STEADI Implementation and Partnering with Health Care

National Falls Prevention Resource Center
Center for Healthy Aging
National Council on Aging

April 27, 2016
About the National Council on Aging

Our Vision:
A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

Our Mission:
Improve the lives of millions of older adults, especially those who are struggling

Our Social Impact Goal:
Improve the health and economic security of 10 million older adults by 2020
National Falls Prevention Resource Center

• Funded by the Administration for Community Living/Administration on Aging

• Increase public awareness and educate consumers and professionals about falls risks and how to prevent falls.

• Serve as the national clearinghouse of tools, best practices, and other information on falls and falls prevention

• Support and stimulate the implementation, dissemination, and sustainability of evidence-based falls prevention programs and strategies

• Began September 2014 – two-year grant

National Council on Aging

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STEADI: A Clinical Approach to Preventing Falls in Older Adults

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Health Scientist, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the CDC
Overview

• Burden of falls
• CDC’s STEADI initiative
• Online training
• EHR* integration
• Next steps

*EHR = Electronic Health Record
BURDEN OF FALLS
Fall Injuries Among Older Adults

• In 2014:
  • 27 thousand deaths
  • 800 thousand hospitalizations
  • 2.8 million emergency department visits*

• For every 100 people 65+ in the US, there were ~6 hospital or ED visits for falls in 2014

*ED visits include patients later hospitalized
Modifiable Risk Factors

Biological
• Leg weakness
• Mobility problems
• Problems with balance
• Poor vision

Environmental
• Clutter & tripping hazards
• No stair railings or grab bars
• Poor lighting

Behavioral
• Psychoactive meds
• 4+ medications
• Risky behaviors
• Inactivity
CDC’s Approach to Preventing Older Adult Falls
Supporting Clinical Screening, Assessment, Treatment, Referral & Follow Up

* Stopping, Elderly Accidents, Deaths and Injuries
STEADI Algorithm

Adapted from AGS/BGS Clinical Practice Guidelines, 2010
STEADI Algorithm Part 1

Patient completes Stay Independent brochure

Screen for falls and/or fall risk
Patient answers YES to any key question:
- Fell in past year? If YES ask,
  - How many times? and,
  - Were you injured?
- Feels unsteady when standing or walking?
- Worries about falling?

NO to all key questions

YES to any key question

Evaluate gait, strength & balance
- Timed Up & Go (recommended)
- 30 Second Chair Stand (optional)
- 4 Stage Balance Test (optional)

LOW RISK
Individualized fall interventions
- Educate patient
- Vitamin D +/- calcium
- Refer for strength & balance exercise (community exercise or fall prevention program)

No gait, strength or balance problems*

*For these patients, consider additional risk assessment (e.g., medication review, cognitive screen, syncope)
STEADI Algorithm Part 2

**Gait, strength or balance problem**

- **≥ 2 falls**
  - Injury
  - Conduct multifactorial risk assessment
    - Review Stay Independent brochure
    - Falls history
    - Physical exam including:
      - Postural dizziness/postural hypotension
      - Medication review
      - Cognitive screen
      - Feet & footwear
      - Use of mobility aids
      - Visual acuity check
  - HIGH RISK
    - Individualized fall interventions
      - Educate patient
      - Vitamin D +/- calcium
      - Refer to PT to enhance functional mobility & improve strength & balance
      - Manage & monitor hypotension
      - Modify medications
      - Address foot problems
      - Optimize vision
      - Optimize home safety

- **1 fall**
  - No injury
  - Follow up with HIGH RISK patient within 30 days
    - Review care plan
    - Assess & encourage fall risk reduction behaviors
    - Discuss & address barriers to adherence
    - Transition to maintenance exercise program when patient is ready

- **0 falls**
  - Refer to PT to improve gait, strength & balance, or refer to a community fall prevention program

**MODERATE RISK**

- Individualized fall interventions
  - Educate patient
  - Review & modify medications
  - Vitamin D +/- calcium
  - Refer to PT to improve gait, strength & balance, or refer to a community fall prevention program

**High Risk**

- Moderate Risk
Case studies & tips for talking with patients.

Instructional videos & online trainings.

Screening tools.

Educational materials for patients and their friends & family.
Stay Independent
A validated self-assessment tool

Check Your Risk for Falling

<table>
<thead>
<tr>
<th>Statement</th>
<th>Why it matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (2) No (0) I have fallen in the past year.</td>
<td>People who have fallen once are likely to fall again.</td>
</tr>
<tr>
<td>Yes (2) No (0) I use or have been advised to use a cane or walker to get around safely.</td>
<td>People who have been advised to use a cane or walker may already be more likely to fall.</td>
</tr>
<tr>
<td>Yes (1) No (0) Sometimes I feel unsteady when I am walking.</td>
<td>Unsteadiness or needing support while walking are signs of poor balance.</td>
</tr>
<tr>
<td>Yes (1) No (0) I steady myself by holding onto furniture when walking at home.</td>
<td>This is also a sign of poor balance.</td>
</tr>
<tr>
<td>Yes (1) No (0) I am worried about falling.</td>
<td>People who are worried about falling are more likely to fall.</td>
</tr>
<tr>
<td>Yes (1) No (0) I need to push with my hands to stand up from a chair.</td>
<td>This is a sign of weak leg muscles, a major reason for falling.</td>
</tr>
<tr>
<td>Yes (1) No (0) I have some trouble stepping up onto a curb.</td>
<td>This is also a sign of weak leg muscles.</td>
</tr>
<tr>
<td>Yes (1) No (0) I often have to rush to the toilet.</td>
<td>Rushing to the bathroom, especially at night, increases your chance of falling.</td>
</tr>
<tr>
<td>Yes (1) No (0) I have lost some feeling in my feet.</td>
<td>Numbness in your feet can cause stumbles and lead to falls.</td>
</tr>
<tr>
<td>Yes (1) No (0) I take medicine that sometimes makes me feel light-headed or more tired than usual.</td>
<td>Side effects from medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>Yes (1) No (0) I take medicine to help me sleep or improve my mood.</td>
<td>These medicines can sometimes increase your chance of falling.</td>
</tr>
<tr>
<td>Yes (1) No (0) I often feel sad or depressed.</td>
<td>Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.</td>
</tr>
</tbody>
</table>

Add up the number of points for each “yes” answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011:42(6):495-499). Adapted with permission of the authors.

Rubenstein, J Safety Res, 2011
Gait & Balance Assessment Tools

The 30-Second Chair Stand Test

The 4-Stage Balance Test

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 recorded.

Time: __________ seconds

An older adult age <80 who takes >12 seconds or age 80+ who takes >15 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 stride
- Little or no arm swing
- Steadying self on wall
- Shuffling
- En bloc turning
- Not using assistive device properly

For relevant articles, go to www.cdc.gov/injury/STEADI

Timed Up and Go (TUG) Test

Health care providers can use this test to assess mobility. See our simple instructions and watch the short video on how to conduct the test.
Patient Education Materials

Postural Hypotension
What it is and how to manage it

What YOU Can Do
To Prevent Falls

Check for Safety
A Home Fall Prevention Checklist for Older Adults
More Information on STEADI

- STEADI resources and materials are available to view, download, customize, print, and order on the CDC STEADI website:

  www.cdc.gov/steadi
STEADI Online Training

• “STEADI: Older Adult Fall Prevention”
• Available on CDC train website: www.cdc.train.org
• Offers continuing education:
  – CME (physicians)
  – CNE (nurses)
  – CECH (certified health education specialists)
  – CPH (certified public health professionals)
  – Certificate of participation (others)
  – CEU (other professionals)
STEADI Online Training

Stopping Elderly Accidents, Deaths & Injuries

Preventing Falls in Older Patients
A Provider Tool Kit
Meet Your Patients

Click on each patient’s name to read the answers to his/her self-assessment and screening result.

Marilyn

Peggy

Bill
Coming soon...

“STEADI: Getting Started” online training

Available on Fall Prevention Awareness Day September 2016
STEADI: Getting Started

• Focuses on 3 key tasks:
  – SCREEN for fall risk
  – REVIEW and manage medications linked to falls
  – RECOMMEND daily vitamin D supplements

• Includes insights from current STEADI users:
ELECTRONIC HEALTH RECORD (EHR) INTEGRATION
Integrating STEADI in EHR* systems

- Oregon Health & Science University (OHSU)
  - Epic EHR
  - Epic’s Clinical Program for STEADI

- University of Oklahoma (OU)
  - GE Centricity EHR
  - STEADI module
  - Medication management module

*EHR = Electronic Health Record
OHSU integrated STEADI into Epic

• OHSU clinicians as STEADI champions
• Modified their internal EHR
• Used Epic tools
  – Doc flow sheets
  – Smart Sets
  – Dot phrases
Medical assistants (MAs) enter assessments as part of rooming process:

- Stay Independent
- Timed Up and Go
- Visual Acuity
- Orthostatic BP
Epic SmartSet

All in one order set for physicians

- Chart note templates
- Referral orders
Coming Soon...

- OHSU Lessons Learned Manuscript
  - Casey C, Parker E, Winkler G, Liu X, Lambert G, & Eckstrom E. “Lessons Learned from Implementing CDC’s STEADI Falls Prevention Algorithm in Primary Care” in press at *The Gerontologist*
Epic’s Clinical Program for STEADI

- Joint effort of CDC, Epic, OHSU, U. of Wisconsin
- Epic 2015 Edition 3 of the Foundation System
- Access the clinical program document at https://galaxy.epic.com
- Epic users can create a UserWeb account
GE Centricity EHR Project

• developed STEADI tool
• Two iterations
  – Complete STEADI tool
  – Medication management tool
• Piloted at University of Oklahoma (OU) Family Medicine Clinic
GE Centricity Complete STEADI Tool

- Self Assessment
- Gait/Strength/Balance
- Focused Physical
- Plan/Follow-up

STEADI Fall Risk Assessment: Test 1 STEADI

Why should I do a Fall Risk Assessment?

About this toolkit...

Patient Self-Assessment

* required to score

- I have fallen in the past year
- Sometimes I feel unsteady when I am walking
- I am worried about falling
- I use or have been advised to use a cane or walker to get around safely
- I steady myself holding onto furniture when walking at home
- I need to push with my hands to stand up from a chair
- I have trouble stepping up onto a curb
Stay Independent Screening Tool

- Patient self-assessment
- Filled out in waiting room
- Scanned into EHR

**Check Your Risk for Falling**
Please answer every question

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Self-Assessment Tab

STEADI Fall Risk Assessment: Test 1 STEADI

Why should I do a Fall Risk Assessment?

Show condensed text
Show all text

About this toolkit...

Pull in previous data

Patient Self-Assessment

* required to score

* I have fallen in the past year
  Yes
  No

* Sometimes I feel unsteady when I am walking
  Yes
  No

* I am worried about falling
  Yes
  No

I use or have been advised to use a cane or walker to get around safely
  Yes
  No

I steady myself holding onto furniture when walking at home
  Yes
  No

I need to push with my hands to stand up from a chair
  Yes
  No

I have trouble stepping up onto a curb
  Yes
  No

I often have to rush to the toilet
  Yes
  No

I have lost some feeling in my feet
  Yes
  No

I take medicine that sometimes makes me feel light-headed or more tired than usual
  Yes
  No

I take medicine to help me sleep or improve my mood
  Yes
  No

I often feel sad or depressed
  Yes
  No

CMS Measure 139: Fall Risk Screening Completed

Today's score: 0
This patient is at **Low Risk**

Score Fall Risk

All patients 65+ would benefit from the following interventions:

Educate patient
Refer to fall prevention program or community exercise program

Vitamin D:

Go to CDC Patient Handouts

Assessment and Intervention complete

CDC Patient Handout List
Clinician Notes

Fall Prevention
Patient Self-Assessment  
Today’s score: 3  Risk Level: Increased Risk
Patient responded ‘Yes’ to the following questions:
I have fallen in the last year
Sometimes I feel unsteady when I am walking

Fall History
Number of falls in past year: 1  Sustained a fall injury? yes

Medication Review for Fall Assessment: No high risk medications identified
Clinician Notes

Fall Prevention

**Patient Self-Assessment**

Today's score: 3  Risk Level: Increased Risk

- I have fallen in the past year: Yes
- Sometimes I feel unsteady when I am walking: Yes
- I am worried about falling: No
- I use or have been advised to use a cane or walker to get around safely: No
- I steady myself holding onto furniture when walking at home: No
- I need to push with my hands to stand up from a chair: No
- I have trouble stepping up onto a curb: No
- I often have to rush to the toilet: No
- I have lost some feeling in my feet: No
- I take medicine that sometimes makes me feel light-headed or more tired than usual: No
- I take medicine to help me sleep or improve my mood: No
- I often feel sad or depressed: No

**Gate, Strength, Balance Test**

**Timed Up and Go Test**

- **Observation:** * Loss of balance
- **Time (seconds):** 12  **Result:** Failed

**Fall History**

**Number of falls in past year:** 1  **Sustained a fall injury?** yes

**Circumstances of fall:** Don was stepping down steps into his garage and lost his balance

- **Location:** home garage
- **Time of day:** 3 PM
- **Wearing glasses:** yes
Medication Management Tool

Current Medications and Problems

Medications
- ALPRAZOLAM ER 0.5 MG XR24H-TAB (ALPRAZOLAM)
- AMITRIPTYLINE HCL 10 MG TABS (AMITRIPTYLINE HCL)

Problems
- DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED (ICD-250.00)
- UNSPECIFIED ESSENTIAL HYPERTENSION (ICD-401.9) (ICD10-I10)

High Risk Medication Review

Medications Linked To Falls
- ALPRAZOLAM ER 0.5 MG XR24H-TAB
- AMITRIPTYLINE HCL 10 MG TABS

Your patient is currently ordered medication(s) that has/have been found to increase the risk of falling.

Evaluate the current need for the medication(s).
If possible, avoid the medication(s) unless safer alternatives are not available.

Update Medications
GE Centricity Next Steps

• Finalizing medication management tool
• Updating complete STEADI tool
• Sharing tools through GE Centricity Users Group
• Developing documentation that can be used by other vendors
NEXT STEPS
Next Steps

- Working with local health systems to evaluate Epic and GE Centricity EHR tools
- Expanding training to other healthcare team members
Next Steps

• Conducting focus groups to understand clinician barriers to changing patients’ medications
• Expanding STEADI tools to hospital discharge
• CPT I code development
Learn more about older adult fall prevention:
www.cdc.gov/steadi

To enroll in online training visit: https://cdc.train.org and search for “STEADI”
Fall Prevention

Broome County of The Southern Tier of New York

Bridget Talbut, RN
Fall Risk Screenings with a Renewed Focus

• STEADI Progress
  – Realizing the need to perform Fall Risk Assessments.
  – Available resources.
  – 6 steps to prevent falls.
  – Challenges of implementing a new process into existing offices.
  – Lessons learned.
Broome County

- is located in the Southern Tier of New York State
- Home of #15 of SUNY campuses in Kiplinger’s Top 100 Values in Public Colleges for 2014
Binghamton, Broome County - the birthplace of innovative organizations
UHS will demonstrate exceptional value in the delivery of coordinated, patient-centered care

- Manage Our Costs
- Improve Our Care
- Grow Our Market Share
UHS – A Regional Health System
The fastest growing percentage of the Broome County population is 85 and older.
## Broome County Community Health Assessment

### Selected Morbidity Indicators, Broome County, 2008-2010

<table>
<thead>
<tr>
<th>Morbidity Indicator</th>
<th>Number of cases (3 years)</th>
<th>Rate</th>
<th>&gt; NYS</th>
<th>&gt; Upstate NY</th>
<th>4th Quartile NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INJURY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-inflicted injury hospitalization(^+) (rate per 10,000)</td>
<td>547</td>
<td>9.7</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Unintentional injury hospitalization(^+) (rate per 10,000)</td>
<td>4,948</td>
<td>67.7</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Age 25-64 years</td>
<td>1,472</td>
<td>49.2</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Age 65 years and older</td>
<td>3,038</td>
<td>310.1</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fall-related hospitalization(^+) (rate per 10,000)</td>
<td>3,091</td>
<td>38.8</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source: New York State Community Health Indicators Reports, 2008-2010

\(^+\)Age-adjusted hospitalization rate reported
Broome County’s 2017 Vision
According to CDC reports, the death rate from falls among older adults has increased from 2000 to 2006 by 42%.

In 2010, over 2.3 million older Americans were treated in emergency departments for nonfatal injuries from falls and more than 650,000 were hospitalized.

The total cost of fall injuries for older Americans was estimated to be $30 billion dollars in 2010.

2020 projections for the direct and indirect cost of fall injuries is expected to reach $54.9 billion.
CDC Findings for Broome County

• More than 16% of the population in Broome County is over the age 65
• 52% of the senior population is 75 years and older
• The rate of hospitalizations due to falls was $244.2\text{ per 10,000}$ > the NYS rate of $204.6\text{ per 10,000}$
• We are in the bottom 25% of all NYS counties.
• The CDC has responded with STEADI and OTAGO
  Stopping Elderly Accidents Deaths and Injuries

¹NYS SPARCS 2008-2010
The Process

• Have you ever been asked to implement a new process in an already busy office?
Pilot Site: Endwell
Waiting room: Patient completes **Stay Independent (S.I.)** 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 S.I. brochure

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

Gait or balance problem

≥ 2 falls or injury 1 fall past year 0 falls past year

Determine circumstance of latest fall

Conduct multifactorial risk assessment
- Falls history
- Physical exam

No gait or balance problems

No, to all questions

• Educate patient
• Refer to community exercise, balance, fitness, or fall prevention program

• Cognitive screening
• Medication review
• Feet & footwear
• Use of mobility aids
• Visual acuity check

• Educate patient
• Refer for gait and/or balance retraining or to a community fall prevention program

• Postural dizziness/postural hypotension
• Cognitive screening
• Medication review

• Feet & footwear
• Use of mobility aids
• Visual acuity check

Patient follow up
- Review patient education
- Assess & encourage adherence with recommendations
- Discuss & address barriers to adherence

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
All Sites

Proportion of Self Reported Falls by Screening Opportunities

Baseline

Measure

Proportion

Date

UCL = 0.08

P = 0.06

LCL = 0.05

Sep-12 Jan-13 May-13 Sep-13 Jan-14 May-14 Sep-14 Jan-15 May-15 Sep-15
Current Steps
Falls *Can* Be Prevented!
UHS is conducting fall risk assessments and preparing a plan of care by:

1. Referencing CPT codes
2. Identifying the number of Medicare patients found to be at risk for falls
3. Monitoring all outpatient providers to ensure fall risk assessments are made annually for this population
4. Expanding fall risk assessments to the 3 surrounding counties – Tioga, Chenango, and Delaware
Questions and Answers
STEADI Implementation in Vermont

Julie Desrochers, MPH
Data Objectives

The Health Department’s priorities:

GOAL 1: Complete FallScape with 500 unduplicated older adults age 50+ in FallScape

GOAL 2: Decrease the number of repeat falls in Vermonters 65 and over by 10%

GOAL 3: Secure a sustainable funding mechanism
FallScape

- Evidence-based program
- Advances readiness to change in participants
- Cognitive behavioral intervention
- In Vermont, EMS-delivered
- Reduces second falls by 50% and injury from falls by 50%
- Necessitates referral network
Fall-related deaths increasing in Vermont

Fall-related death rate per 100,000 adults age 65 and older

Data Source: Vital Statistics

Vermont Department of Health
**UVMC Emergency Department, All Injuries**

**Injuries by Mechanism and age 6/2013 to 5/2014**

- **Falls in adults 65+**

![Bar chart showing injuries by mechanism and age from 6/2013 to 5/2014.](image-url)
Statewide Incident Reporting Network

- Falls are #1 EMS call in Vermont
- Mean age of Vermonters: 42 vs 37
- All squads reporting as of 2015
- No previous mechanism to refer from “lift assist” calls
EMS-specific Training Module
- EMTs and paramedics offer materials at calls
- Pre-screen at risk patients and refer for further assessment
  - Have you fallen in the past year?
  - Do you feel unsteady when standing or walking?
  - Do you worry about falling?

Now: Squad by squad

Summer 2016: All squads
EMS Training for Falls Risk Assessment

Adapted for EMS from CDC STEADI Tool
Introduces motivational interviewing
Available publicly online

Vermont Department of Health
Engaging Partners

- Pre-existing buy-in
- Affordable Care Act incentives
- Time of transition regarding Electronic Health Records
- ASTHO project
- Awareness of need for continuum of care
- Blueprint
Falls Risk Assessment and Intervention Pathway—NCH

Screen for falls and/or fall risk:
- Patient answers YES to any key question:
  - Fell in past year? If YES ask,
  - How many times? And,
  - Were you injured?
  - Feels unsteady when standing or walking?
  - Worries about falling?

If YES to any key question:
- Evaluate gait, strength & balance through:
  - General Impression
  - 30 Second Chair Stand
  - 4 Stage Balance Test
  - Timed Up & go

If no gait, strength or balance problem:
- No falls history in past year or one fall with no injury

If gait, strength or balance problem:
- At least 1 fall with injury or two or more falls

HIGH RISK:
- Educate patient
- Vitamin D +/- calcium
- Manage and monitor hypotension
- Review & modify medications

HIGH RISK REFERRAL:
- PRIMARY CARE PROVIDER
- PHYSICAL THERAPY
- FALLSCAPE

LOW RISK:
- Educate Patient: Falls Prevention Packet
- Vitamin D +/- calcium

LOW RISK REFERRAL:
- SASH
- COUNCIL ON AGING

MEDIUM RISK:
- Educate patient
- Review & modify medications
- Vitamin D +/- calcium

MEDIUM RISK REFERRAL:
- PRIMARY CARE PROVIDER
- PHYSICAL THERAPY (if impaired gait or balance)
- FALLSCAPE

CONSIDER ADDITIONAL CONDITIONS FOR ALL RISK LEVELS:
- Social isolation => LifeAlert, Senior Center
- Muscle weakness => Group Exercise Programs
- Environmental needs => Council on Aging
- Nutrition => WIC, Council on Aging

Adapted from the CGIC-STEAD Algorithm for fall risk assessment & intervention.

DEPARTMENT OF HEALTH
Referral Process

- Single point of referrals
- Feedback to referrers
- Release forms to allow inter-provider communication

FallScape Referral Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant:</td>
<td></td>
</tr>
<tr>
<td>Referred to:</td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>CDC STEADI Falls Risk Questions</td>
<td></td>
</tr>
<tr>
<td>Have you fallen in the past year?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you feel unsteady when standing or walking?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Do you worry about falling?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

If the participant answers “yes” to any of the above questions, he or she is at risk of falling.

Other

Other reason for referral:

Other relevant information:

Referred by:

Date:

Please contact me by text/email/fax/phone (circle one) at ____________________________ to confirm that an appointment has been made with this individual.

☐ This person is aware that a falls prevention leader will be in contact.

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(802)863-7227
VTEMS@vermont.gov
108 Cherry St, Suite 201
Burlington, VT 05402
Fax: (802)863-7577
Adapted from the Center for Disease Control and Prevention’s STEADI Toolkit.
Challenges, Barriers, Lessons Learned

- Need to test even simple referral processes
- Need for buy-in
- Existing systemic challenges can stymie even the best of intentions
- Maximize inclusivity
- Flexibility of tools
Looking Forward

- Allscripts and EPIC EHR – looking at adding falls screening (STEADI) to these EHRs
- Expand use of EMS Training Module
- Offer data based on results of EMS screening
- Inventory
- Expand ASTHO project across HSAs
Contact

- Vermont Department of Health, Division of Emergency Preparedness, Response and Injury Prevention
- Falls Prevention Program Coordinator:
  Julie Desrochers
  Julie.desrochers@vermont.gov
  (802)863-7227
Thank you!

Question and Answer
Additional Questions

Please send any additional questions to:

Marissa.Whitehouse@ncoa.org
Eparker@cdc.gov
Bridget_Talbut@uhs.org
Julie.Desrochers@vermont.gov
This recording will be available within a few days at:

Vimeo.com/ncoa