



Fall Prevention: Translating Knowledge Into Action

2009 ASA/NCOA Joint Conference Workshop
March 18, 2009 - Las Vegas, NV



Addressing Falls in Facility-Based Communities

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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)



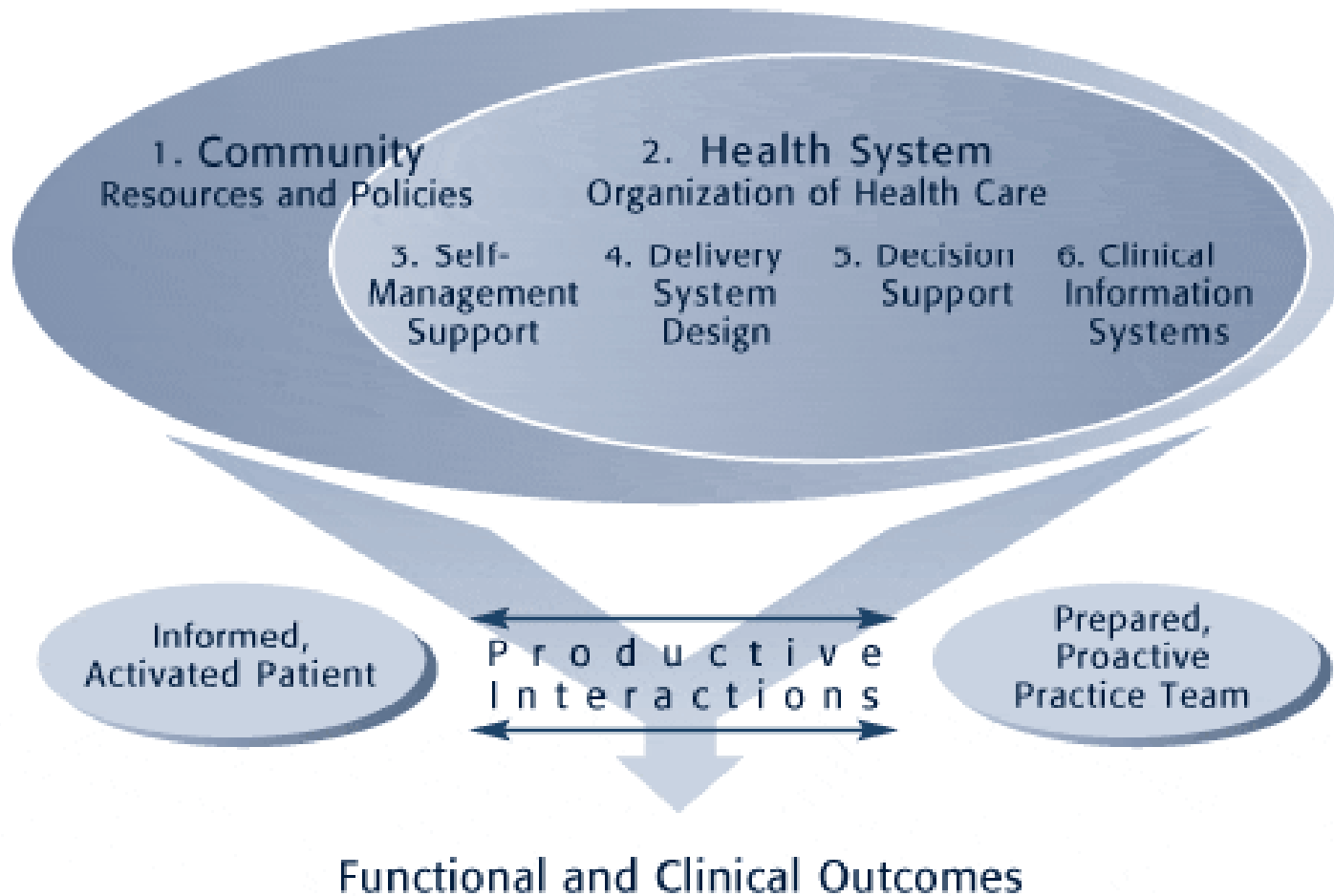
Model-based Programs

- 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



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

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



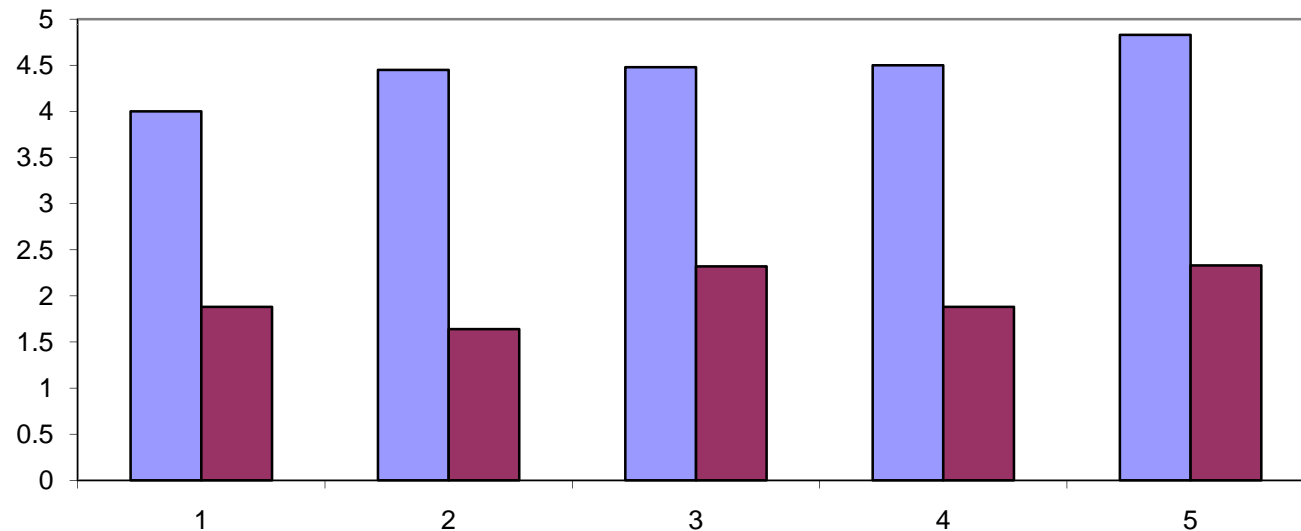
RESULTS:

- 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

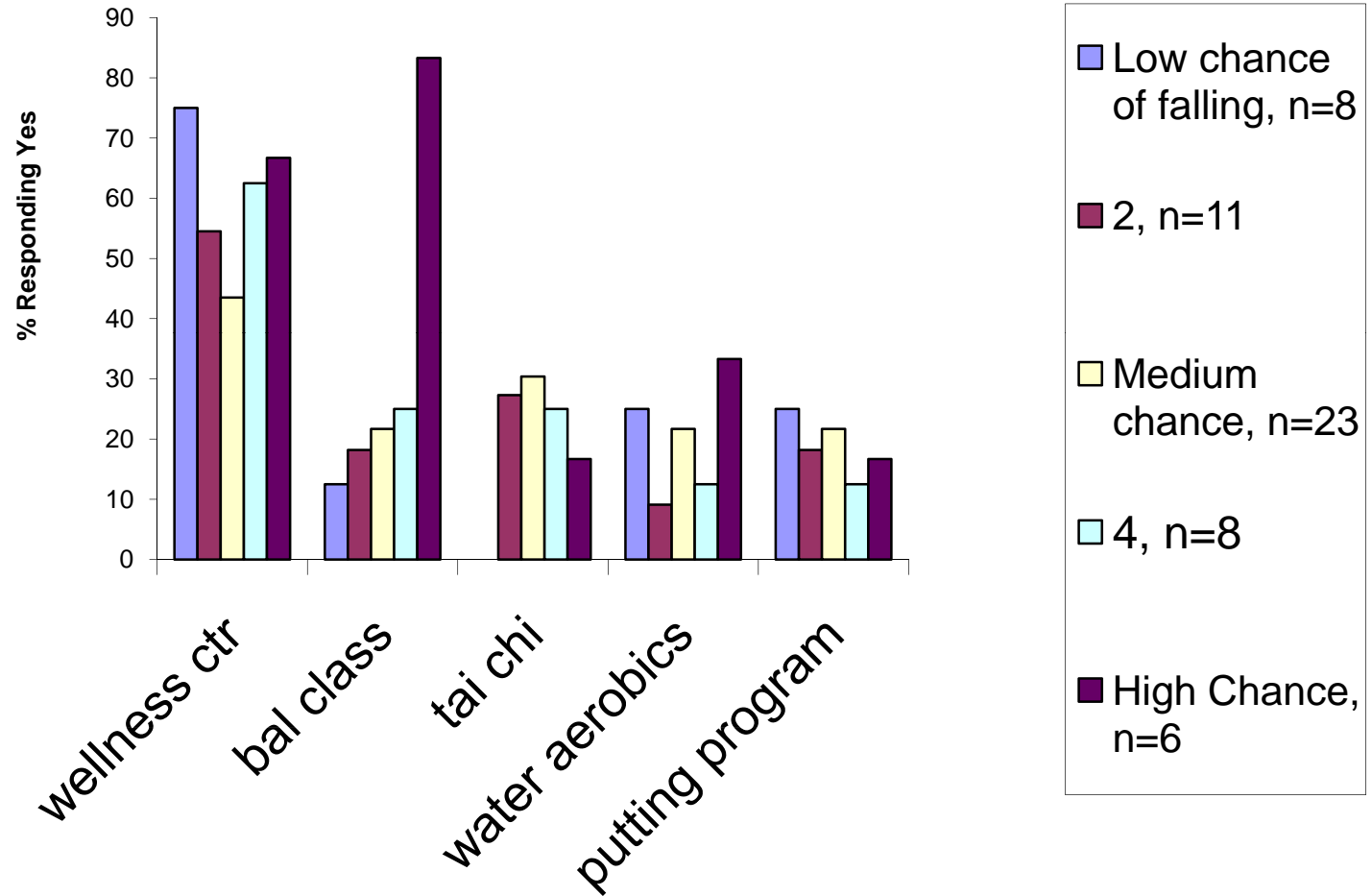
- Importance of B/M/F 1 low, 5 hi
- Older adults fall, little can be done, 1 disagree, 5 agree



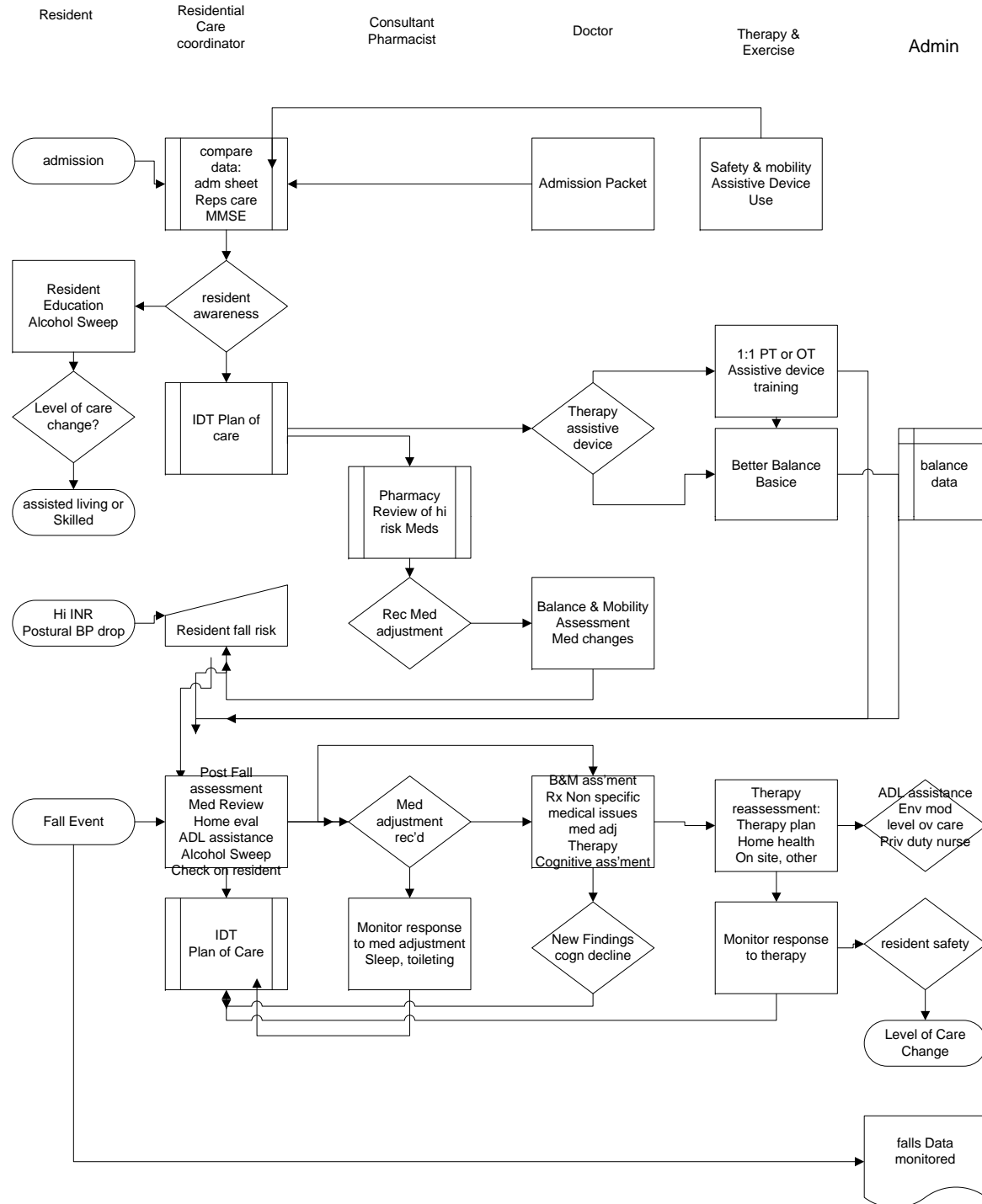
Chance of losing balance, 1 low, 5 high



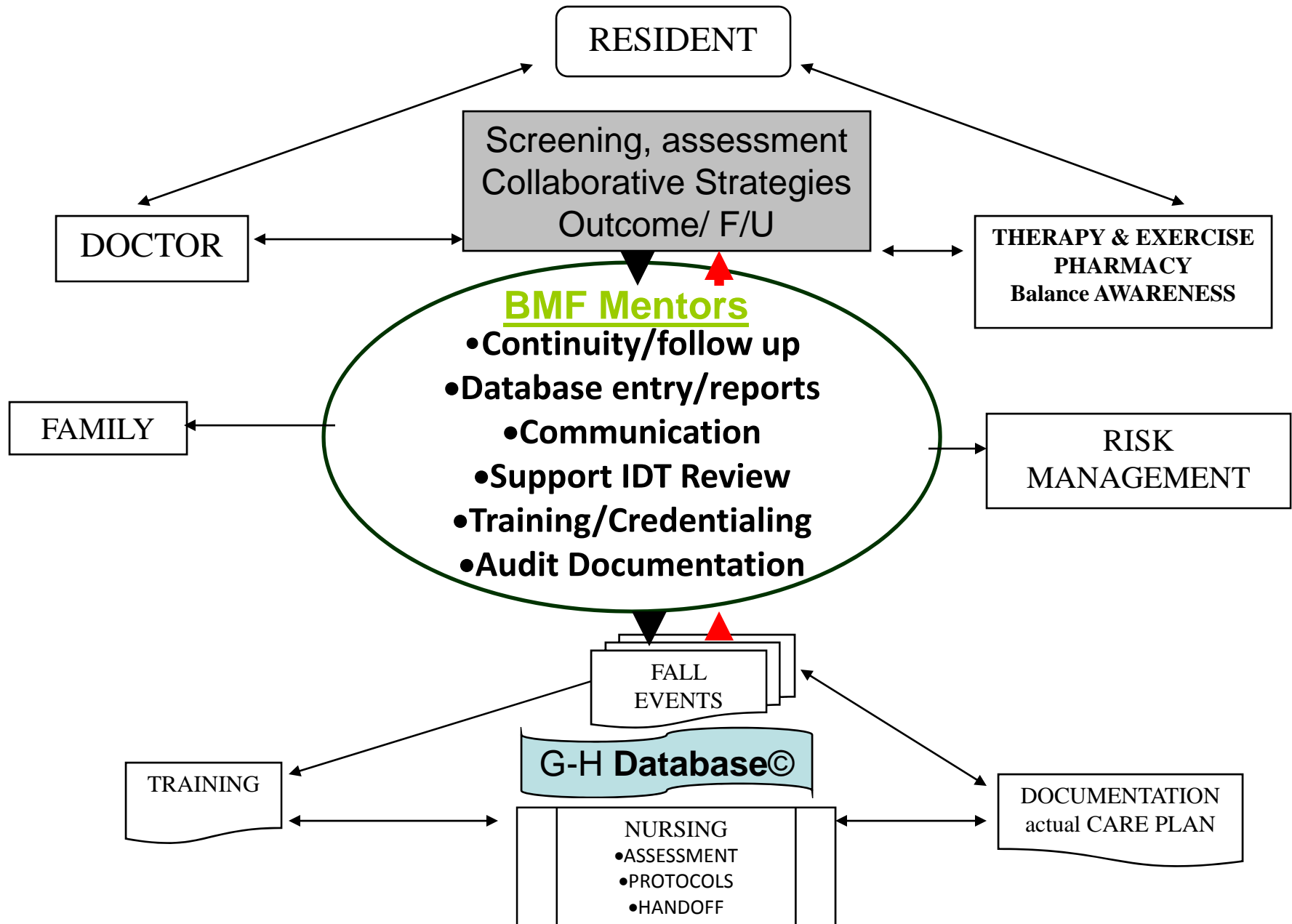
% Participating in Programs by Perceived Balance Category



Process Map: Regents Point, SCPH



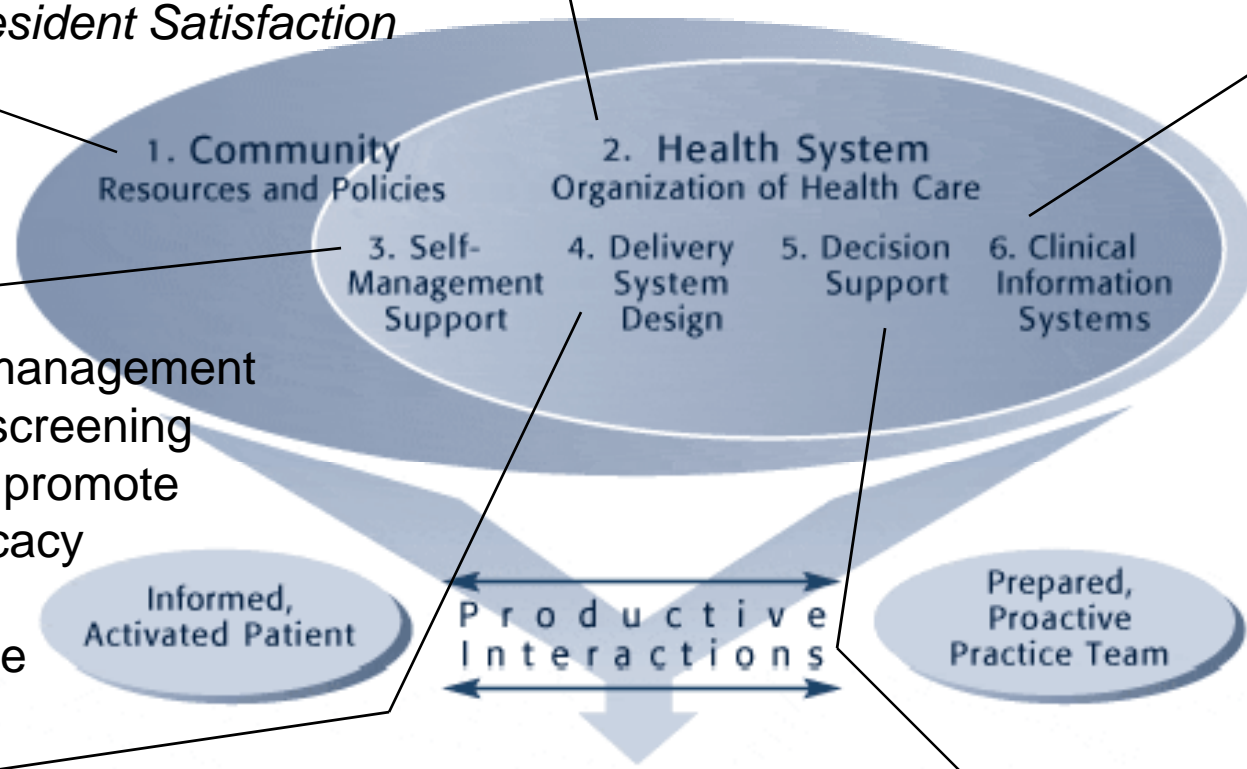
System Redesign: Logic Model



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)

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



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

4. BMF Mentors
 - Prompt MD ass'ment/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

Functional and Clinical Outcomes