

Elder Falls Prevention:

A Self-Assessment Tool for Evaluating
Level of Program Development in
California Tribal Health Programs

**Susan Ducore, RN, MSN
CA IHS, Nurse Consultant**

susan.ducore@ihs.gov

Project Goal:

- **To develop an evidence-based, self-assessment tool:**
 - **To identify organization's existing level of "Elder Falls Prevention" services**
 - **Determine service gaps, barriers and opportunities**
 - **"Best practice template" for future program development**

Background

■ Pre-project, concerns raised by Tribal staff:

❖ Sporadic Standards for Care and Prevention

- Lacking policies and procedures
- Focus on treating injury; lack of prevention
- Emphasis on single component of falls risk, rather than preferred multi-factorial approach

AI/AN: A Population at Risk

- **Population increasing at 1.8% per year** (2000 Census Data)
- **Elderly are increasing to 12.6% by 2050** (2000 Census Data)



Tool Components

- **Elder Falls Prevention Self-Assessment Tool (EFP-SAT): 2 part**
 - **Step I – Organizational readiness to provide, annual, risk assessment to all patients > 65 years of age**
 - **Step II- Organizational readiness to provide assessment and treatment for all patients at moderate to high risk**

Elder Falls Prevention Self-Assessment Tool (EFP-SAT)

APPENDIX B: ELDER FALLS PREVENTION: SELF-ASSESSMENT TOOL (EFP-SAT)

Step 2: Assess organization's ability to identify and provide services to high risk elders (those patients that have had more than one fall in the past year, failed gait and balance testing, or had a diagnosis of a disease having muscular-skeletal, cardiac, or neurologic impact.)

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COMPONENT	NO ACTIVITY	BASIC LEVEL	INTERMEDIATE LEVEL	COMPREHENSIVE/ "BEST PRACTICE" LEVEL
<u>Medication Review</u>	<input type="checkbox"/> No evidence that patients receive comprehensive medication reviews as related to "falls risk"	<input type="checkbox"/> Medication reviews are conducted by a health care provider or pharmacist with a focus on falls prevention and a goal of reducing or eliminating medications that increase falls risk (<i>Frequency of reviews not standardized</i>)	<input type="checkbox"/> (a) Policies and procedures in place for <i>annual</i> review of patients medications conducted by a <i>licensed</i> health care provider or pharmacist to include a focus on falls prevention, with a goal of reducing or eliminating medications that increase falls risk <input type="checkbox"/> (b) Health care staff to provide ongoing education for patient and care providers with regard to medication management <input type="checkbox"/> (c) Licensed medical provider to modify medication regimen based on falls risk reduction focused medication review	<input type="checkbox"/> (a) Policies and procedures in place same as for Intermediate Level "a", "b" and "c" of this component; however additionally includes: <input type="checkbox"/> (b) Licensed medical provider or trained professional conducts Periodic Medication reviews (prior to each new prescription medication or change in prescribed medication) <input type="checkbox"/> (c) Annual continuing education for health care professionals regarding adverse effects of some medication in relation to increased falls risk among older adults <input type="checkbox"/> (d) Trained staff to provide ongoing education for patient and care givers related to medication management as related to "Falls Prevention"

Components of Fall Risk Prevention: A Multi-factorial Approach

■ Medical Management

- Disease
- Medication
- Vision

■ Physical Exercise

- Strength
- Balance



Components of Fall Risk Prevention

■ Environmental Safety

- Home safety-related assessments

■ Behavioral Modification

- Medication management/compliance
- Appropriate clothing and footwear

■ “Fear of Falling”

- Related to fall history and /or physical condition

EFP-SAT: Flow Chart

Assess Organization's system to **notify** patients 65 years + to come in for an annual "Older Adult" medical exam

Assess Organization's system to **ensure a risk assessment** for patients 65 years + as part of an annual "Older Adult" medical exam

Assess Organization's system to **conduct** a comprehensive **risk-based assessment**

Assess Organization's system to **assist patients** if failures or high risk factors are found

Pilot of Tool

- **EFP-SAT was piloted at three Tribal sites**
 - **Site Selection:**
 - **Willingness to participate**
 - **Multi-disciplinary staff availability**
 - **Interest in improving falls prevention services**
 - **# patients 65 + years**
 - **Pilot Site Contact:** Nursing Administrator or Public Health Nurse
 - **Pilot:** EFP-SAT and instructions provided by e-mail

Results: Piloting of Tool

- **Responses about the “EFP-SAT”:**
 - “Tool is too wordy and format confusing”
 - “Wording does not apply to our program as we do not have written protocols, policies or procedures”
 - “Now that I have talked with you about it, I better understand how to use the “Tool”

Results: Implementation of Best Practices

Barriers:

- Lack of resources, training, and validated tools
- No protocols/policies and procedures
- Lack of funding, not an organizational priority

Opportunities:

- Combined services:
i.e. Nutrition, Falls Prevention, Diabetes Education
- AI/AN tradition of community-based care

Facilitating Self-Assessment

- **EFP-SAT + Pre and post pilot phone contact**
 - (+) Self-paced
 - (+) Low cost, wide distribution
 - (-) **Limited instructions**

- **EFP-SAT + On-site visit by facilitator**
 - (+) Increased opportunity for collaboration
 - (+) Input from multiple informants
 - (+) Hands-on instructions
 - (-) **Resource intensive**

Future Considerations

- ❖ Offer “EPT-SAT” for use by IHS, Tribal, and Urban health programs to assess and improve Elder Falls Prevention Services
- Guide program staff toward specific **tools for assessing fall risk**
- Assist area health programs in search for **funding opportunities**
- Facilitate “Elder Falls Prevention” **training opportunities**
- **Encourage community partnerships** to improve resources, collaborations

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