

Belmont University

Belmont Digital Repository

OTD Capstone Projects

School Of Occupational Therapy

Spring 4-18-2020

Demonstrating the Role of Occupational Therapy in Hospice Care through Fall Prevention Intervention Program Development

Lauren Schar laurenschar3695@gmail.com

Follow this and additional works at: https://repository.belmont.edu/otdcapstoneprojects



Part of the Occupational Therapy Commons

Recommended Citation

Schar, Lauren, "Demonstrating the Role of Occupational Therapy in Hospice Care through Fall Prevention Intervention Program Development" (2020). OTD Capstone Projects. 38. https://repository.belmont.edu/otdcapstoneprojects/38

This Scholarly Project is brought to you for free and open access by the School Of Occupational Therapy at Belmont Digital Repository. It has been accepted for inclusion in OTD Capstone Projects by an authorized administrator of Belmont Digital Repository. For more information, please contact repository@belmont.edu.

Demonstrating the Role of Occupational Therapy in Hospice Care through Fall Prevention **Intervention Program Development**

Lauren Schar OTD/S

Faculty Mentor: Elena Espiritu, OTD, OTR/L, BCPR Expert Mentor: Ali Drescher, MA, LPC, GC-C Belmont University, School of Occupational Therapy

Hospice Mission and Vision

"We provide loving care to people with life-threatening illnesses, support to their families, and service to the community in a spirit of enriching lives."

Vision

"To be recognized as expert providers of hospice care, palliative care, management of advanced disease and grief support and to be the agency of choice for the provision of these services.

'To be recognized as innovators and leaders in all aspects of end-of-life resources."

To influence the perceptions within the community and among medical professionals so that the end of life accepted as a meaningful component of the human experience.

Information on Falls

Fall Statistics

(January 2019-January 2020)

Total # of falls/1000 patient days: 7.8

Total # of falls resulting in major injuries (fractures, head trauma, etc.)/1000 patient days: 0.2

Common causes/reasons for falls reported

- Agitation/confusion and tried getting up alone
- Legs gave out and felt weak
- Lost balance while ambulating
- Dizziness/lightheadedness
- Missed a step while ambulating
- Difficulty with use of ambulation device (rollator, rolling/standard walker, cane, etc.)
- Ambulating without assistance

Identified Needs

Provide staff members with education regarding underutilization of therapy services in hospice care and on the role of occupational therapy in hospice care

Develop and implement a uniform fall prevention and intervention program for staff members in accordance with The Joint Commission

Create and be able to provide caregivers and patients with fall prevention education deliverables

Goals of the Experiential Component

Identify and gain an understanding of the role of each discipline within hospice care

Develop and implement a fall prevention and intervention staff training program

Develop and implement a variety of educational deliverables on fall prevention for caregivers and patients

Provide education to staff on the utilization of therapy services in hospice care





Outcomes of A Fall Prevention Intervention Program

Developed PowerPoint presentation of fall prevention and intervention program for staff members in accordance with The Joint Commission

Presented fall prevention and intervention program to Directors

Created a variety of educational deliverables for caregivers and patients on fall prevention information/education

Attended community outreach event and distributed caregiver deliverables on fall prevention, advocated for the role of occupational therapy in hospice care



IN THE HOME		
COMMON PALL RIBES I spermal halow and were I saw ribes I saw ribes	WMAT YOU CAN DO AT HOME Thom you have been good for word I more you have been good or word I more you have been good you Thom you have been good you Thom you have been good Thom you have good Tho	
Polar following the handerd size https://www.1004.cf.life	Sentropal by Loren Schar, OSSA Bullion of Assembly	

Fall RISK Levels & Interventions		
LOW RISK 0-3 POINTS	MODERATE RISK 4-7 POINTS	HIGH RISK 8+ POINTS
Education Concentration on areas of risk house on assessment's risk house for assessment's New Askill cocks (IPA) previously Procksill cocks (IPA) previously Dout in lowest position	Efecution Consent information are used of risk thoused as assument from as suffer procedured In the solid section 100 provided To seed that the solid of control of CHTPT referred Consider for front in a prevent in jump In the interest position Prevented allows or information Medical referred to purpose the control Prevented allows or procedured Medical referred to purpose the shareton, i.e., but providence to the purpose that includes Included resolution PROCESSED. The CHAPTER The CHAPTER The CHAPTER Medical to the solid out of the CHAPTER Medical to the solid out.	Entroy of malerate risk bitemedises Sugars free fly perticipation is seed of their interest and of th
*Note: Poliseing this hundout dates not prevent 100% of falls Developed by Launen Schar, OTD/S Belmont University	Fall precaution ann band Bed alarse-It indicated Inglement 1 for safety rounds.	