

**NZNO 10TH
NATIONAL GERONTOLOGY
SECTION CONFERENCE**

Rydges Latimer, Christchurch **31 Oct & 01 Nov 2016**



**BACK
TO OUR
FUTURE**



Wheelchair as independent mobility aid in Aged Residential Care

Michelle Bugayong & Gene Ruiz

Hospital level care residents are less mobile and require more help and supervision from caregivers for transferring and mobilizing.

These residents often have physical limitations (due to disease) that affect the physical, psychological, and social aspects of their lives. A lot of them spend most of their days in bed or in recliner chairs.

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These residents are often frustrated to be trapped in their bodies.

They often present their frustrations with challenging behaviour problems like lashing out, anger, crying and social isolation. Some will continue to try to mobilize even with a very limited capacity increasing their risk of falling.

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How does it work?



**Having the appropriate
wheelchair
for the appropriate
resident.**

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- ♥ Residents are assessed as to who are capable to use the wheelchair independently.
- ♥ Screening involves: upper body strength, cognition, insight, space perception
- ♥ Meeting with resident and their families
- ♥ Staff education on how to assist & supervise the use of wheelchair and how to promote independence.

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Benefits to the resident/s

- ♡ Restraint minimization
- ♡ Reduction of falls
- ♡ Reduction of behaviour issues (frustrations, anger, crying, lashing out)
- ♡ Freedom, independence, empowerment
- ♡ Improved mood, a form of exercise
- ♡ Increased social interaction

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Benefits to the staff

- ♡ Reduced workload – in transporting residents from one area to the other
- ♡ Reduced resident monitoring-residents are up and about and more visible to staff

Benefits to the facility

- ♡ Happier and calmer environment
- ♡ Continuous Improvement award-Cert Audit

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Measures to validate the change

♡ Observation

♡ Feedback

♡ Quality indicators

- ✓ Falls reduction
- ✓ Challenging behaviour incidents reduction
- ✓ No restraint used

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The case of Mr. P

Before

- Average 7 falls per week
- Feeling helpless
- Feeling lonely
- Feeling restricted
- Feeling of being a burden

After

- ✓ Reduction of falls: average 1 per week
- ✓ No restraint used
- ✓ More empowered
- ✓ More independent

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The case of Mrs. B

Before

- Crying episodes everyday
- Average 2 falls/week
- Lashing out (angry), throwing items at staff
- Feeling frustrated
- Feeling lonely

After

- ✓ more settled, happier
- ✓ Less falls (1/month)
- ✓ No restraint used
- ✓ Participating in activities independently

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The case of Mr. M

Before

- Angry outbursts
- Lashing, swearing
- Isolated, lonely

After

- ✓ Calmer
- ✓ Independent in getting himself around the facility
- ✓ Participating in activities

What we (residents & staff) have gained

- ✓ Increased resident satisfaction
- ✓ Improved quality of life
- ✓ Happier environment
- ✓ Reduced staffing efforts



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***Any
Questions?***



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**ULTIMATE
CARE GROUP**

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