TAKING STEPS TO ADDRESS THE PUBLIC HEALTH IMPACT OF FALLS IN IOWA: PART II

5.27.15

https://www.iowaaging.gov/falls-prevention
Carlene Russell
Iowa Department on Aging
BUILDING IOWA’S INTEGRATED EB FALL PREVENTION NETWORK

- Grant funded by the Administration on Aging/Administration on Community Living

- Objectives:
  - Increase awareness of the prevalence of falls and programs that can reduce falls
  - Increase availability of evidence-based fall prevention program
  - Establish a fall risk screening and referral process
EVIDENCE-BASED FALL PREVENTION PROGRAMS

- A Matter of Balance
- Stepping On
- Tai Chi

Locations and dates of classes can be accessed at https://www.iowaaging.gov/healthy-lifestyles/falls-prevention
IOWA FALLS PREVENTION COALITION

- Mission
- To foster collaboration among state, community and health care system partners to reduce falls by building awareness and providing education about falls prevention.

- Meets bi-monthly
- Iowa Stands Up To Prevent Falls Symposium July 10, 2015
- Fall Prevention Awareness Day September 23, 2015
- Barb McClintock, Chair
Trina Radske-Suchan
YMCA Healthy Living Center
SAVE THE DATE

IOWA STANDS UP TO PREVENT FALLS
SYMPOSIUM 2015

FRIDAY, JULY 10

9:00 a.m. - 5:00 p.m.
Hawkeye Community College
Waterloo, Iowa

For more information, contact:
Mark Hanson
Community Program Coordinator
Grant Administrator
Iowa Assoc. of Area Agencies on Aging
515.210.7016
mhanson@4a.org
Thank you

For questions contact: Carlene.russell@iowa.gov
STEADI TOOLKIT:
(Stopping Elderly Accidents, Death and Injuries)

Practical Uses Across Settings

Iowa Falls Coalition Webinar, Series 2
May 27, 2015

100 E. Grand Ave., Ste. 360 • Des Moines, IA 50309-1835
Office: 515.283.9330 • Fax: 515.698.5130
www.ihconline.org
• Gain knowledge of falls and their impact on elderly patients and residents
• Understand changes in Medicare that impact both quality and potential reimbursement
• Discuss the STEADI toolkit and ways it can be used to address falls across healthcare settings
Background on Falls

- **One in three** older adults (65+) fall each year
- **Every 29 minutes** an older adult **dies** from a fall or fall-related injury
- Falls are **the leading cause** of both fatal and non-fatal injuries in older adults
- In 2013, 2.5 million non-fatal falls among the elderly were treated in the emergency department and more than 734,000 of those hospitalized
- In 2013, the direct medical costs of falls, adjusted for inflation, were $34 billion

Source: [www.cdc.gov/adultfalls](http://www.cdc.gov/adultfalls)
How Costly are Falls?
The average charge for a hospital visit associated with a fall for someone over 65 was $26,388.

Data is from 2009-2013 death certificates and hospitalization records.
• Effective Jan 1, 2011, the Affordable Care Act added Medicare coverage for a new “Wellness Visit.”
• During this visit provider must review a patient’s functional ability and level of safety including:
  – Screening questions on falls risk
  – Provide personalized health advice to the beneficiary and referrals as appropriate to fall prevention programs or services
• Incentivizes certain providers to assess fall risk and to create a fall prevention plan if risk identified

• Eligible professionals, including physicians, nurse practitioners, physician assistants, occupational and physical therapists in independent practice, and others providing services under the Medicare Physician Fee Schedule. Further information available at www.cms.hhs.gov/PQRS.

• Risk assessment of falls is comprised of balance and gait (such as the Timed Up & Go Test) and one or more of the following:
  – Postural blood pressure
  – Vision
  – Home fall hazards
  – Medication review

• All components do not need to be completed during one patient visit, but should be documented in the medical record as having been performed within the past 12 months.
Identification of high-risk individuals is the most important part of management

Applying preventive measures in the vulnerable population can impact public health profoundly

Family physicians play a pivotal role in screening older patients for risk of falls

Observation for gait and balance disturbances should be evaluated for interventions to improve strength and balance

References:
• ACA (Affordable Care Act) 2014
  – Reduces payment for hospitals that rank poorly in hospital acquired conditions (HAC’s)
  – Attempts to improve patient safety outcomes

• CMS' Partnership for Patients (PfP) and Hospital Engagement Network (HEN)
  – Report from December 2014 from HHS showed 50,000 less people died in hospitals
  – Over $12 billion in health care costs saved as a result in reduction of HAC’s from 2010-2013.
  – Preliminary numbers in show that hospital patients experienced 1.3 million fewer HAC’s in same time period. (17% decline in three year period)
CMS Findings

- Congress authorized CMS to implement payment changes to encourage preventable conditions
- High-volume, high-cost which result in higher DRG payment were targeted
- Injuries from falls with trauma was one of them
- Recommendations and guidelines were provided to decrease the incidence of injuries from falls with trauma
- Need to collaborate with community partners and providers to educate on fall prevention is crucial
Injuries from falls are "never events"—Associated with morbidity, mortality, and increased healthcare costs.

More than 1 million falls are recorded in U.S. hospitals every year (AHRQ).

Patients who sustain a serious fall injury stay 6–12 days longer, on average.

Falling can severely disrupt the quality of life for seniors—Reduced activity out of fear and anxiety, injury.

Falls contribute to avoidable readmissions to hospitals—Concern for hospitals and nursing care settings.
PATIENT SAFETY!

- Prevent worsening and increasing length of stay
- Preventing avoidable ED visits
- READMISSION avoidance
- Reduce unnecessary healthcare cost!
- Stressful – improved patient experience
• **Stopping Elderly Accidents, Deaths & Injuries**
  
  • Centers for Disease Prevention (CDC) created for healthcare providers for:
    • Those at risk for fall
    • Those who have fallen
    • Provides information and resources to help incorporate fall prevention into clinical practice
• Provides tools to assist providers to connect to community programs on fall prevention

• Kit contains:
  • Assessments for gait, strength, and balance
  • Algorithm for assessment and interventions
  • Prevention tips
  • Checklists
  • Simple exercises
Overview of Toolkit

**Make Fall Prevention Part of Your Practice**

- Triage patients based on risk
- Self-assessments for risk of falling – see your patient's risk at a glance!
- Pocket guide for preventing falls in older adults
- Integrate fall prevention into your practice
- Talk about fall prevention with patients
How to begin –

Get Background Information about Falls
• Falls are a major threat to the elderly
• Risk factors for falls
• Medications most commonly linked to falls

Case Studies
Use Validated Tests to Assess Risk Factors

• The timed up and go (TUG) Test
• The 30-second chair stand test
• The 4-stage balance test
• Measuring for orthostatic blood pressure
Overview of Toolkit

**Offer Medical Referral, Encouragement, Resources & Referrals.**

- Patient Referral Form
- Stay Independent Brochure
- Recommended Programs Form
- Postural Hypotension, What it is and How to Manage it
- What YOU can do to prevent falls brochure
- Check for Safety: A home fall prevention checklist for older Adults
Toolkit Uses

Waiting room: Patient completes *Stay Independent* brochure
Identify main fall risk factors

Clinical visit: Identify patients at risk
- Fell in past year
- Feels unsteady when standing or walking
- Worries about falling
- Scored ≥4 on *Stay Independent* brochure

Evaluate gait, strength & balance
- Timed Up and Go
- 30-Sec Chair Stand
- 4 Stage Balance Test

Gait, strength or balance problem

≥2 falls or a fall injury
Determine circumstances of latest fall
Conduct multifactorial risk assessment
- Review *Stay Independent* brochure
- Falls history
- Physical exam
- Postural dizziness/postural hypotension
- Cognitive screening
- Medication review
- Feet & footwear
- Use of mobility aids
- Visual acuity check

1 fall in past year
Determine circumstances of fall
Implement key fall interventions
- Educate patient
- Enhance strength & balance
- Improve functional mobility
- Manage & monitor hypotension
- Manage medications
- Address foot problems
- Vitamin D +/- calcium
- Optimize vision
- Optimize home safety

0 falls in past year

No gait, strength or balance problems

No to all
- Educate patient
- Refer to community exercise, balance, fitness or fall prevention program

Patient follow-up
- Review patient education
- Assess & encourage adherence with recommendations
- Discuss & address barriers to adherence
The Timed Up and Go (TUG) Test

**Purpose:** To assess mobility

**Equipment:** A stopwatch

**Directions:** Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

**Instructions to the patient:**
When I say "Go," I want you to:
1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word "Go" begin timing.
Stop timing after patient has sat back down and record.

**Time:** _______ seconds

*An older adult who takes ≥12 seconds to complete the TUG is at high risk for falling.*

Observe the patient’s postural stability, gait, stride length, and sway.

**Circle all that apply:**
- Slow tentative pace
- Loss of balance
- Short strides
- Little or no arm swing
- Steadying self on walls
- Shuffling
- En bloc turning
- Not using assistive device properly

**Notes:**

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)
The 30-Second Chair Stand Test

Purpose: To test leg strength and endurance

Equipment:
- A chair with a straight back without arm rests (seat 17” high)
- A stopwatch

Instructions to the patient:
1. Sit in the middle of the chair.
2. Place your hands on the opposite shoulder crossed at the wrists.
3. Keep your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On “Go,” rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.

On “Go,” begin timing.

If the patient must use his/her arms to stand, stop the test. Record “0” for the number and score.

Count the number of times the patient comes to a full standing position in 30 seconds.

If the patient is over halfway to a standing position when 30 seconds have elapsed, count it as a stand.

Record the number of times the patient stands in 30 seconds.

Number: _________  Score _________  See next page.

A below average score indicates a high risk for falls.

Notes:

For relevant articles, go to: www.cdc.gov/injury/STEADI
The 4-Stage Balance Test

**Purpose:** To assess static balance

**Equipment:** A stopwatch

**Directions:** There are four progressively more challenging positions. Patients should not use an assistive device (cane or walker) and keep their eyes open.

Describe and demonstrate each position. Stand next to the patient, hold his/her arm and help them assume the correct foot position.

When the patient is steady, let go, but remain ready to catch the patient if he/she should lose their balance.

If the patient can hold a position for 10 seconds without moving his/her feet or needing support, go on to the next position. If not, stop the test.

**Instructions to the patient:** I’m going to show you four positions.

Try to stand in each position for 10 seconds. You can hold your arms out or move your body to help keep your balance but don’t move your feet. Hold this position until I tell you to stop.

For each stage, say “**Ready, begin**” and begin timing.

After 10 seconds, say “**Stop.**”

*See next page for detailed patient instructions and illustrations of the four positions.*

For relevant articles, go to: [www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)
### Recommended Fall Prevention Programs

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**Notes:**
Research shows that to reduce falls, exercises MUST focus on improving balance and strength, be progressive (get more challenging over time), and be practiced for at least 50 hours. This means, for example, taking a 1-hour class 3 times a week for 4 months, or a 1-hour class 2 times a week for 6 months.

The National Institute on Aging has created an exercise guide for healthy older adults to use at home. You can order this free book by going to: [www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide](http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide).
Interesting Finds on Uses of STEADI Toolkit

- Hospital Physical Therapy/Outpatient Therapy
- Assisted Living
- Nursing Facilities
Newsworthy regarding Falls

- Working with University of Iowa
- Sent an online questionnaire
- Moving forward
- Internal needs
- Discharge planning/community
From the CDC new tools and materials coming:

- Online continuing education programs
- Clinical decision support models for electronic health records (EPIC and GE Centricity)
Summary

• By 2020 falls related injuries estimated to be $43.8 billion

• Research proves exercise, physical therapy improves strength, balance and flexibility
  – Nothing elaborate, just consistently
  – Better medication management
  – Home modification
  – Environmental safety

• Need to raise awareness
  – Significant drain of injury and suffering
  – Loss of independence, financial costs and even death!
Resources

Website for the STEADI toolkit

http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html#practice

Website for Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults

http://www.cdc.gov/homeandrecreationalsafety/Falls/community_preventfalls.html
Thank You!

For more information:

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Establishing Partnerships for Screening and Referral in Your Community

TAKING STEPS TO ADDRESS THE PUBLIC HEALTH IMPACT OF FALLS IN IOWA: PART II
EB Fall Prevention Program = Population Health Approach

- A population health approach is more preventative in nature and team-based
- Success with population health strategies involve patient assessments, risk stratification and application of risk advised interventions
- What is an example of this team-based approach to population health?
  - Steadi Tool Kit assessment of risk (clinic)
  - Identify patients with fall risk
  - Application of interventions = referral into an EB fall prevention program (community)

EB = Evidence-based
Evidence-Based Fall Prevention Program

- Evidence-based health promotion programs promote better health, better care, and lower costs and empower participants toward self-management
- Evidence-based fall prevention programs offer proven ways to decrease fall risk among older adults
- Evidence-based fall prevention programs are related to healthy communities as they align with local, state, and national healthcare goals
- Evidence-based fall prevention programs can also create powerful partnerships with other organizations
First Steps in Developing Referral System

- Define the community to whom you are reaching out
  - One of the most important goals in all outreach is to understand the real needs of your community

- Conduct a community audit
  - Understand what services and resources are available and develop a plan on how your program will enhance/compliment/fill gaps
  - Community needs assessments are conducted by public health in each county and each hospital is required to do one every 3 years. Search hospital websites for postings of needs assessments.

- Identify who might be a source of referrals for your program

- Identify those people with whom you already have a relationship to help you get connected

- As you begin to build relationships, look for partnerships that collaboratively identify with the need for fall prevention and develop strategies together that support evidence-based fall prevention programming within the community in which you are serving
Next Steps in Developing Referral System

- Work with your referral sources to implement a readiness assessment
  - This will help to identify any potential barriers/resistance that will have to be worked on prior to implementation

- Identify screening and referral process
  - Physician groups/health systems can use STEADI Tool Kit
  - What can other referral sources use as a screening tool to identify fall risk
    - Fall risk assessment questionnaire

- Supply referral sources with education tools to inform patient/individual with fall risk about your program

- Develop referral forms/flyers with contact information

- Determine a correspondence process with referral source to inform them when participant has started program and how/when to provide outcome measures
Readiness Assessment Sample Questions for Provider Practice

How many providers support fall prevention efforts for their patients with known risk?
0% ___________________________________________________________100%

How many providers would refer patients with an identified fall risk into an EB fall prevention program?
0% ____________________________________________________________100%

How many providers are familiar with or have used the STEADI tool kit?
0% ____________________________________________________________100%

Is the clinic set up with the STEADI tool kit in their EHR/practice?
Yes or No

Are there other ways a provider is identifying fall risk in their patient population?
Please list: ___________________________________________________________

If a fall risk is identified, is there a current process of referral into needed services?
Yes or No;

If yes, could a referral to an EB fall prevention program be embedded in the same way?
Yes or No:
The YMCA Healthy Living Center has over 900 different physicians referring to the center for various community-based programming.

Many of our physicians are filling out our referral forms and faxing them over indicating the program they want patient to start in
  - Some will indicate a fall risk in the comments or else we perform fall risk assessments through physical therapy and report back to physicians

Faxes are received in our PT clinic within the Y-HLC to ensure PHI compliance

Staff call the referred patient and set up time to meet with them to initiate start up

We conduct evaluations prior to interventions and re-assessments along the way to note progress

This is sent back to physician to close the feedback loop and keep physician informed as long as patient is participating in program
Referral:
- MD refers
- Y receives
- Contact patient
- Set appointment

Evaluation:
- Evaluate or assess
- Review results
- Set plan of care
- Design program

Program:
- Orient & instruct
- Participate
- Check progress
- Report to MD
PREVENT
RESTORE
REHAB
Medical Based Fitness

YMCA Healthy Living Center
12493 University Ave., Clive, IA 50325
Phone: (515) 645-3330
Fax: (515) 224-2907

Patient Name ____________________________
DOB ____________________ Phone Number ____________________
Diagnosis ________________________________

☐ EVALUATE & TREAT
☐ Physical Therapy
☐ Aquatic Therapy
☐ FES Bike
☐ Vestibular Rehab
☐ Medical-Based Exercise Programs
☐ Pain Management
☐ LIVESTRONG® at the YMCA
☐ Stroke Recovery
☐ Neuro Wellness
☐ Weight Management
☐ Diabetes Prevention
☐ Heart Health

Comments ________________________________

Physician Signature ______________________
Clinic Name ____________________________
Clinic Number __________________________

Date ______________________
Healthy Living Centers: An essential partner in the health continuum
How to Engage Physician Groups/Health Systems

- Keep message simple and consistent (physicians have limited time)
- Have research on program efficacy readily available
- Anticipate their questions such as “How will it work for and benefit my patients?”
- Present information at physician attended meetings/conferences/lunch and learns
- Partner with organizations who have established relationships with physicians
- Be prepared to discuss models for implementation and be ready to go
- Establish common goals
  - Link EB fall prevention program to physician goals to keep patients healthy avoiding ER visits or hospitalization
Physicians are Key to Success

- Physicians are now required to participate in quality reporting measures as part of population health management.

- As data is collected from program participants and fall risk decreases, this can become a form of trusted medical management that providers will report on.

- Physician champion can influence entire organization to adopt program.

- Can work with physicians to embed the referral process into their EHR system.

- Patients are much more likely to follow through on a referral from their physician.
Physicians are Key to Success

- Partnering with physicians help them reach patient’s where they live to best influence their health behaviors

- Message = fall prevention program will:
  - Impact patient’s health
  - Create an engaged patient
  - Compliment healthcare services
  - Decrease healthcare cost
  - Support physicians in managing the health of their patient population

- Stay connected to your best physician referral-develop into physician champion
Community Stake Holders/Partnerships

- Identify and engage community stakeholders/partners for support
  - Find out who has a vested interest in decreasing falls in the community
  - Engage them to support your EB fall prevention program as part of improving the health of their community
  - Can help you conduct outreach to diverse populations/referral sources/partnerships
- The more awareness and interest there is within the community, the more candidates you will have for possible referral
- Clearly describe the referral process for all stakeholders
- Collaborate with them to develop and design workable pre-screening processes for non-clinical community entities
- Put in place a mechanism to provide feedback to your stakeholders/partners on the successes of the program
Community Stake Holders/Partnerships

- Work collaboratively with your community stakeholders and partners to gain feedback for quality improvement
- Set common priorities and goals to support program sustainability over the long-term
- Establish consistent communication on progress, monitoring, and evaluation
- Ensure that community activities -- such as workshops, health fairs and open houses -- are accessible to your target community as well as the larger public
- Keep track of success stories. Share them with the community and with referral sources
Strengthening the Community

It takes work to build a reliable and sustainable referral system and partnership.

It’s about relationship building and being your communities biggest fan.

“One of the marvelous things about community is that it enables us to welcome and help people in a way we couldn't as individuals. When we pool our strength and share the work and responsibility, we can welcome many people, even those in deep distress, and perhaps help them find self-confidence and inner healing.”

— Jean Vanier, Community And Growth
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