to seniors, they can be just as fatal to younger people, regardless of age. Falls in the home can result in serious injuries requiring a trip to the hospital. The Home Safety Council states there are 20 million emergency room visits annually due to slips and falls in the home.

The best medicine is prevention:

1. Make an assessment of your surroundings. Note any obstacles. Clear all pathways of obstacles. Keep floor areas clear. Many slips and falls in the home can be prevented by keeping floor areas clear of clutter, toys and other items that can obstruct walkways. Do not run electrical cords across traffic areas and keep cords tied down and secure. Move furniture out of walkways.
2. Assess the integrity of stairs, steps, and banisters. Install handrails. Handrails offer a place to hold onto when climbing up and down stairs, and offer something to grab if you lose your balance. Make sure handrails are secured to the wall and are not loose. Install handrail bars in bathrooms near the toilet and in the shower or tub.
3. Ensure there is good lighting. Replace light bulbs, especially on stairways and landings. Turn on lights. When walking into a dark room you run the risk of falling over something that was left out. Use night lights in hallways and traffic areas throughout your home.
4. On tile and wood floors use non-skid rugs to help reduce the chance of falls. When

using decorative rugs secure them to the floor with double sided tape.

5. Step forward with smaller strides and slow down your pace when walking through hazardous areas, such as areas where the ground is slick, when there is snow or ice.
6. Put on nonslip shoes when working indoors. This is especially important in conditions such as a kitchen where liquids and even grease might be spilled on the floor. Dry your shoes before you enter a building. When it's snowing or raining outside, your shoes will get wet. Before you start working, make sure the bottom surface of your shoes is dry to minimize your risk of a slip and fall injury. Keep floors dry. If you spill something on the floor, such as grease or water, clean it up immediately. Also, do not wax floors, which can cause them to be slipperier.
7. Put on snow boots with good tread when working around snow and ice. When possible, salt the sidewalk, parking lot or driveway and other walkways.
8. Assess yourself. Are you at risk for a fall?

Risk Factors for Injurious Falls:

By evaluating one's risk for falls, he/she can make accommodations to reduce that risk. Likewise, by being aware of the risk for falls for your client, you may provide more comprehensive education and recommendations to reduce the likelihood of a fall. The following are factors contributing to the likelihood of a fall:

1. Previous history of falls
2. Cognitive impairment, impaired judgment, confusion, disorientation
3. Impaired balance, gait, or strength
4. Impaired mobility or range of motion, limited activity tolerance
5. Neurological problems such as stroke, Parkinson's disease, and syncope
6. Impaired vision or hearing
7. Musculoskeletal problems such as arthritis, joint replacement, deformity, and foot problems



Continued on page 4

Slip and Falls *Continued from page 3*

8. Chronic diseases such as osteoporosis, cardiovascular disease, lung disease, and diabetes
9. Nutritional problems
10. Medications (more than four prescription medications and blood pressure lowering medications)

Fall Prevention Measures for all patients regardless of risk

1. Orient client to environment.
2. Keep walkways obstruction and spill free.
3. Keep all cords from equipment away from traffic areas.
4. Place bed in lowest position with brakes locked.
5. Determine the safest use of side rails.
6. Patient to wear non-skid footwear whenever out of bed.
7. Make sure that nightlights are turned on at night.
8. Place client's items of need within easy reach.
9. Assist client with toileting as appropriate.
10. Evaluate effectiveness of medications that predispose patients to falls (sedatives/hypnotics, antihypertensives, diuretics, benzodiazepines, etc.) and consult with MD and pharmacist as needed.
11. Collaborate with MD regarding the need to obtain PT/OT consults for patients with gait or balance problems and/or functional decline.
12. Reassess patient's ambulation status daily or with each visit.
13. Monitor for Orthostatic Hypotension if patient complains of dizziness or vertigo and teach patient to rise slowly when changing positions.
14. Use of elevated toilet seat as needed.
15. Encourage use of assistive devices (i.e., walker / wheeled walker and cane) as appropriate.
16. Utilize educational materials to teach fall prevention techniques to clients and families.

When a Fall Occurs

The majority of people do not see their doctor after falling, although doing so is vital to a good recovery and the prevention of future falls. Recovering from a slip-and-fall accident is multi-pronged and may involve physical therapy, exercises, rest and analgesics.

The staff member discovering the fall will attend to the patient's immediate needs:

1. A nurse will assess the client immediately.
2. Provide appropriate first aid measures, stop any bleeding, apply ice to bruises, bumps or cuts.
3. Notify the attending Physician promptly to determine the need for further evaluation.
4. The nurse follows the physician's treatment orders post-fall.
5. Neurological checks and vital signs as ordered or appropriate for injury.
6. The client's family will be notified of any fall, including injuries, in a timely manner.
7. The fall will be documented in the progress notes.
8. The caregiver witnessing a fall or finding a patient after an un-witnessed fall will complete an incident report and send to the Nurse Manager or designee.
9. Teaching about falls and safety will be reinforced to client and family as needed.
10. Continue to assess client for any unidentified injury and for response to treatments or recovery.

For individuals after a fall or slip injury:

- Make an appointment with your doctor. He will make sure you have not sustained any injuries. The doctor will check your medications and look for any that have dizziness as a side effect. He may recommend an appointment with an ophthalmologist or eye doctor.
- Follow your physician's recommendations. Wear your splint or cast, if needed, according to the doctor's instructions. Use hot or cold packs and analgesic medication as directed.
- A registered nurse may evaluate your for ongoing fall risks. Your answers will help the nurse determine whether you have low, medium or high risk of falling. This will help her tailor specific fall prevention treatment for you.
- Keep your appointment with a physical or occupational therapist. These professionals will show you how to do simple exercises to help you heal from any injuries. They also may recommend exercises to improve your balance and teach you

Nursing Talk

1 RINGY DINGY, 2 RINGY DINGY

Dear Cassandra,

Several times a week I call the office, or I receive a call from the office. Sometimes the scheduler is offering a case to me or confirming or canceling a shift. Sometimes I need to speak with the supervisor about a clinical issue. Sometimes I have an HR or payroll question. What can I do to make these calls more efficient?

Needs to Talk in Pingree Grove

Dear Needs to Talk,

If you watched Rowan and Martin's Laugh In on NBC during the 1970's, you will remember Lily Thomlin's sketch of Ernestine, the switchboard operator. Ernestine was a nosy, condescending telephone operator who generally treated customers with little sympathy. She wore her hair in a 1940's hairstyle with a hair net, and she often had on a white blouse. Her most memorable words were "1 Ringy Dingy, 2 Ringy Dingy. Is this the party to whom I am speaking?" (duh)

At American Home Health, those who answer the phones try to provide good customer service. Sometimes this is difficult. Our toll free number, which is (800) 872-4427, is just one digit different from the phone number of J.R. Cigars in Burlington, North Carolina. We receive many calls from customers wanting to order cigars. Most people apologize when they realize they have dialed the wrong number. Some do not. Recently a woman with a smoker's voice called. When the staff member answered the phone in the usual way, the woman paused. Then she said, "What the hell!" A few seconds later she called again. Once again she paused. Once again she said, "What the hell!"

What can you do to make your calls more efficient? First, always listen to the message on your answering machine before calling the office. Don't call and say, "Someone tried to call me." There are almost twenty people in the main office. Was it a sched-

Continued on page 5

Continued on page 5

Slip and Falls *Continued from page 4*

- how to get up properly if you do fall. Tai chi, walking and strength training may be suggested.
- Use properly fitting adaptive equipment, such as a walker or cane, as recommended by the physical or occupational therapist. Do not borrow this equipment from a friend or family member; it must be fit to your body. The therapist also may suggest sitting on a wedge, lowering your bed and elevating your toilet seat.
- The physical therapist can analyze your home for hazards. He may suggest backing your throw rugs with non-slip grip matting or getting rid of them completely. Other recommendations may include fixing any loose carpet or flooring and keeping clutter picked up off the floor.

Be Prepared: Staying Safe and Healthy in Winter Weather

Winter storms and cold temperatures can be hazardous, but if you plan ahead, you can stay safe and healthy. Prepare your home and cars. Keep emergency kits stocked. Be ready for power outages. Wear appropriate clothing. Check on children, the elderly and pets.

Although winter comes as no surprise, many of us are not ready for its arrival. If you are prepared for the hazards of winter, you will be more likely to stay safe and healthy when temperatures start to fall.

Many people prefer to remain indoors in the winter, but staying inside is no guarantee of safety. Take these steps to keep your home safe and warm during the winter months:

- Winterize your home.
 - » Install weather stripping, insulation, and storm windows.
 - » Insulate water lines that run along exterior walls.
 - » Clean out gutters and repair roof leaks.
- Check your heating systems.
 - » Have your heating system serviced professionally to make sure that it is working and ventilated properly.
 - » Make sure that your heating system is clean, working properly, and ventilated to the outside.
 - » Inspect and clean fireplaces and chimneys.
 - » Install a smoke detector. Test batteries monthly.
 - » Have a safe alternate heating source and alternate fuels available.
 - » Prevent carbon monoxide (CO) emergencies.
 - » Install a CO detector to alert you of the presence of the

deadly, odorless, colorless gas.

- » Learn symptoms of CO poisoning: headaches, nausea, and disorientation.
 - » Keep grills and generators out of the house and garage. Position generators at least 25 feet from the house.
 - Be prepared for weather-related emergencies, including power outages.
 - » Stock food that needs no cooking or refrigeration and water stored in clean containers.
 - » Keep an up-to-date emergency kit, including:
 - » battery-operated devices, such as a flashlight, a National Oceanic and Atmospheric Administration (NOAA) Weather Radio, and lamps;
 - » extra batteries;
 - » first-aid kit and extra medicine;
 - » baby items; and
 - » cat litter or sand for icy walkways.
- Many people spend time outdoors in the winter working, traveling, or enjoying winter sports. Outdoor activities can expose you to several safety hazards, but you can take these steps to prepare for them:
- Wear appropriate outdoor clothing: layers of light, warm clothing; mittens; hats; scarves; and waterproof boots.

Nursing Talk

uler, a supervisor, payroll, HR? What was the person's name? What message did the caller leave for you?

Second, identify yourself by your full name when you call the office. Don't say, "This is Mary." Mary who? American Home Health has two hundred and thirty employees. Sometimes we don't recognize your voice. Sometimes the caller ID simply says, "Wireless Call." Sometimes the connection is bad, and we cannot hear the caller clearly.

Third, don't wait until the end of the day to call the office. The office is open from 8:00 A.M. until 4:30 P.M. Monday through Friday. The phones get especially busy in late afternoon. If you need to rearrange your schedule or cancel your shift, call early in the day. Give the schedulers time to make adjustments or find a substitute.

Fourth, leave a message if the person you are calling is not available. Sometimes the calls get backed up, or the staff member has stepped away from his desk. Sometimes the person is in a meeting or is out of the office. If you leave a message, we will be sure that the individual gets your message.

Fifth, be sure that you return your monthly availability form by mail each month by the deadline. Do not expect the scheduler to take your availability over the phone.

Above all, be courteous and professional. Do not swear at the schedulers or tell them that you hate them. Remember that their job is to offer cases to you to provide coverage for the clients. They are trying to match nurses to cases within twenty miles from the nurse's home. They must also consider the shift you want to work, what days you want to work, how much you want to work, and your skills with g-tube, trach, and vent.

Finally, upgrade your skills. The State of Illinois Department of Specialized Care for Children has fewer dollars available. That means the State will approve fewer hours of care and focus on the care for trach and vent dependent children. If you are not vent proficient, get trained. The schedulers will then be able to offer more cases to you.

Cassandra

We invite you to submit questions for this column. E-mail edward.lara@ahhc-1.com.

Continued on page 6

Be Prepared: *Continued from page 5*



- Sprinkle cat litter or sand on icy patches.
- Learn safety precautions to follow when outdoors.
 - » Be aware of the wind chill factor.
 - » Work slowly when doing outside chores.
 - » Take a buddy and an emergency kit when you are participating in outdoor recreation.
 - » Avoid traveling when the weather service has issued advisories.
 - » If you must travel, inform a friend or relative of your proposed route and expected time of arrival.
 - » Carry a cell phone.
- Prepare your car for winter.
 - » Service the radiator and maintain antifreeze level; check tire tread or, if necessary, replace tires with all-weather or snow tires.
 - » Keep gas tank full to avoid ice in the tank and fuel lines.
 - » Use a wintertime formula in your windshield washer.
 - » Keep a winter emergency kit in your car in case you become stranded. Include
 - » flashlight, battery-powered radio, and extra batteries;
 - » first-aid kit; and
 - » plastic bags (for sanitation).
- Learn safety rules to follow in case you become stranded in your car.
 - » Stay with your car unless safety is no more than 100 yards away, but continue to move arms and legs.
 - » Stay visible by putting bright cloth on the antenna, turning on the inside overhead light (when engine is running), and raising the hood when snow stops falling.
 - » Run the engine and heater only 10 minutes every hour.
 - » Keep a downwind window open.
 - » Make sure the tailpipe is not blocked.

Above all, be prepared to check on family and neighbors who are especially at risk from cold weather hazards: young children, older adults, and the chronically ill. If you have pets, bring them inside. If you cannot bring them inside, provide adequate, warm shelter and unfrozen water to drink.

No one can stop the onset of winter. However, if you follow these suggestions, you will be ready for it when it comes.

Source: <http://www.cdc.gov/features/winterweather/>

Let's blog @ www.ahhc-1.com/blog



**The Office will be closed
12/26/2011**

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