



2018 Annual Meeting
& Educational Conference

MANAGING THE NEEDS OF THE AGING INJURED WORKER

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TOPICS FOR DISCUSSION

REVIEW THE AFFECTS OF THE AGING PROCESS ON THE BODY

DISCUSS HOW THE AGING PROCESS AFFECTS ONES ABILITY TO SAFELY DO ONES JOB

REVIEW STRATEGIES EMPLOYERS CAN IMPLEMENT TO MITIGATE LOSS

UNDERSTAND THE UNIQUE NEEDS OF THE AGING INJURED WORKER

WHAT'S RELATED AND WHAT'S NOT

REVIEW WAYS TO SET ADEQUATE RESERVES FOR THE AGING INJURED WORKER

THE AGING WORKFORCE



THE GENERATION GAP

TRADITIONALISTS BORN 1927(91)-1945(73) - TYPICALLY LOYAL, HARDWORKING WITH THE BEST COLLECTIVE WORK ETHIC

BABY BOOMERS BORN 1946(72)-1964(54) 73 MIL - TYPICALLY COMPETITIVE, POLITICAL, HARDWORKING AND ENTREPRENEURIAL

GENERATION X BORN 1965(53)-1981(37) 49 MIL - TYPICALLY ENTREPRENEURIAL, INDEPENDENT, LOOKING TO IMPROVE SKILL SET

MILLENNIALS BORN 1982(36)-2000(18) 80 MIL - THEY'RE TRUSTWORTHY, LOYAL, HELPFUL, FRIENDLY, COURTEOUS, KIND, OBEDIENT, CHEERFUL, THRIFTY, BRAVE, CLEAN AND REVERENT (75.3 MIL IN THE WORKPLACE 18-34)

THE NEW SILENT GENERATION BORN 2001(17) - PRESENT

BUREAU OF LABOR STATISTICS

FACTORS THAT INCREASE THE AGING WORKER'S POTENTIAL FOR A FALL:

MUSCLE WEAKNESS

BALANCE PROBLEMS

VISION PROBLEMS

SIDE EFFECTS FROM MEDICINES

OLDER EMPLOYEES ARE LESS LIKELY TO BECOME INJURED ON THE JOB, BUT WHEN THEY DO, INJURIES ARE MORE SEVERE

IN ADDITION TO THE SEVERE PHYSICAL INJURIES, FEAR, ANXIETY AND DEPRESSION OFTEN TAKE A TOLL ON THE AGING EMPLOYEE

CHALLENGES

Equipment needs change

Potential for additional surgery

Medications may be contraindicated or no longer effective

Liver and Kidney issues

Loss of family caregiver/support

Are all these changes related

Is anyone monitoring who is prescribing what medications?

THE AGING INJURED WORKER

**ALTERED OR CHANGES IN
MOBILITY
LOSS OF EXTREMITY STRENGTH
INCREASED DIFFICULTY WITH
TRANSFERS
BOWEL & BLADDER MANAGEMENT
INCREASED RISK OF INFECTION**

**CIRCULATION
RESPIRATORY
COMPLICATIONS OF AGING
LOSS OF INDEPENDENCE
SELF CARE DEFICITS
SIDE EFFECTS OF MEDICATIONS
LIVER AND KIDNEY FUNCTION**

INCREASED RISK OF INFECTION

Infectious diseases is the third leading cause of death in the United States and continues to be the leading cause of death worldwide

- Emergence of new infectious diseases
- Re-emergence of old infectious diseases
- Persistence of intractable infectious diseases
- Infection risk increases with age and co-morbid factors

A CLASSIC EXAMPLE

THE LITERATURE ON THE MANAGEMENT OF ANKLE FRACTURES IN PATIENTS WITH DIABETES HAS SHOWN OUTCOMES TO BE GENERALLY POOR

42.3% INCIDENCE OF COMPLICATIONS IN PATIENTS WITH DIABETES COMPARED TO PEOPLE WITHOUT (MCCORMICK AND LEITH)

CONSERVATIVE MANAGEMENT MAY BE PREFERABLE TO SURGICAL TREATMENT

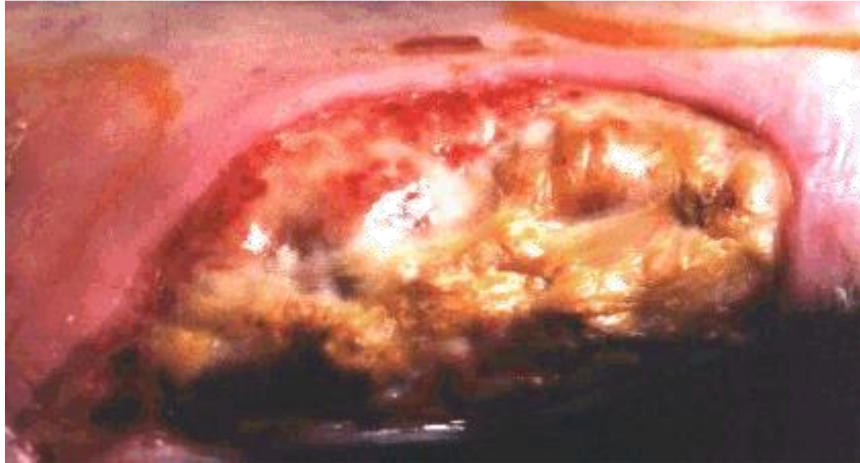
32% HIGHER INFECTION RATE FOUND IN PEOPLE WITH DIABETES (FLYNN, ET. AL.)

THOSE PATIENTS WITH DIABETES WHO WERE TREATED CONSERVATIVELY HAD A GREATER TENDENCY TO BECOME INFECTED OVER THOSE WHO TREAT WITH OPEN REDUCTION INTERNAL FIXATION (ORIF)

PEOPLE WITH DIABETES WHO ARE POORLY CONTROLLED AND HAD EVIDENCE OF NEUROPATHY WERE SHOWN TO BE VERY DIFFICULT TO MANAGE

PROLONGED RECOVERY

04-29-1997



06-30-1997



12-22-1997



ADVERSE EFFECTS OF AGING



**DECREASED STRENGTH
DECREASED ENDURANCE
INCREASED NEED FOR
ASSISTANCE**

LOSS OF INDEPENDENCE

Para, Quad or Amputee

- Previously independent

Develops

- Shoulder impairment
- Rotator cuff tear
- Requires surgery

Post-Op Care Needs

- Therapy
- Nursing
- Attendant care
- Transportation

Now Dependent for

- Transfers
- ADL's
- Bowel & bladder
- Mobility
- Meal prep
- Transportation
- Shopping
- Housekeeping
- Laundry

COSTLY RECOVERY

Home Health Aide

- \$30/hr
- 24 hour care
- \$720.00/day
- 6 months for recovery
- @\$130,000.00

Transportation \$

- Therapies
- PT/OT
- 2-4 weeks in home
- 6-12 weeks outpatient
- In home @\$125.00/visit
- @\$1,500.00

Nursing

- RN@\$55/hr
- \$1,320.00
- LPN@\$45/hr
- \$1,080.00

Increased risk for developing wounds/infection

COST EFFECTIVE SOLUTIONS



ADVANCES IN TECHNOLOGY



EFFECTS OF AGING ON THE LIVER

**MICROSCOPIC CHANGES
SIZE AND BLOOD FLOW DECREASE**

**ABILITY TO METABOLIZE MANY
SUBSTANCES DECREASES**

**DRUG DOSAGES MAY NEED TO BE
DECREASED**

**POTENTIAL RISK OF INCREASED
SIDE EFFECTS FROM MEDICATIONS**

**THE KIDNEYS ARE LESS ABLE TO
EXCRETE DRUGS INTO URINE**

**THE LIVER IS LESS ABLE TO BREAK
DOWN MANY DRUGS**

**THUS, DRUGS ARE LESS READILY
REMOVED FROM THE BODY**

**ON AVERAGE, OLDER PEOPLE TAKE
FOUR OR FIVE PRESCRIPTION DRUGS
AND TWO NONPRESCRIPTION (OVER-
THE-COUNTER, OR OTC) DRUGS EACH
DAY**

**STARTING IN LATE MIDDLE AGE, THE
RISK OF SIDE EFFECTS FROM DRUGS
INCREASES**

**OLDER PEOPLE ARE MORE THAN TWICE
AS SUSCEPTIBLE TO THE SIDE EFFECTS
OF DRUGS AS YOUNGER PEOPLE**

**MANY DRUGS TEND TO STAY IN AN
OLDER PERSON'S BODY MUCH LONGER,
PROLONGING THE DRUG'S EFFECT AND
INCREASING THE RISK OF SIDE EFFECTS**

SOME SERIOUS ADVERSE SIDE EFFECTS

KIDNEY DAMAGE

NSAIDS

Ibuprofen (Advil, Motrin)

naproxen (Alieve, Naprosyn)

LIVER DAMAGE

Analgesics (Acetaminophen)

Antidepressants (Cymbalta)

DIGESTIVE

DISTURBANCES

Loss of appetite

Nausea

A bloating sensation

Constipation or diarrhea

BRAIN IS COMMONLY AFFECTED RESULTING IN:

Drowsiness

Confusion

OCCLUSIVE PERIPHERAL ARTERIAL DISEASE

OCCLUSIVE PERIPHERAL ARTERIAL DISEASE IS COMMON AMONG OLDER PEOPLE

OFTEN RESULTS FROM ATHEROSCLEROSIS, WHICH BECOMES MORE COMMON WITH AGING

OCCLUSIVE PERIPHERAL ARTERIAL DISEASE MAY AFFECT 15 TO 20% OF PEOPLE OLDER THAN 70

THE DISEASE IS PARTICULARLY COMMON AMONG PEOPLE WHO HAVE EVER SMOKED REGULARLY AND AMONG THOSE WHO HAVE DIABETES

OCCLUSIVE PERIPHERAL ARTERIAL DISEASE IS ALSO COMMON AMONG MEN

PEOPLE WHO HAVE A FAMILY HISTORY OF

ATHEROSCLEROSIS, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL LEVELS, OR HIGH HOMOCYSTEINE LEVELS

PEOPLE WHO ARE OBESE

PEOPLE WHO ARE PHYSICALLY INACTIVE

IMPAIRED MOBILITY

COMPROMISED CIRCULATION



INCREASED RISK WITH AGING

PNEUMONIA/RESPIRATORY COMPROMISE

RECURRENT INFECTIONS

SHINGLES

PREVENTATIVE MEASURES

PNEUMONIA VACCINE

MONTHLY PEDICURES

SHINGLES VACCINE

PREVENTATIVE HEALTHCARE PHYSICIAN VISITS

SPECIFIC SAFETY CONCERNS FOR OLDER WORKERS

Shorter memory

**More easily distracted
(environmental noise)**

**More adverse effects
(environmental temperature)**

Slower reaction time and muscle weakness

Declining vision and hearing

Poorer sense of balance

**Denial of decreasing abilities, which can lead
to employees working past their new limits**

MANAGING SAFETY FOR THE AGING WORKFORCE BEFORE AN INJURY OCCURS



MANY EMPLOYERS HAVE SHIFTED THEIR FOCUS TO WELLNESS AND PREVENTION AS A MEANS TO ADDRESS THE HEALTHCARE COSTS OF AN AGING WORKFORCE

WITH AN EMPHASIS PLACED ON SUCH SERVICES AS SMOKING CESSATION AND WEIGHT MANAGEMENT IN ADDITION TO ADDRESSING THE CURRENT PHYSICAL DEMANDS OF JOBS

RISK MANAGEMENT SHIFT TO JOB MODIFICATION FOR CURRENT EMPLOYEES

WHAT NEEDS TO BE DONE TO KEEP THE AGING WORKFORCE SAFE IN THE CURRENT WORK ENVIRONMENT

Thank you.

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