



## Reinventing The Wheelchair

*Getting nursing facility residents out of wheelchairs and into more comfortable seating improves physical and mental functioning.*

**W**HEN FOREST AT DUKE, A continuing care retirement community in Durham, N.C., began planning its renovation and expansion, Leslie Jarema, administrator and director of health services, seized the opportunity to dramatically reduce wheelchair use in the community.

“My many years in nursing home environments convinced me that wheelchairs created the discomfort that resulted in many negative outcomes and behaviors of residents,” says Jarema.

The new health and wellness center now includes an assistive-device room where wheelchairs are stored for residents after they are transferred to more comfortable, residential-style seating in the lounge and dining areas.

In addition to the new “parking lot,” Jarema instituted a new policy that limits the use of wheelchairs to two purposes: to enable a resident to be independent in ambulation or to transport a resident from point A to point B.

### Improve Imagery

Jarema saw the renovations as an opportunity to not only eliminate the overuse of wheelchairs but to create a safe, homelike environment, “someplace they may actually want to go to rather than dread to go,” she says.

To begin the process, Jarema erased

all preconceived notions of nursing facilities and started with a blank canvas. In addition to wheelchairs, Jarema listed all of the nursing facility imagery, “such as signs, nursing home furniture, med carts, bells and buzzers, nursing stations, handrails, and terminology, and eliminated them from the plan,” she says. “Though regulations



**Losing the wheelchair gives a resident a better quality of life.**

initially presented a barrier, I found ways to creatively deal with them.”

For the residents of Forest at Duke, the outcome of the wheelchair policy was nothing but positive, Jarema says. Dignity, comfort, improved skin condition, and residents’ range of motion were improved. “But there are some less obvious, more subtle outcomes,” she says.

For example, the feel of the home became quieter, calmer, and more visually appealing. “The new program has totally eliminated the residents who



typically sit around the nursing station crying out in discomfort.”

Jarema admits that the new policy meant more work for staff, who at first put up some resistance. “Even families and some residents resisted the initiative,” she says. “But one must be committed and convinced that this change is for the better. Perseverance, persistence, and patience go a long way in achieving this highest level of functioning for our residents by getting them out of wheelchairs.”

### Eliminate Old Habits

It is no secret that wheelchairs are used daily in facilities as a replacement for normal seating, such as in the dining room, the living room, and even in the beauty shop.

Wheels were put on chairs to transport patients, but certainly not for

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extended seating of elderly residents, Jarema says. “It occurred to me that there is no reason for residents to be in wheelchairs unless they are being transported.”

However, nursing facilities began using wheelchairs many years ago as replacements for regular chairs.

Wheelchair use is so commonplace that it looks customary.

But when seating is regimented to keep residents in wheelchairs, the opportunity to present a homelike, resident-centered care facility is greatly compromised. And although federal regulations require nursing facilities to

help residents reach their highest physical, mental, and psychosocial potential, for the vast majority the use of wheelchairs as stationary chairs hinders this objective.

### **Advancing Excellence**

Another benefit to eliminating the overuse of wheelchairs is its relevance to culture change and the Advancing Excellence in America’s Nursing Homes initiative.

Getting residents out of wheelchairs has the potential to help facilities achieve at least two goals of the Advancing Excellence program—pressure ulcer reduction and pain management. Because wheelchairs are painful to sit in for extended periods of time, less utilization means less pain.

In addition, mobile residents are happy residents. And when residents are happy, family members are happy—thus resulting in improved overall customer satisfaction.

Over the years, the image of someone who resides in a nursing facility has become synonymous with an elderly person seated in a wheelchair. According to a study in the *Journal of Rehabilitation Research and Development*, wheelchairs provided to the elderly are often the wrong size, are in poor repair, are unsafe, and have fixed armrests and foot rests—factors that could lead to “poor posture, pain and discomfort, decreased sitting tolerance and function, decreased mobility, and pressure ulcers.”

The authors conclude that psychological factors associated with “inadequate or inappropriate mobility devices” include loss of self-esteem, depression, diminished quality of life, and social isolation.

### **Alternatives**

How does a facility get residents into regular, more comfortable seating and out of wheelchairs? For starters, residents should be encouraged to walk to meals, activities, therapy, bathing—anywhere they are able to do so.

Staff can promote these alternatives by helping residents walk to breakfast or by transferring them to a regular chair in the dining room. It is not necessary for residents to sit in wheelchairs in order to eat.

Sitting activities, such as television watching or socializing with visitors, offer excellent opportunities for transferring residents to comfortable chairs.

In addition, facilities should take the time to maximize residents' mobility by creating an environment that promotes walking in situations where walking would be the norm.

"It's easier to roll someone into a dining room and park them at a table," Jarema says. "It was like breaking an old habit to get my staff to stop that practice, so we worked into it gradually, day by day."

#### **Ask The Resident, Involve Staff**

Getting a resident up and out of a wheelchair could be as simple as asking about their preferences. If a resident wants to walk, perhaps he could benefit from restorative care to relearn how to walk and strengthen his legs so that falls will not occur.

Residents may also be better supported by a less restrictive device that offers a higher level of ambulatory independence, such as a walker.

Jarema holds team meetings several times a week to discuss a particular resident's progress and efforts to improve mobility. It is also important to conduct an initial assessment on all residents to support the use of a wheelchair for stationary seating and for the primary mode of mobility, she says.

Finally, appropriate restorative care should be given to residents to assist them in attaining and maintaining their highest physical, psychosocial, and mental well-being.

One big challenge for nursing facilities is acknowledging the overuse of wheelchairs. Only then can a facility design and implement a plan to change attitudes resulting in real person-centered care. "I started with an educa-

tional process [for my staff]," says Jarema. "Because you can't hit someone over the head with something like this. They have to first buy into the philosophy."

While some residents were resistant to Jarema's new policy, it is also important to remember that the location of a

resident's seating and how they are mobilized is most often a staff decision. Applying the positive aspects of using regular chairs and walking as a preferred mobility is vital as staff members assist residents in seating selection.

Just this simple change can make a

significant difference in the lives of residents, the lives of their families, and the lives of the staff providing their care, Jarema says.

Likewise, putting wheelchairs in their place—as transport assistance—will help eliminate their overuse as stationary seating.

Research supports the fact that extended wheelchair use negatively affects every part of a body: every muscle, every bone, and every joint. According to the *Journal of Gerontological Nursing*, elderly individuals with impaired mobility are at risk for “a multitude of negative physiological and psychological consequences that can affect health, well-being, and quality of life,” researchers said.

Forest at Duke has dramatically changed the way wheelchairs are used in the community, and Jarema says they are much better for it. “It has improved residents’ dignity, our community’s image, and our marketing ability,” she says. ■

## POSITIVE OUTCOMES OF REDUCED WHEELCHAIR USE

Physical	Psychosocial	Mental
<ul style="list-style-type: none"> <li>■ Increase physical functioning</li> <li>■ Maintained muscle mass</li> <li>■ Decreased muscle shortening</li> <li>■ Maintained joint structure</li> <li>■ Maintained leg strength and gait</li> <li>■ Decreased frailty</li> <li>■ Reduced incidence of infections</li> <li>■ Reduced development of pressure sores</li> <li>■ Decreased seating discomfort</li> <li>■ Reduced risk of edema</li> <li>■ Increased restful sleep in comfortable chairs</li> </ul>	<ul style="list-style-type: none"> <li>■ Decreased agitation and frustration</li> <li>■ Maintained autonomy</li> <li>■ Maintained dignity and respect</li> <li>■ Maintained self-respect</li> <li>■ Maintained social contact from others</li> <li>■ Decreased potential for depression</li> <li>■ Increased will to live</li> <li>■ Maintained self-confidence</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased sensory stimulation</li> <li>■ Maintained confidence</li> <li>■ Reduced learned senescence</li> <li>■ Maintained utilization of mental skills</li> <li>■ Reduction in dehumanization</li> <li>■ Increased feelings of usefulness</li> <li>■ Maintained rehabilitation potential</li> <li>■ Retained mental status</li> <li>■ Decreased dependence on obeying authority</li> <li>■ Decreased subservience</li> </ul>

### For More Information

- Go to [www.growcoalition.org](http://www.growcoalition.org).