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Addressing Geriatric Falls in the Outpatient Setting: A Prevention Initiative

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Approximately 25% of adults ≥ 65 years old fall each year\textsuperscript{1}
  - One in five of these incidents result in serious injury\textsuperscript{2}

Falls are the leading cause of fatal/non-fatal injuries in Vermont\textsuperscript{3}

Fall death rates for older adults in the United States increased by 30% from 2007 to 2016\textsuperscript{2}

Many patients at risk for falling are uneducated regarding environmental, physical, and/or behavioral risk factors that could be contributing to their fall risk\textsuperscript{4}

Fall prevention counseling is often limited in the outpatient setting due to time constraints\textsuperscript{4}
By 2020, the financial burden of geriatric falls is expected to be greater than $67 million dollars in the United States\(^5\)

Vermont ranked **41st** in the nation with respect to the percent of older adults with self-reported falls in the past 12 months according to the United Health Foundation’s “America’s Health Rankings”

- 31.7% of older adults in Vermont report falling in the past 12 months (national average 28.7%)\(^6\)

Over 1,600 Vermont older adults were hospitalized and an additional 5,445 were treated in the emergency room for falls in 2014\(^3\)

Approximately 29% of older adults in Vermont report engaging in no physical activity outside of their regular jobs in the past 30 days, strongly contributing to their fall risk\(^6\)
Community Perspective on Falls

Tammy Murray - Clinical Care Associate Perspective – Hinesburg Family Medicine

- “[Falls remain a prevalent issue in Hinesburg (and Vermont at large)], despite fall risk screening being a recent health promotion goal at the [Hineburg Family Medicine practice].”
- “Time constraints in the office setting often limit fall prevention discussions.”
- Older adults present with a multitude of health issues to discuss during their visit leading the focus of the appointment away from fall prevention discussions.
- “If we had something that could help cue us to discuss falls in older adults, we may be more likely to remember to have these conversations.”

Cynthia Minnick – 83 y.o. Extended Care Facility Resident with a History of Falls

- “[The extended care facility] does a lot to try to decrease falls, but we still have a lot of them around here.”
- “I fell two times last year. Luckily, they weren’t too bad. I don’t even remember why I fell the first time. The second time, I was just walking around my room.”
- “I have doctors appointments all the time. We don’t really talk about falls, but he looks at my feet because I have neuropathy.”
- “[The extended care facility staff] puts on [aerobics] classes and does some stuff with weights, but my arthritis is really bad. I’m too old to do that stuff.”
- “I take a lot of medications. I have high blood pressure and neuropathy. I don’t know if [my medications] have anything to do with [my falls] or not.”

Other Perspective’s from UVM Physical Therapy Team

- No consistent, organization-wide discharge instructions/suggestions exist for geriatric patients at risk for falls
- “I recommend using the CDC Stopping Elderly Accidents, Deaths & Injuries (STEADI) initiative for general information and guidance.”
- “[This would be] a great opportunity to deliver a clear concise message from a large group of trusted individuals.”
Intervention & Methodology

- Develop clear, concise guidelines for geriatric patients at Hinesburg Family Medicine that would focus on addressing environmental (home hazards), behavioral, and pharmacological factors that may be increasing fall risk in geriatric population in accordance with the CDC’s STEADI initiative.

  - A component of these guidelines will focus on providing specific physical activity recommendations and dispelling myths regarding aging and exercise (with the assistance of UVM PT).

- Develop easy-to-understand office literature in patient rooms/waiting areas containing these guidelines that would prompt older adults as well as office staff to have discussions about geriatric fall prevention during patient appointments.

- Create discharge instructions in the form of an easily insertable Epic .dot phrase, which would allow providers to counsel patients regarding simple lifestyle/environmental modifications to decrease their fall risk.
Results

Office literature and discharge Epic .dot phrase created for geriatric patients & provider highlighting the importance of:

- Identifying and combating home fall hazards (take-home checklist for patients to improve safety of home)
- Speaking to your provider if patient is concerned about falling or has recently suffered a fall
- Medication reviews including supplements and over-the-counter drugs
- Regular eye and foot examinations
- Engaging in regular physical activity (exercise recommendations as well as specific aerobic/strength training activities to meet these guidelines)

Positive feedback regarding the utility of these materials was expressed by office staff as well as geriatric patients

Interests raised by PT to develop guidelines into universal, organization-wide initiative
Evaluation of Effectiveness & Limitations

Evaluation of Effectiveness

- Develop follow-up surveys to identify use of office literature and discharge instructions for geriatric patient population
- Evaluate trends in geriatric falls across Hinesburg, VT to determine whether intervention is having any impact on fall rate
- Conduct follow-up interviews in geriatric patients who were able to initiate environmental, pharmacological, and/or behavioral adaptations to their lifestyle to determine whether these changes are having any effect on their fall risk and/or overall function
- Follow-up with Hinesburg Practice Clinical Care Associates to determine whether literature/fliers are acting as a good “cue” leading to discussions about geriatric fall prevention with patients

Limitations

- In order to benefit from intervention, patients must visit Hinesburg Family Medicine practice
- Patients with reading difficulties/language barriers may be unable to utilize discharge dot phrase instructions to address home safety/lifestyle modifications
- Despite increasing discussions regarding geriatric falls, providers still have limited time in office visits to discuss these issues with geriatric patients
- Difficulty in measuring adherence to fall prevention recommendations
Recommendations for Future Projects

- Expand the use of beneficial geriatric fall prevention discharge .dot phrases and literature handouts to other outpatient offices within the UVM health network and beyond.

- Provide information regarding environmental, behavioral, and pharmacological factors contributing to fall risk directly to extended care facilities throughout Vermont as to target individuals who may infrequently visit outpatient practices.

- Provide interventions to extended care facility staff on how to address environmental factors within their living spaces contributing to falls.

- Provide an online forum by which geriatric individuals throughout the state could access fall prevention information.
References


