

# Risk assessment for elderly falls



Q1: Part of your education includes experiences in different types of healthcare settings. How would your role in the primary care setting be different from your role in the acute care setting? Include in your discussion a definition of the philosophy of primary health care and the principles of wellness.

Healthcare is provided at three levels primary care, secondary or acute care and tertiary care , each provides a structure for how healthcare services are organised and delivered for example primary care tends to be delivered in a GP'S office's and community clinics and tertiary care is more commonly provided in hospitals and rehab facilities ( Crisp J & Taylor C 1997).

in recent years the term primary healthcare has been used interchangeably with primary medical care and primary nursing care although they are not the same ( Wass, 2000 ).

primary nursing care is focused on illness intervention. It is a pattern of care delivery in which a single nurse takes responsibility for a large group of clients, such is in an aged care facility.( Crisp J & Taylor C 2005).

where secondary and tertiary levels of care are provided in the hospital setting, in these settings, nurses work closely with all members of the health care team to plan , co ordinate and deliver care for people who are seriously ill. Nurses must constantly monitor and evaluate whether care is effective and how it can be improved, acute care nurses respond to clients needs expectations to form effective care partners.

The principles of wellness a classic definition of health is that adopted by the world health organization (WHO ) which states that health is a state of complete physical, mental and social well being and not merely the absence of disease and infirmity “(WHO 1974: 1).?

Q2: Mr Alexopoulos, is 88 years old who has migrated from Greece and lives alone. He speaks very basic English only. In the past year he has fallen twice at home, once by tripping over a rug and once when he got up to go to the bathroom at night. He has become increasingly afraid of falling again and tends to restrict his activities in the home. He goes out only when accompanied by his son.

QUESTION A. In the information provided, outline the data the nurse would use to complete a risk assessment for Mr Alexopoulos (include bio psychosocial and cultural health care considerations in relation to implementing primaryhealth care).

ANSWER . During the assessment the nurse obtains two types of data: subjective and objective. Subjective data are clients perceptions about their health problems only clients can provide that kind of information. For example the presence of pain or the meanings of an illness are subjective findings.

Although only clients can provide information about symptoms frequency, duration, location and intensity.

Subjective data may include feelings of anxiety physical discomfort or mental stress

Objective data are observations or measurements made by the data collector the nurse

(Crisp et al 2005).

to conduct a comprehensive and patient focused assessment possible risks to the patient's safety including environmental as well as individual risk factors should be taken into consideration. When assessing a home for hazards and risks individual needs of the patient should be considered, a walk through the home with the patient should be done to assess the possible risks of the environment and to the patient, a discussion between the patient and nurse should take place to find out how the patient conducts his daily living activities this should give an indication of the patient's immediate needs, getting a sense of how the patient conducts his daily routine helps the nurse to identify hazards that may not be obvious, (Crisp 2013 p 278).

B. QUESTION What aspects of Mr Alexopoulos' environment need to be assessed?

ANSWER The home environment needs to be assessed such as furniture placement, lighting, removing the rug as it is a trip/fall hazard incorporate multidisciplinary team members such as assisted living.

(Crisp 2013 p 279).

C. QUESTION. Design interventions to ensure Mr Alexopoulos' safety in his home.

ANSWER Assisted living, remove all trip and falls hazards with clients permission an ACAT assessment

D. QUESTION In terms of evaluation, what findings indicate that Mr Alexopoulos should not live alone in the house?

ANSWER due to the patients age and general health his two past falls, he can no longer care properly for himself

E QUESTION What allied health and community services referrals would you suggest to assist Mr Alexopoulos to maintain his independence?

ANSWER collaboration with other disciplines such as occupational therapy community nursing , home care, meals on wheels, community transport physiotherapy may become an important part of the plan of care planning also involves an understanding of the patients needs and maintain his independence . the patient and nurse collaborate together to establish ways of maintaining the patients active involvement in the home.(crisp 2013 p 280).

Q 3 Choose one of the theories listed below and explain how it would apply in these different healthcare settings: Aged Care; Palliative Care; Mental Health; Hospitals

3. Hildegard Peplaus theory (1952) is focused on the nurse and the interactive process with the patient so a relationship can be established between the two , according to Peplaus model the patient is an individual with specific needs and nursing is the interpersonal and therapeutic process. The nurses goal is to educate the patient and their family to help the patient

<https://assignbuster.com/risk-assessment-for-elderly-falls/>

reach personal development. The nurse develops a relationship with the patient so she can help the patient with resources needed for their care. This theory can also be applied to other healthcare settings such as aged care, palliative care, mental health and hospitals for goals to be set in the above institutions the nurse must develop the same interpersonal relationship with the patient so effective care can be optimized for the patient. (Crisp 2013 p 49)

Q4: Many countries suffer health inequalities, including Australia – specifically within the ATSI community. In Western societies social issues continue to emerge as the gap between those with and those without economic resources grows.

1. In what ways do you think an individual's financial status affects their ability to access health resources?

4. A. Socioeconomic factors: social and psychosocial factors can increase the risk for illness and influence the way a person defines and reacts to illness. One of the most powerful variables is economic status. Economic variables may affect a client's level of health by increasing the risk of disease and influencing how or at what point the client enters the healthcare system. (Crisp et al 2013 p).

B. The most significant effects of economic status are more often experienced by those at the extreme lower end of the economic scale, racial (ATSI) and ethnic minorities are considered high risk groups for illness because of their economic status (Evans and Stoddart, 1994; Najman, 1993), (Crisp et al 2001)

#### 4. Q5: Discuss the following features of the Australian health care system:

##### State vs Federal health care funding

A. The Australian Government is chiefly responsible for health service funding; control of health products, services and workforce; and national health policy leadership.

The states and territories are essentially responsible for the delivery and management of public health services (including public hospitals, community health and public dental care), and the standard of health care providers and private health facilities. Local governments fund and deliver some health services such as environmental health programs. (Australian bureau of statistics, 2012).

The Australian and state and territory governments fund and deliver a range of other health services including universal healthcare programs, community health services, health and medical research, Aboriginal and Torres Strait Islander health services, mental health services, health workforce and health base. (Australian bureau of statistics, 2012).

B. MEDICARE VS PRIVATE HEALTH INSURANCE, The face of the Australian public Health care system, Medicare, is run by the Federal Government.

Medicare started in the

1970s under the Whitlam government as ' Medibank' and was renamed in 1984. The Medicare system allows free, universal hospital cover for eligible persons in public hospitals. (GCIT, 2014a) eligible persons means all Australian's and the majority of people of low socioeconomic circumstance who may not be able to afford private healthcare

<https://assignbuster.com/risk-assessment-for-elderly-falls/>

Private health care is also available in Australia under a ‘user pays’ system, whereby

Medicare will cover some costs, the private health company covers other costs and the patient pays the remainder or ‘gap payment’. Private health care insurers and providers receive the majority of their funds from charging their members. Private hospitals receive minimal to no funding from the government and are funded through the ‘user pay’ system of private health insurance. They receive the Medicare benefits identified for the treatment provided, but no more than that (even if the cost of the procedure to the hospital was \$500 more). This is why there is a gap payment with private health. The private health system also benefits from a 30% private health rebate to all people who purchase private health insurance, which is paid for by the Federal Government. This rebate is aimed at encouraging more participation in the private health system, to take some of the pressure of the public health system. Private health insurance works alongside Medicare and can be used in both public and private hospitals. Patients have the right to elect to be admitted as a public patient even if they have private health insurance within public hospital facilities. (GCIT, 2014a)?

C. AGED CARE, Australia’s aged care system is structured around two main forms of care delivery, residential (accommodation and various levels of nursing and/or personal care) and community care (ranging from delivered meals, home help and transport to intensive coordinated care packages for people who otherwise would need residential care).



Residential services are mainly in the non-government sector, about half being operated by religious and charitable organizations.

Residential aged-care funding in Australia: that is day-to-day operations of facilities are governed by both Commonwealth and state government policies. (Australian Government, 2011)

D. The Pharmaceutical Benefits Scheme is an extension of Medicare and allows prescription medications to be purchased by Australians at differing rates, depending on their income. There's a threshold and once this threshold is met, the pharmaceuticals can be purchased at a discounted rate. (GCIT, 2014a) ?

Q6: AccessDMF A4 nursing summary guide -2010from the Nursing and Midwifery Board of Australia website: *(click on this link to be taken directly to the article - " Nursing practice decisions summary guide")*

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#professionalpracticeguidelines>

Use this scope of practice decision-making summary to assist you to identify the issues outlined in the following case study:

This evening when you report for your shift on to your general medical ward, the charge nurse tells you that you need to assist on the orthopedic ward. You have not had any recent experience with orthopedic patients. When you arrive on the orthopedic ward, the charge nurse allocates you patients who require special techniques for getting out of bed and who need to do

<https://assignbuster.com/risk-assessment-for-elderly-falls/>

exercises using specialized equipment during the shift. You are not familiar with the techniques or the equipment. The charge nurse tells you that the patients can explain it to you.

6. A. according to DMF A4 summary guide Does the person who is to perform the activity have the knowledge, skill, authority and ability (capacity) to do so either autonomously or with education, support and supervision.

no I would not accept this assignment as I have had no recent experience with orthopedic patients and I should not have to rely on the patients to tell me how to transfer them or to use the equipment? ?

B. DMF A4 Select appropriate, competent person to perform the activity

C. ACTION

- Consult/seek advice (eg NUM, DON other health professional) OR
- Refer/collaborate OR
- Plan to enable integration/practice changes if appropriate (including developing/implementing policies, gaining qualifications as needed) ?

500. Within each nursing level, there are standards of practice and scopes of practice issued by the Australian Nursing and Midwifery Council. These guidelines and competencies are issued by the Nursing and Midwifery Board of Australia (NMBA). (GCIT, 2014a)

Ensuring that you practice within your scope and role, within your place of employment is essential. Furthermore, it should be made abundantly clear

that all health care facilities will have policies and procedures that must be followed in order to undertake care provision or procedures. (GCIT, 2014a) ?

Q7: Identify 2 community health promotional strategies and evaluate their effectiveness. Health promotion at a population and community level another main area of nursing intervention. (Crisp 2013 p 310) for example a health promotion strategy is get set for life The get set for life health promotion strategy was developed as a handbook / guide that provides realistic information to help parents and carers to interact with their child in developing and strengthen the value of establishing healthy life habits. The handbook also has useful resources for parents/carers to obtain further information regarding the health and development of their children. The aim of the Healthy Kids Check is to ensure all four-year-old children in Australia have a basic health check to see if they are healthy, fit and ready to learn when they start school. The Healthy Kids Check promotes early detection of lifestyle risk factors, delayed development and illness, and introduces a direction for healthy lifestyles and early intervention strategies (Australian Government, 2009.) The Healthy Kids Check can be undertaken by a doctor but not including a specialist or consultant physician, or a practice nurse on behalf of a GP. (Australian Government, 2009.).?

Another health promotion that is community based is active after school communities program this program was established by the Australian sports commission, the aim of the health promotion is to get kids moving and enjoying sport.

The Active After-school Communities (AASC) program, which is the largest Government initiative of its kind. The program is designed to engage non-active kids, or those not involved in mainstream sport. To start to participate in sport and enjoy playing sport A positive introduction to all varieties of sport to children may inspire a passion for sport and more importantly it can help develop mobility skills

Evaluation of the effectiveness of the program – “ Since 2005, nearly 400 000 children have been given this introduction to sport and over half a million sessions have been delivered around the country”. “ Currently, there are up to 150, 000 children participating in the program, which is run in up to 3250 schools and after-school care locations in every state and territory in Australia”. (Australian Government, 2009.)

Q8: When you graduate, identify where you could find out about employment opportunities.

Outline the interview process and materials/Information required to apply for a position

8. To find jobs, the best information resources are newspapers (both print and online), the Internet, hospital internal vacancies and government websites. (GCIT, 2014a)

Once you have found a job you would like to apply for, you'll need to create a resume. It can be a difficult task to list all of your attributes and education, without sounding ' over the top'! A resume should include the sections that portray you at your best, outlining your experience in not only nursing, but

other relevant areas of employment. Always ask for the position description before applying for a job. Also note that many organisations have specific selection criterion to be addressed when applying for a position, depending on the institution (e. g. state or private) and the job description. (GCIT, 2014a)

If your application appeals to the employer, the next step will probably be an interview. There are particular processes involved in a nursing job interview. A panel of selected nursing and non-nursing peers will review your application and ask you a series of questions related to both your experience and the role you're applying for. (GCIT, 2014a)