Focus on Fall Prevention

BEST PRACTICE: FALL PREVENTION AWARENESS AT NATIONAL, STATE AND LOCAL LEVELS.

NATIONAL COUNCIL ON AGING AND FALLS FREE INITIATIVE

The Challenge

Falls remain the leading cause of injury and injury death for older Americans. Falls threaten seniors’ safety and independence and generate enormous economic and personal costs. CDC’s Injury Center monitors falls, fall-related injuries, and associated costs, reporting:

- In 2005, 15,800 people 65 and older died from injuries related to unintentional falls.
- Nearly 1.8 million people 65 and older were treated in emergency departments for nonfatal injuries from falls, and more than 433,000 were hospitalized
- In 2000, the direct care costs associated with fall related injuries in older adults totaled over $19 billion
- By 2020, the annual direct and indirect cost of fall injuries is expected to reach $54.9 billion.

The Most Important News

Falling is NOT an inevitable result of aging. Through evidence-based interventions, practical lifestyle adjustments, and community partnerships we can substantially reduce the number of falls. Bringing public awareness to the issue and to the available interventions is an important strategy. Far too many older adults fear falling and fear reporting incidents as somehow issues and a loss of independence; yet that first or second fall, or balance concerns can signal a growing risk that can be addressed through balance and exercise, medications adjustment, vision checks and/or home safety improvements.

But such strategies should be targeted to specific needs so older adults must be willing to talk to their families and health care providers about their fears of falling or fall incidents as the first step to maintaining independence and staying upright.

What is being done

The National Council on Aging leads the Falls FreeTM Initiative, a national collaborative effort to educate the public and support and expand evidence-based programs and interventions that help communities, states, federal agencies, non-profits, businesses, and older adults and their families fight back against falls. Nearly 70 national organizations, professional associations and federal agencies have joined the effort to bring national attention to this growing issue. Successful efforts have included passage of the Safety of Seniors Act, signed into law April, 2008 as PL 110-202. The bill’s provisions are taken from the National Action Plan, a blueprint to reducing falls among older adults that was produced under the Falls FreeTM Initiative.
The premise of this work is simple: everyone has a role to play in the prevention of falls and should be empowered to act to prevent falls within his/her own area of influence. There are now state-level fall prevention coalitions in 31 states. In some states, home care associations or home health agencies are active members of these coalitions. The State Coalitions on Fall Prevention Workgroup is an active learning network and invites all communities to join in the effort.

What resources are available for older adults and their families?

Many member organizations of the Falls Free™ Coalition have produced general fall prevention materials that will help to inform older adult and their families in the effort to reduce the risk of falling. Resources include:

Brochures and posters are available online in English, Spanish or Chinese from the CDC's National Center for Injury Prevention and Control. What YOU Can Do To Prevent Falls and Check For Safety: A Home Fall Prevention Checklist for Older Adults. A set of four posters are also available.

The Fall Prevention Center of Excellence Web site houses a number of helpful Technical Assistance Briefs and Fact Sheets; fact sheets include helpful tips on all relevant risk factors including suggested strategies for communicating more effectively with your doctor. The most recent provides information on preventing falls around pets.

The American Geriatric Society also offers an informative pamphlet A Patient's Guide to Preventing Falls that may be easily downloaded and used in discussions with your health care provider.

What resources are available for service providers?

Many member organizations of the Falls Free™ Coalition have produced general fall prevention materials that will help to inform providers in the effort to reduce the risk of falling. Health care providers should contact their respective professional associations for targeted resources. In addition, some key resources include:

- The American Geriatrics Society (AGS) has published new clinical practice guidelines on the prevention of falls in older persons.
- Two Cochrane Reviews of the literature provide an overview of the evidence for reducing falls:
  - Population-based interventions for the prevention of fall-related injuries in older people
  - Prevention of falls and fall related injuries in older people in nursing homes and hospitals.
- This year the National Council on Aging in collaboration with Paraprofessional Healthcare Institute developed and launched a new partnership to provide — at no cost — a Fall Prevention Awareness Curriculum for home health care workers. Uniquely designed for adult learners, the Fall Prevention Awareness training curriculum is designed to help home health aides across the country reduce falls and minimize injury to their clients by increasing their awareness of the risk factors for common falls and enhancing their communication skills.
- CDC's National Center for Injury Prevention and Control published a compendium of community programs entitled Preventing Falls: What Works: A CDC Compendium of Effective Community-based Interventions from Around the World; three programs are being broadly implemented including Stepping On, Tai Chi: Moving for Better Balance, and Otego. Another valuable program effectively addressing the fear of falling and building falls self-management and self efficacy in older adults is A Matter of Balance.
How Will We Make a Real Difference?

Ultimately, we believe it is through strong local, state and national collaboration that we will have an impact on the growing public health issue of falls and fall related injuries in older adults. We need effective, broad-based collaborations that foster four key strategies:

- Bringing broad awareness to the issue – falls are not an inevitable part of aging.
- Providing training and education to health care and service providers.
- Increasing the availability of evidence-based programs, services, and resources for older adults who are at most risk and which target prevention through risk reduction.
- Implementing effective policies and regulatory reforms that strategically promote healthy aging and injury prevention in older adults.

For more information contact fallsfree@ncoa.org

(Bonita) Lynn Beattie, PT, MPT, MHA
Vice President, Injury Prevention
Falls FreeTM Initiative
Center for Healthy Aging
National Council on Aging
Washington, DC 20036
www.healthyagingprograms.org
www.ncoa.org
BEST PRACTICE: UNDERSTANDING MEDICATION RELATED FALLS AND PREVENTION

- The Massachusetts College of Pharmacy and Health Sciences (MCPHS) Pharmacy Outreach Program is a community service project of the Massachusetts College of Pharmacy and Health Sciences to assist Massachusetts residents in obtaining affordable prescription drugs and provide information about their medications. The program is run through a toll free help line, interactive website www.massmedline.com, walk in center at the Worcester, MA campus and through community outreach events throughout Massachusetts.
- Pharmacists, faculty and students are on staff to provide a comprehensive review of the patient’s medication therapy and assessed for medications that can increase risk for falls or other medication related adverse effects.
- Patients are provided with education on their medications and an increased awareness of their potential risk for adverse effects, including their potential risk for falls. Discussions on enhancing bone strength through exercise and medications are also included in these educational sessions.
- Follow up monitoring for compliance and adherence provides enhanced communication and trust between pharmacists and patient to enhance positive outcomes.
- A complete and accurate medication list is critical when assessing medication related risks for falls. Participants in a medication review with pharmacists from the MCPHS Pharmacy Outreach Program are provided with a “Medication Safety Tool Kit” which includes a medication wallet card to provide a convenient way to have carry and share their comprehensive medication list with all their health care providers.
- Community outreach initiatives focused on medication safety reinforce the importance of awareness of medication related fall risk and encourage questions for increased learning.

Mary Sullivan, Pharm D Director
Donna Bartlett, RPh
MCPHS Pharmacy Outreach Program

The MCPHS program is an excellent example of a community program providing a valuable service.

Does your community have a service like the MCPHS Pharmacy Outreach Program that you can utilize for patients?

If not is this something that could be provided? Do you have a local university with pharmacy faculty and students that would help provide a similar medication safety program?
MISSOURI ALLIANCE FOR HOME CARE (MAHC)
FALL RISK ASSESSMENT AND BENCHMARKING INITIATIVE

**Best Practice:** Implement a multifactorial fall risk assessment tool(s) that is standardized and tested on a population of community dwelling elders. The tool must be effective in identifying people at risk for falls and include a standard response scale.

A fall risk assessment is a requirement of OASIS-C, and this tool must be validated as effective in identifying fall risk in community dwelling elders. Many home health agencies across the country are using the MAHC multi-factorial assessment to meet this requirement. Neither of these assessments alone will meet the requirement that the assessment be “scientifically tested” and “multi-factorial”. However, in combination they are a simple and fast way to be in compliance. MAHC is in the process of scientifically testing the multi-factorial tool and once that process is completed, home health agencies will be able to conduct assessments using only the MAHC tool. Expectation is to have the testing completed by spring 2011.

In addition, MAHC’s fall risk benchmarking initiative has been successfully operating for over eight years. Participants in this initiative are able to compare their fall rate to a national average as well as to companies with similar demographics. Since the fall risk assessment began, participants have reduced falls and improved patient outcomes, developed policies and procedures to help clinical staff in their efforts to help patients remain fall free and gathered statistics and information about fall prevention. Home health agencies across the United States participate in this exciting benchmarking initiative. If you would like additional information contact Mary at the MAHC office, 573-634-7772 or visit on line at: [http://www.homecaremissouri.org/projects/falls/index.php](http://www.homecaremissouri.org/projects/falls/index.php)

Mary Schantz
Executive Director
Missouri Alliance for Home Care

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The MAHC Fall Risk Assessment tool is included in the Fall Prevention BPIP, page 33.

Many HHAs have asked if this tool has been scientifically tested.

In addition, many HHAs ask if there are benchmarking programs for falls.

Mary Schantz has provided campaign participants information about the MAHC risk assessment and benchmarking.
INSIGHTS

• Our agency uses the Missouri Alliance Home Care Fall Risk Assessment form, the TUG (Nurses) and Tinetti (therapists).
• Our nurses have found using the TUG has saved assessment time because they can concurrently assess other functional measures!
• Use the 5 day SOC assessment window to complete the fall risk assessment tools to get a more valid result.
• The patient may appear better than they actually are at the initial home visit.
• If therapy is ordered, we focus on getting therapy in as quickly as possible and we’ve had less patient falls and better patient outcomes.

Susan Zaic, RN
Perham Memorial Home Care
Perham, MN
LIFE ELDERCARE: HEALTHY AGING, INDEPENDENT LIVING

BEST PRACTICE: OLDER ADULTS WHO EXERCISE IMPROVE STRENGTH AND MOBILITY.

LIFE ElderCare is a 35 year old non-profit organization providing direct services to frail, homebound seniors. LIFE ElderCare partners with Unitek College LVN student nurses to provide twelve weeks of individualized primary care physician approved exercises. These hourly sessions are an opportunity to help each client establish workout goals motivated by a compelling personal goal such as “walking without a walker.” Written daily feedback is reviewed by the program manager and fitness trainer, enabling the client to progress safely. LIFE ElderCare’s multi-factorial program addresses each of the leading causes of falls while providing an unending continuum of care. This innovative model for preventing falls leverages the volunteer contribution of student nurses who get field experience and community service hours as they coach and monitor participating seniors in their homes. The average age of our clients is 87 years old. Berg & Tinetti balance and gait tests, pre/post program, show an initial 47% of clients with high-risk of falls. After participating only 17% were at High Risk. Additionally, improvements in ADL’s were seen.

Details available, page 6 at: http://lifeeldercare.org/docs/LIFELINES_Fall_2009_Web.pdf

Focus areas for seniors are:

Muscle weakness and Gait & balance problems
THE most effective preventative action is any exercise which increases strength (think resistance bands) and improves balance and gait. Ultimately being able to stand on one leg for 15 seconds is a great indication of a lower risk for falls. The greatest challenge, as with any exercise program, is adherence. A few tips for the patients include:
• Find a buddy with whom to workout
• Break exercises into manageable bits of time: a few after breakfast, a few in front of the TV
• Set a goal. One which truly inspires to keep committed to regular exercise.
• The primary goal is to exercise DAILY!

Vision:

• Regular visits to eye doctor
• Wear the correct prescriptive glasses

Medications:

• Keep a complete list of medications, including herbal remedies and over the counter drugs. Bring this to every doctor appointment and give it to the pharmacist when filling a new prescription.
• Be alert for reactions to new prescriptions. The first three days are when a patient is at the greatest risk of a fall.
Home hazards:

- Remove clutter
- Good lighting – especially in the bathroom during the night
- Grab bars and shower chair/transfer bench for bathing

Additional tips:

Hydration: Tell patients that one of the best ways to check for dehydration is the color of urine. Clear or light will indicate proper hydration. Dark yellow signals dehydration.

Vitamin D: Check with doctor concerning how much Vitamin D a patient requires daily.

Maureen Parent
Fall Prevention Coordinator
LIFE ElderCare
Fremont, CA

LIFE ElderCare promotes healthy living for seniors.
A significant part of healthy living is preventing falls.
This is another example of a community service for elders.

What programs are available in your community that will support agency fall prevention efforts?
Fall prevention needs to be continued after patient discharge from hospital and home care.

More details about LIFE ElderCare’s program available at:
http://lifeeldercare.org/fallsprevention.html