Fall Prevention in Older Adults

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Introduction

• Each year 2.5 million older people are treated in emergency departments for fall injuries
• In Massachusetts, total acute care hospital charges associated with older adult fall-related injuries totaled approximately $630 million in 2010.
• In Massachusetts, on average, an older adult is treated in a hospital emergency department (ED) every 13 minutes and hospitalized every 25 minutes for a fall-related injury.
• From 2000 through 2010, the age adjusted fall death rate among older MA residents increased 154%.

Fall Prevention Resources & Inter-professional Connections

Service Project

GOAL: to provide awareness to the Worcester elderly population about their fall risk as well as providing valuable resources to help them remain healthy, safe and independent.

• Worcester Senior Center
  o Provided free- of- charge fall risk assessments by taking a brief health summary and using the Timed Up and Go (TUG) Test, the 30 second chair test, and the 4 stage balance test.
  o Counseled at risk patients about ways to prevent future falls by discussing safety in the home, at risk medications, and exercise.
  o Made referrals to individuals to other programs we were able to spend time in during our clerkship including Matter of Balance at the Family Health Center and Tai Chi, Zumba and balance classes given at the Worcester Senior Center.

• Annual Senior Health and Safety Fair
  o Performed 30 Second Chair Stand Test, asking seniors to stand and sit as many times as possible in the given 30 seconds.
  o Explained test results and discussed patient’s previous falls and or worries regarding falls.
  o Referred “at risk” patients to other tables at the fair for information on home assessments, eye tests, blood pressure checks, and Worcester Senior Center services.

• Living Well Adult Day Health
  o Like at the Worcester Senior Center we provided fall risk assessments by taking a brief health summary and using the Timed Up and Go (TUG) Test, the 30 second chair test, and the 4 stage balance test.
  o We Engaged the seniors in an invented educational game, “Fall Prevention Bingo” and gave prizes that enhance the safety of their homes: night lights and traction socks.
  o 32 people screened for fall risk assessment. 16 low risk, 9 medium risk, 7 high risk.

Discussion

• There is a high prevalence, significant cost, and severe consequences of falls
  o 95% of all hip fractures are a result of a fall
  o Leading cause of death from injury in the population over 65
  o Falls are preventable
  o The factors leading to a fall are often multifactorial
• Important factors in assessing a patient’s risk for fall include:
  o gait, balance, and strength.
  o medication interactions
  o home environmental hazards
  o problems with feet such as deformities and neuropathy
  o chronic disease
• Effective interventions to reduce the risk of falling include:
  o Targeted, evidence based exercise programs
  o Physical therapy
  o Medication review to reduce drugs that predispose a patient to falls
  o Home modifications that promote a safe, hazard reduced environment

Recommendations

• There is no one location to record a patient’s risk for fall in the UMass electronic record systems. Having a mechanism to set a fall risk flag in a patient’s record would help alert providers to the issue.
• It would be helpful to develop a protocol for post fall assessment screening. Once the initial assessment is completed, a more in depth look into the patient’s care can provide opportunity for follow up. This would include an assessment of the patient’s insurance and method for communicating with their PCP. This way, recommendations can be made as well as referrals to nearby and affordable programs.

References


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