



January 30, 2018
9:00 AM - 12:00 PM (Eastern Time)

Evidence-Based Fall Prevention Program

Falls are a major health risk for our elderly population. One out of every three older Americans falls every year. Falls are a significant source of fractures and soft tissue injury. A fall can happen to anyone at any time. Illness, surgery, weakness, tests, medications, medical equipment, noise and new surroundings can all contribute to a fall at any age.

During this seminar, we will:

- Utilize root cause analysis in the investigation and prevention of resident falls
- Review how to analyze the internal, external and systemic conditions that may be the cause of resident falls
- Review proactive fall prevention
- Discuss fall committee meeting criteria
- Review the implementation of interventions/solutions
- Discuss alarm reduction and elimination

This seminar is designed to help facilities be proactive with fall prevention by speculating on specific risk factors and conditions specific to individual residents.

Faculty Dea J. Kent DNP, RN, NP-C, CWOON, QCP | Director Nursing Home Oversight & Consulting
Community Health Network

Seminar Details

Fee: \$65 Members / \$33 Samaritan Alliance Members/ \$85 Non-Members

This seminar will take place at the **LeadingAge Indiana Office** at 6280 West 96th St, Indianapolis, IN 46278. All registrants will receive a confirmation email. If no email is provided, you will not receive confirmation. Administrators will earn 3 CEUs for participating in this program. (98000057A)

Reminders Seating is limited, so to secure your registration, fax this form to 317-733-2385. Then, send check payable to LeadingAge Indiana, to P.O. Box 68829, Indianapolis, IN 46268. Registrations may be canceled 48 hours in advance. After that time, no refunds will be permitted. However, substitutions are welcome. No-shows will be billed.

Registration January 30, 2018 - Evidence-Based Fall Prevention Program

Name: _____ Title: _____

Facility: _____

Address: _____

City: _____ Zip: _____ Email: _____

Phone: _____ Fax: _____

Payment _____ X \$ (\$65/\$33/\$85) = _____

Check to LeadingAge Indiana - or - Credit Card { VISA MC AMEX }

Card # _____ Exp: _____ Signature: _____

Credit Card Billing Address: Same as Company -- or -- Printed Below
