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**2023 ANNUAL
MEETING & EXPO**

MARCH 7-8, 2023

Renaissance Schaumburg
Convention Center - Schaumburg, IL

Best Practices in Fall Prevention

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Objectives

- 1
Understand the role and growing importance of technology in more accurately assessing residents for fall risk
- 2
Become familiar with the most prominent technological advances used in identifying fall risk
- 3
Explore how to customize programming to address deficiencies identified through assessments

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“Who IS Responsible for Reducing Falls?”

The simple answer is: Everyone!

Strategies and messaging may change in different levels of living

It is important to create a culture around fall prevention

Players need to have a stake in the success of managing falls across all levels of care

New technologies can assist with making a large task more manageable

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Fall Facts

One-third of Americans aged 65+ fall each year. Two-thirds of those who fall will do so again within six months.

Falls are the leading cause of fatal injury and the most common cause of non-fatal trauma-related hospital admissions among older adults.

When an older person falls, their hospital stays are almost twice as long as those of elderly patients who are admitted for any other reason.

Falls result in more than 2.4 million injuries treated in emergency departments annually, including over 772,000 hospitalizations and more than 21,700 deaths.

The financial toll for older adult falls is expected to increase as the population ages and may reach over 60 billion dollars by 2024.

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Impact of Falls

Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, and head traumas.

Falls are the most common cause of traumatic brain injuries.

Most fractures among older adults are caused by falls. The most common fractures are of the spine, hip, forearm, leg, ankle, pelvis, upper arm, and hand.

Many people who fall, even if they are not injured, develop a fear of falling. This fear may cause them to limit their activities, which leads to reduced mobility and loss of physical fitness, and in turn increases their actual risk of falling.

Statistics and Falls

15% of all falls are unavoidable and would happen to anyone in any age group

15% are due to a single precipitating event, such as a stroke or an episode of syncope

The remaining 70% are due to interacting risk factors such as:

- Strength, balance, and/or mobility deficits
- Medication errors, mismanagement, and polypharmacy
- Vision and/or cognitive impairment
- Depression
- Effects of multiple comorbidities
- Environmental conditions

Conditions Leading to Falls

Physical

- Chronic conditions
- Sarcopenia
- Medication side effects and interactions
- Fatigue
- Sleep disruption
- Poor balance
- Dizziness/syncope
- State of mind (fear)

Environmental

- Room hazards/clutter
- Poor lighting
- Inaccessibility
- Shutdowns and restrictions
- Snow and slippery surfaces (wet and waxed floors)
- Poor footwear choices
- Low toilet seats
- Poorly fitted assistive devices

Your Community Players

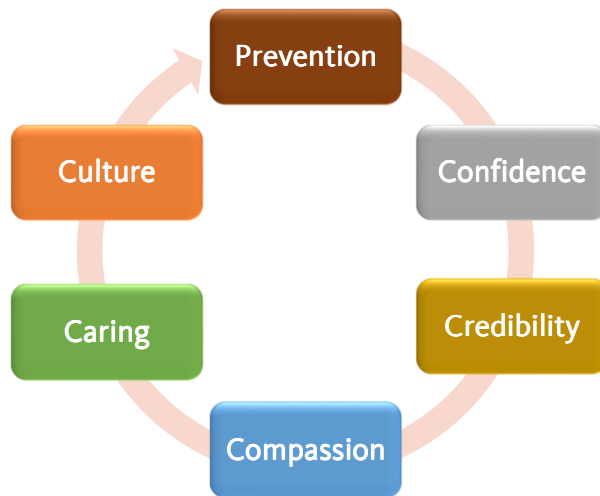
Resident and family/caregivers

Clinical staff:
nursing, physicians, pharmacy, rehab, dietary, MDS, social work

Staff responsible for maintaining a safe environment:
administration, maintenance, housekeeping

Well-being or fitness staff

Keywords for Success



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How Does the Team collaborate?

Entire community is responsible to create a safe culture to report falls

Anyone with patient contact may identify a fall (nursing, CNAs, housekeeping, etc.)

Pharmacy may do a drug review to search for links to fall risk

Therapy services or restorative nursing provide rehabilitation

Well-being services maintain levels of fitness

Falls committees review and communicate needs

Need a solutions-based culture

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DB1 Should we only mention nursing identifying falls or expand it to anyone with patient contact? For example CNAs, therapists, house-keeping. Also, should it everyone identify falls, report possible risks, as well as near misses? Last, can the "Entire community is responsible to create a safe culture to report fall" be the first bullet to set the tone?

Derek Brown, 4/29/2021

LB1 Agreed...this slide needed some restructuring. I will flesh more of this out in my speaker notes.

Leanna Bahwell, 4/29/2021

Community Approach to Fall Prevention

Communities should promote an environment that encourages:

- Identification of errors
- Evaluation of causes
- Implementation of appropriate actions to improve performance in the future

Commitment to safety must include community-wide self-evaluation of:

- Safety practices
- A quality improvement perspective
- Support for safety oversight committees
- Willingness to implement policies necessary to achieve safety goals

Patient Safety Programs

Should provide strong, clear, and visible attention to safety

Should implement systems for reporting and analyzing errors within their community

Should incorporate well-understood safety principles, such as standardizing and simplifying equipment, supplies, and processes

Should establish interdisciplinary team training programs for providers that incorporate proven methods of team training, such as simulation

Importance of Screening

- Allows for a proactive rather than reactive approach
- Are you asking the right questions?

Question	Why it Matters
Have you fallen in the last year?	People who have fallen are likely to fall again.
Do you use or have you been advised to use a cane or walker to get around safely?	People who have been advised to use a cane or walker may already be more likely to fall.
Do you ever feel unsteady when walking?	Unsteadiness or needing support while walking are signs of poor balance.
Do you steady yourself by holding onto furniture when walking at home?	This is also a sign of poor balance.
Are you worried about falling?	People who are worried about falling are more likely to fall.
Do you need to push with your hands to stand up from a chair?	This is a sign of weak leg muscles, a major reason for falling.
Do you have some trouble stepping up onto a curb?	This is also a sign of weak leg muscles.
Do you often have to rush to the toilet?	Rushing to the bathroom, especially at night, increases your chance of falling.
Have you lost some feeling in your feet?	Numbness in your feet can cause stumbles and lead to falls.
Do you take medicine that sometimes makes you feel light-headed or more tired?	Side effects from medicines can sometimes increase your chance of falling.
Do you often feel sad or depressed?	Symptoms of depression, like not feeling well or feeling slowed down, are linked to falls.

Typical Standardized Assessments

Berg Balance Scale

Tinetti Balance and
Gait Assessment

Timed Up and Go

Modified Barthel
Index

Functional Reach Test

30-Second Sit to
Stand Test

Assessments Are Critical to the Process

Identifies baseline scores and individual needs assisting treatment development

Guides individuals appropriately, and proactively, to next steps

Allows for progression and improvement to be determined

Provides data to be used by community: outcomes matter

Balance and Falls Equipment Technologies

- HUR Balance and Senso-platform
- Biodex Balance-platform
- Omni VR-free motion
- VirtuSense-Kinetisense-AI
- Alert room and bed systems
- Wearables and smart watches
- Nymbi-app devices
- NuStep Transit-adds feedback
- Kore Balance VNG-platform
- Hydroworx systems- underwater

There are pros and cons to each of these devices based upon their features. It is important to begin with the end in mind before you invest.

Technology Delivers Data That Matters

To the Provider...

to determine functional status of residents and mitigate risk of falls, increase competitive edge and market share

To the Resident...

so they can understand their progression and work toward measurable goals to maintain their independence

To Us...

so we can continue to accelerate our programming sophistication to optimize and prove benefits of wellness

To ACO's and
Managed Care
programs...

who benefit greatly from reduced hospital stays and longer independence and can perhaps offer gain sharing –bottom line-opportunities

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Key Considerations Using Technology

Allows for screening results to be fully comparable

Show progress at micro *and* macro levels

Data to quantify the purpose and success of wellness program

Detailed results

- Keep analysis simple
- Caution against over-analyzing

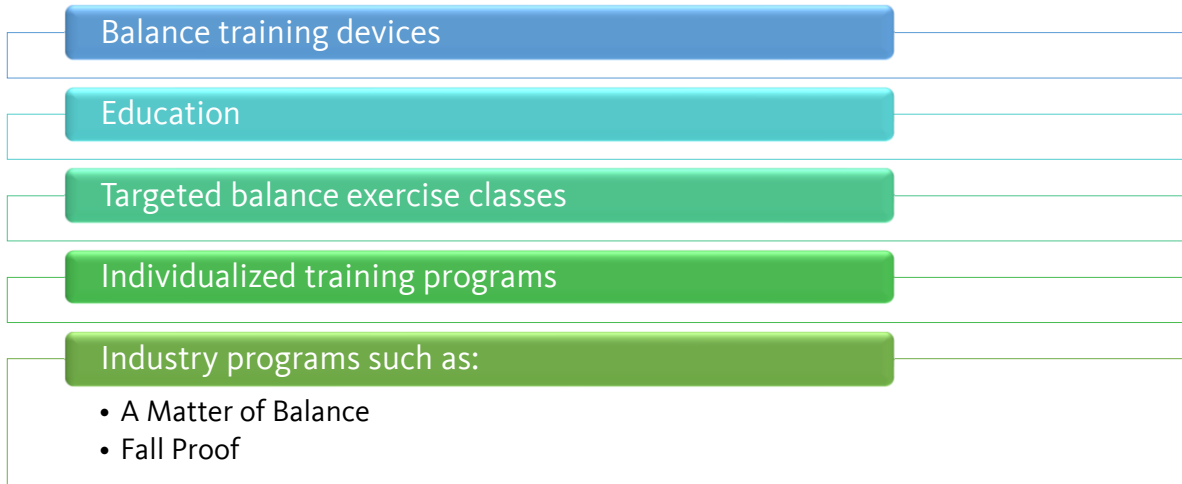
Technology can be challenging and frustrating for the builder generation

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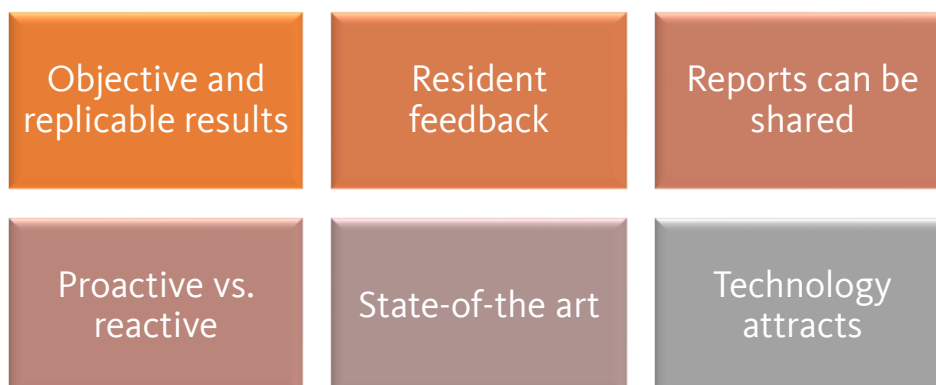
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Fall Prevention Tools



Benefit of Using Technology Tools



Effective Interventions to Prevent Falls

Those that appear to have the greatest effect:

- Focus on balance exercises performed while standing
- Reduce upper-extremity support as patients gain strength in the lower extremities
- Are progressed as appropriate
- Are delivered at a minimum dose of 50 hours (in direct treatment, doing independent exercises, or a combination of both)
- Multidisciplinary interventions delivered by a multidisciplinary team

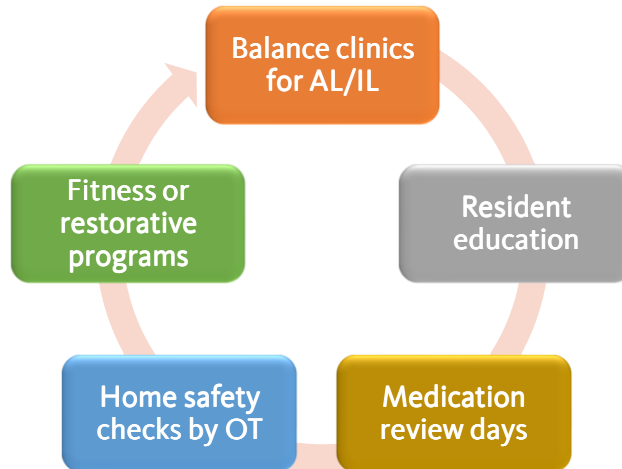
Therapy Intervention

Should include:

1. Strength training
2. Balance training
3. Gait training
4. Correction of environmental hazards
5. Correction of footwear or structural impairments of the feet

Treatment plan should be individually prescribed, monitored, and adjusted.

Additional Strategies to Manage Falls

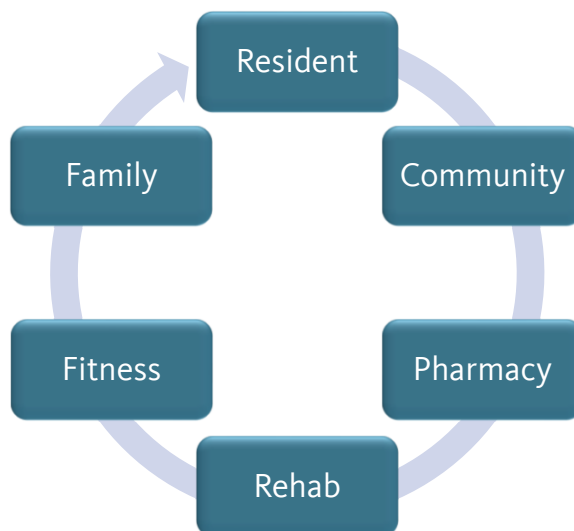


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Synergistic Approach Needed



Consistent, purposeful
communication is the
key to success

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Medication Review is Key

Medication side effects that contribute to falls:

1. Drowsiness
2. Somnolence
3. Dizziness
4. Confusion
5. Hypotension or Orthostatic Hypotension

Medication Review is Key

If patients are taking more than 4 medications, they are at a higher risk of falling.

Classes of medications independently associated with higher risk of falls include:

Anxiolytics

- Elderly using benzodiazepines have 2 to 3 times the risk for falls and 2 times the risk for hip fracture

Sedatives

- Most Rx sleep aids are relatives of benzodiazepines
- Most OTC sleep aids contain diphenhydramine (Benadryl) or doxylamine (Unisom)

Antipsychotics

- Increased fall risk due to drowsiness, dizziness, or orthostatic hypotension
- Be aware these medications may cause abnormal involuntary movements which may affect gait (AIMs exam)

Antihypertensives

- Should have regularly scheduled blood pressure/pulse checks, especially with new medication changes or dose increases
- Very important to check immediately after a fall
- Report potential adverse reactions (patient complaints of headache, drowsiness, feeling tired)

Prospective Medication Review

Frequency of medication reviews often vary by level of care

- Skilled Nursing is required monthly
- Assisted Living – Illinois has no regulation and frequency is up to the community
 - Commonly done quarterly or every 6 months
- Independent Living – Rarely done at all. Most residents use retail or mail-order pharmacy.

Skilled Nursing *Prospective* Medication Review

Skilled Nursing – Effectively utilize your consultant pharmacist

- Consultant Pharmacists are a valuable resource but need direction on community goals.
- Provide a "potential fall list" so they can focus their efforts. When there is a fall and medication is potentially a cause, don't wait until the next monthly visit.
- EHRs can fragment important data that can help a pharmacist make a recommendation and EHRs are more and more customizable.
- Ensure that all that prescribers understand the consultants' goal is fall prevention. Ensure Medical Director and Consultant Pharmacist are collaborating.

Assisted Living *Prospective* Medication Review

Illinois has no regulation and frequency is up to the community:

- Make scheduled reviews a matter of discussion
 - Scheduled reviews:
 - Helps the community more easily define fall prevention procedures
 - Improves resident continuity of care by including an assigned consultant on the interdisciplinary team
- Weigh the cost of one fall compared to the cost of scheduled chart reviews focused on fall prevention
- Even quarterly visits can be too long. Ensure your LTC pharmacy has a defined process for requesting medication reviews between visits.

Independent Living *Prospective* Medication Review

No requirement for Medication Reviews

Vast majority of Independent Living residents serviced by retail pharmacies.

Focus on identifying those at risk and educate the resident on the importance of a medication review.

Who can identify: Wellness nurse, Clinic, or Attending physician

Keeping Residents Independent

Data indicates independent residents participating in a comprehensive wellness program remained independent for 8.8 years as compared to 6.1 years for all residents = **2.7-year difference**

Example

$250 \times 20\% = 50$ move-outs annually

$25 \times \$4,000 \times 2 \text{ months} = \$200,000$

Source: ICAA/ProMature Wellness Benchmarks: The National Benchmarks Report.

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Symbria's Fall Prevention Results

Symbria's data demonstrates that a focus on collaborative fall prevention, including wellness, often leads to a 40-60% reduction in falls

Question – How much would your community save by reducing falls by 40%?



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Take Home Message

The simple answer to - “Who is responsible for reducing falls?” - is everyone

Creating a culture of fall prevention collaboration is imperative

The players awareness of their roles transcends all else

- The resident must be fully engaged and buy-in to their responsibility in the process

Value of fall prevention is clear

- It's more than dollars and cents...it just makes sense

Questions





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We are glad you were here today!