



Statement on Falls Risk Prevention

Prevention

Currently, there is lack of an evidence-based instrument that can accurately identify older adults who are at an increased risk for falling. As a result, PHP's Quality Care and Education Committee does not recommend automatically performing an in-depth multifactorial risk assessment in conjunction with comprehensive management of identified risks to prevent falls in community-dwelling adults aged 65 years or older because the likelihood of benefit is low. Despite this, clinicians should consider the balance of benefits and harm based on circumstances of prior falls, comorbid medical conditions, and patient values.

(In keeping with USPTF Recommendation Statement on "Prevention of Falls in Community-Dwelling Older Adults" May 2012.)

PHP's Quality Care and Education Committee recognizes that clinical decisions involve more considerations than evidence alone. Clinicians should understand the evidence but individualize decision making to the specific patient or situation. Additionally, numerous payers and programs, such as UnitedHealthcare's AARP Medicare Complete (formerly Secure Horizons) and PACO, require documentation of annual fall risk assessment as part of the annual wellness visit and core measures.

In an effort to support primary care physicians in their efforts to provide excellent care for their community-dwelling older patients and to meet documentation requirements of payers, the committee developed the following tool kit to systematize and simplify patient screenings and interventions to effectively reduce fall risk.

- 1. Phone Screening Tool** – to generate billable office visits to preemptively assess, intervene, and reduce falls in at-risk patients
- 2. In Office Screening Tool** – to identify those patients at risk while in office, document fall risk for core measures and increase compliance with suggested next steps (i.e. DEXA, vision screening, at that appt.)
- 3. Multifactorial Risk Assessment Tool** – for comprehensive evaluation and management when indicated
- 4. Partial Beers List** – relative to medications known to contribute to syncope, dementia, cognitive impairment, and falls/fractures in the elderly
- 5. Fall Prevention Prescription Pad** – for quick reference of intervention options and a handout to patients requiring follow up after initial assessment
- 6. Fall Prevention Checklist** – at home checklist for patients

Phone Screening for Patients at Increased Fall Risk

Who to call:

- Patients 65 years or older – although 1/3 of all elderly will experience a fall, less than half of them will have spoken to their PCP about it (1)
- Other gait or medical problems putting patients at risk for falls (i.e. patients with MS, Parkinson's, diabetic neuropathy, etc.)

Suggested intro to patient:

I'm calling from Dr. _____ office. You were in to see us last on _____.
Today I'm calling because Dr. _____ asked me to check in with you briefly.

Dr. _____ wanted you to know that falls are the leading cause of injury in people age 65 and older, and that 2 out of every 5 people over 65 will fall at least once a year. When that happens there is a risk of fracture, head injury, and hospitalization.

Dr. _____ wanted me to check and see if....

Questions to ask:

- Have you fallen in the past year?
- If yes, how many times?
- Are you afraid of falling?
- Do you have any difficulty with walking, standing, or your balance in general?

Next steps:

- May I schedule you with the doctor for a 30-minute appointment to see if we can reduce your chances of falling this next year and keep you out of the hospital?
- Would you like us to send you an informational brochure on how to reduce your risk of falling?
- We need to get you scheduled for your...
 - Annual wellness visit
 - DEXA
 - Vitamin D levels checked
 - other

Thank you for your time today.

In-Office Screening for Fall Risk

Timed Get Up and Go Test

Measures mobility in people who are able to walk on their own (assistive device permitted)

Patient Name: _____ Date: _____

DOB: _____

Instructions: The patient should wear their usual footwear and may use any assistive device they normally use.

1. Have patient sit in chair with their back to the chair and their arms resting on the arm rests
2. Ask patient to stand up from the chair and walk a distance of 10 ft. (3m)
3. Have the person turn around, walk back to the chair and sit down again

Timing begins when the person starts to rise from the chair and ends when he or she returns and sits down in the chair.

The patient should be given 1 practice trial and then 3 actual trials. The times from the three actual trials are averaged.

Trial #1: _____ seconds

Trial #2: _____ seconds

Trial #3: _____ seconds

Average: _____ seconds

Predictive Results:

< 10 seconds = Freely mobile

< 20 seconds = Mostly independent

> 20 seconds = Impaired mobility

Source: Podsiadlo, D., Richardson, S. The timed 'Up and Go' Test: a Test of Basic Functional Mobility for Frail Elderly Persons. Journal of American Geriatric Society. 1991; 39:142-148

Screening Questions:

1. Have you fallen in the past year? Yes No If Yes, How many times? _____

2. Are you afraid of falling? Yes No

Multifactorial Risk Assessment Tool

Patient Name: _____

Date: _____

DOB: _____

History Qs (to be completed by medical assistant):

1. When was the last time you fell down?
2. How many times have you fallen in last 12 months?
 - a. Were there any injuries?
 - b. Did you lose consciousness?
 - c. What were the circumstances? Dizzy, tripped, or other explanation?
3. Are you afraid of falling?
4. Do you have difficulty with:
 - a. Standing
 - b. Walking
 - c. Sitting down
 - d. Mobility in general
5. Do you have chronic pain/arthritis? Which joints hurt you?
6. Have you recently been discharged from a hospital or nursing facility?
7. Have you ever had a stroke or TIA?
8. Have you been diagnosed with dementia?
9. How often do you exercise?
 - a. What do you like to do?
10. Do you ever get light headed?
 - a. Especially when standing?
 - b. Sitting up?
11. Have you been diagnosed with osteoporosis/osteopenia?
12. Do you have low Vitamin D?
13. Do you take any of the following classes of medications/prescriptions?
 - a. Blood pressure pills
 - b. Antidepressants or mood pills
 - c. Sedatives or for anxiety/insomnia
 - d. Water pills
 - e. Motrin, Ibuprofen, Aleve, etc.
14. Ever been diagnosed with heart condition: irregular rate/rhythm, valvular problems, failure?
15. Do you have Diabetes Mellitus?
 - a. How long?
 - b. Last A1C?
 - c. Last eye exam? Any vision changes in last 12 months?
 - d. Last foot exam?

Multifactorial Risk Assessment Tool cont.

Patient Name: _____

Date: _____

DOB: _____

Examination (to be completed by practitioner/staff):

- Vitals
- Orthostatic BP check
- HEENT
 - Visual acuity
 - H-pattern of gaze (CN III,IV,VI)
 - Visual fields
 - Fundoscopic for cataracts
 - Gross hearing (CN VIII)
- Chest/Lung
- Muscle strength: extremities
- DTR
- Foot exam – sensory, proprioception, arthritic
- Examine shoes for appropriateness (low heels, wide contact surface, comfort) and wear pattern
- Knees/Hips/Back for pain free ROM
- Trendelenburg for pelvic stability
- Cerebellar: finger-to-nose, heel-to-shin, Rhomberg
- Get-up-and-Go test
- MMSE
- Dix-Hallpike maneuvers for BPPV
- ECG (if indicated)
- Other _____

Testing (as indicated):

- DEXA
- CBC, specific chemistry markers:
- Vitamin D level
- Carotid US
- 2-D Echocardiogram with Doppler
- Urinalysis
- CXR
- Other _____

Partial Beers List Relative to Fall Risk

History of Falls or Fractures:

- Anticonvulsants
- Antipsychotics
- Benzodiazepines
- Nonbenzodiazepine hypnotics
- Eszopiclone
- Zaleplon
- Zolpidem
- TCAs
- Selective serotonin reuptake inhibitors

Ability to produce ataxia, impaired psychomotor function, syncope, and additional falls; shorter-acting benzodiazepines are not safer than long-acting ones.

Avoid unless safer alternatives are not available; avoid anticonvulsants except for seizure disorders.

Syncope:

- AChEIs
- Peripheral alpha blockers
- Doxazosin
- Prazosin
- Terazosin
- Tertiary TCAs
- Chlorpromazine, thioridazine, and olanzapine

Increases risk of orthostatic hypotension or bradycardia.

Dementia and Cognitive Impairment:

- Anticholinergics
- Benzodiazepines
- H₂-receptor antagonists
- Zolpidem
- Antipsychotics, chronic and as-needed use

Avoid because of adverse CNS effects.

Avoid antipsychotics for behavioral problems of dementia unless nonpharmacological options have failed, and patient is a threat to themselves or others.

Antipsychotics are associated with an increased risk of cerebrovascular accident (stroke) and mortality in persons with dementia.

Fall Prevention Prescription

Physician: _____ Patient: _____

Date: _____ DOB: _____ Phone #: _____

Diagnosis: 781.2 Abnormality of gait

V15.88 History of Fall (may be listed first or as additional code. Assessment of the risk for fall may be the reason for the encounter)

- Functional Mobility & Gait Evaluation with physical therapy
- Home Safety Assessment with occupational therapy
- Comprehensive Vision Assessment with ophthalmologist
- Referral to podiatrist for evaluation and treatment of feet/orthotic footwear
- DEXA
- Check vitamin D level
- Osteoporosis treatment:
 - Prescriptive: _____
 - Nutritional: _____
- Orthostatic/postural low BP
- Consider change or d/c these meds to reduce fall risk
 - _____
 - _____
- Consider personal emergency response system: _____
- Please see the following web sites
 - <http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/>
 - <http://www.healthinaging.org/resources/resource:falls-what-to-ask/>
 - Fall Prevention Network: <http://www.fallpreventionnetwork.com/>
 - Lutheran Family Services: <http://www.lfsc.org/>

Patient Education

Check for Safety: A Home Fall Prevention Checklist for Older Adults

From the National Center for Injury Prevention and Control, Atlanta, GA 30341-3724

FALLS AT HOME

Each year, thousands of older Americans fall at home. Many of them are seriously injured, and some are disabled. In 2002, more than 12,800 people over age 65 died and 1.6 million were treated in emergency departments because of falls.

Falls are often due to hazards that are easy to overlook but easy to fix. This checklist will help you find and fix those hazards in your home.

The checklist asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you'll find other tips for preventing falls.

FLOORS: Look at the floor in each room

Q: When you walk through a room, do you have to walk around furniture?
Ask someone to move the furniture so your path is clear.

Q: Do you have throw rugs on the floor?
Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.

Q: Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?
Pick up things that are on the floor. Always keep objects off the floor.

Q: Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?
Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

STAIRS AND STEPS: Look at the stairs you use both inside and outside your home

Q: Are there papers, shoes, books, or other objects on the stairs?
Pick up things on the stairs. Always keep objects off stairs.

Q: Are some steps broken or uneven?
Fix loose or uneven steps.

Q: Are you missing a light over the stairway?
Have an electrician put in an overhead light at the top and bottom of the stairs.

Patient Education cont.

Check for Safety: A Home Fall Prevention Checklist for Older Adults

Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?

Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

Q: Has the stairway light bulb burned out?

Have a friend or family member change the light bulb.

Q: Is the carpet on the steps loose or torn?

Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

KITCHEN: Look at your kitchen and eating area

Q: Are the things you use often on high shelves?

Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

Q: Is your step stool unsteady?

If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BATHROOMS: Look at all your bathrooms

Q: Is the tub or shower floor slippery?

Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Q: Do you need some support when you get in and out of the tub or up from the toilet?

Have a carpenter put grab bars inside the tub and next to the toilet.

BEDROOMS: Look at all your bedrooms

Q: Is the light near the bed hard to reach?

Place a lamp close to the bed where it's easy to reach.

Q: Is the path from your bed to the bathroom dark?

Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

Patient Education cont.

Check for Safety: A Home Fall Prevention Checklist for Older Adults

Other Things You Can Do to Prevent Falls

- Exercise regularly. Exercise makes you stronger and improves your balance and coordination.
- Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.

Other Safety Tips

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get up.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.