Fall Prevention: Translating Knowledge Into Action

2009 ASA/NCOA Joint Conference Workshop
March 18, 2009 - Las Vegas, NV
Addressing Falls in Facility-Based Communities

Steven C. Castle, M.D.
Professor of Geriatrics, UCLA
Chief, Geriatric Medicine, VA Greater LA
Corporate Medical Director, SCPH

scastle@gravity-happens.com
Addressing Falls
Mather LifeWays Survey of CCRC’s, 2005

• ...paramount concern that falls reduction be a priority area to senior wellness
• Indep Living lowest fall rate in CCRC, BUT:
  – 50% of IL suffer some injury vs. 11% in ASL/SNF
  – 30% who fall in IL need medical attention
• Only 40% of ILC’s have Protocols, if did then;
  – 60% -standardized tool (50% were self-developed)
  – Med assessment in only 37%
Facility-Based Communities

Current Strategy at SCPH’s

• Goal:
  – Standardized practices/processes
    • Process mapping, review forms
    • Identify best practices, areas of improvement
  – Data Gap Analysis: who touches it, uses it
  – Establish Processes that synthesize data
    • to support day-to-day decisions, prospectively
    • show that you are making a difference
• Assessment of Chronic Illness Care
  – support for Chronic Care Model; effective QI
Strategy Depends on Level of Care to be Targeted

- Residential/Independent Living
  - High Functioning residents into High Level Balance exercises?
  - Address nonspecific, treatable medical conditions
- Transitions-residents need higher level
  - Won’t ask for help, but need it
  - Don’t recognize risk of poor balance
- Skilled: Highest risk for injury
  - Dementia (Mild to Mod vs Mod to Severe)
Model-based Programs

• Residential: Wellness Model
  – Bandura model of self-efficacy

• Transitions: Resident Self-Selection with Coaching
  – Don’t recognize risk vs. don’t ask for help
  – What assessments needed/ process to support
  – Barriers to getting therapy, response

• Skilled: Chronic Care Model
  – Interdisciplinary Team: performance on bad outcomes; train, monitor improvement
Effective care does not happen…
By chance or simply by, Working harder.
Edward H. Wagner: *Medical Care* 2004; 42:1037-9

The Fall Prevention Center of Excellence is supported by the Archstone Foundation
Balance & Mobility Fitness
Awareness Campaign: Royal Oaks Manor, SCPH

Resident Council Involvement: Safety Captains
Slogan & Logo
Newsletter
Wellness Screening
Wellness Lectures
Exercise interventions
Training for staff

Campus visibility: “Dr Balance”
Brown Bag Event: meds & falls
some free, some $
IDT at the nursing station
22 residents identified as high risk by staff; screened to facilitate participation in exercise

<table>
<thead>
<tr>
<th>Screening / testing</th>
<th>Sens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Screen</td>
<td>95%</td>
</tr>
<tr>
<td>8 ft Up &amp; Go</td>
<td>91%</td>
</tr>
<tr>
<td>Berg Balance Scale</td>
<td>50%</td>
</tr>
<tr>
<td>Postural Hypotension Found</td>
<td>27%</td>
</tr>
<tr>
<td>Low vision Found</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Screening by Questionnaire</strong></td>
<td></td>
</tr>
<tr>
<td>≥2 falls in past year</td>
<td>32%</td>
</tr>
<tr>
<td>Fear of Falling</td>
<td>23%</td>
</tr>
<tr>
<td>Hi Risk Dx</td>
<td>23%</td>
</tr>
<tr>
<td>Episodes of dizziness</td>
<td>9%</td>
</tr>
<tr>
<td>Injury from fall in past year</td>
<td>5%</td>
</tr>
</tbody>
</table>

The Fall Prevention Center of Excellence is supported by the Archstone Foundation
RESULTS:

- High sensitivity (95%)
  - 8ft Up & Go alone (91%)
  - Screening questions (all 73%, any one <33%)
- Berg Scale helped triage to exercise program
- Initial increase in exercise interventions-
  - In context of a wellness program
  - Filled 3 balance classes, 2 tai chi-based classes, previously <1 class
  - Provided Efficacy information via performance experience
  - Difficult to sustain
Attitudes on B/M/F at ROM, Oct 2008, n=58

Importance of B/M/F: 1 low, 5 high

Older adults fall, little can be done: 1 disagree, 5 agree

Chance of losing balance: 1 low, 5 high

The Fall Prevention Center of Excellence is supported by the Archstone Foundation
% Participating in Programs by Perceived Balance Category

- Low chance of falling, n=8
- Medium chance, n=23
- High Chance, n=6

The Fall Prevention Center of Excellence is supported by the Archstone Foundation
Process Map: Regents Point, SCPH
System Redesign: Logic Model

RESIDENT

Screening, assessment Collaborative Strategies Outcome/ F/U

DOCTOR

BMF Mentors
• Continuity/follow up
• Database entry/reports
• Communication
• Support IDT Review
• Training/Credentialing
• Audit Documentation

FAMILY

THERAPY & EXERCISE
PHARMACY
Balance AWARENESS

RISK MANAGEMENT

TRAINING

FALL EVENTS

G-H Database
NURSING
• ASSESSMENT
• PROTOCOLS
• HANDBOFF

DOCUMENTATION
actual CARE PLAN
1. Raise community awareness
   • Lecture, newsletters, health fairs
   • Brown bag med review
   • Resident council/ Safety Captains
   • Measure Resident Satisfaction

2. Standard facility-based medical management
   • Med adherence review
   • Treatable nonspecific conditions
   • Monitoring of protective elements
   • Full spectrum of exercise/therapy (dementia)

3. Facility self management
   • Standardized screening
   • Programs that promote Awareness/efficacy
   • Recognize cognitive decline

4. BMF Mentors
   • Prompt MD ass’m’t/mgt
   • Med review, delirium/dementia
   • Response to therapy/nursing programs

5. Post fall assessment/Huddle
   Cause of poor balance, med effects
   Communication- MD/Pharm/Therapy
   Prospective risk mgt- adjust plan

6. Monitor fall rates
   • Prospective
   • Functional Impact
   • Data to Generate BMF Profile
   • Training- Who, when