



Falls Prevention Training for Health Home Coordinators

September 22, 2017

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



Today's Presenter

Carolyn Ham

Older Adult Falls Prevention Specialist
Injury and Violence Prevention
Washington State Department of Health

Website:

<http://www.doh.wa.gov/YouandYourFamily/InjuryandViolencePrevention>



Presentation Overview

- Importance of Falls Prevention
- Fall Risk Factors
- How to Modify Risk Factors
- Short and Long Term Action Steps
- Tools and Resources



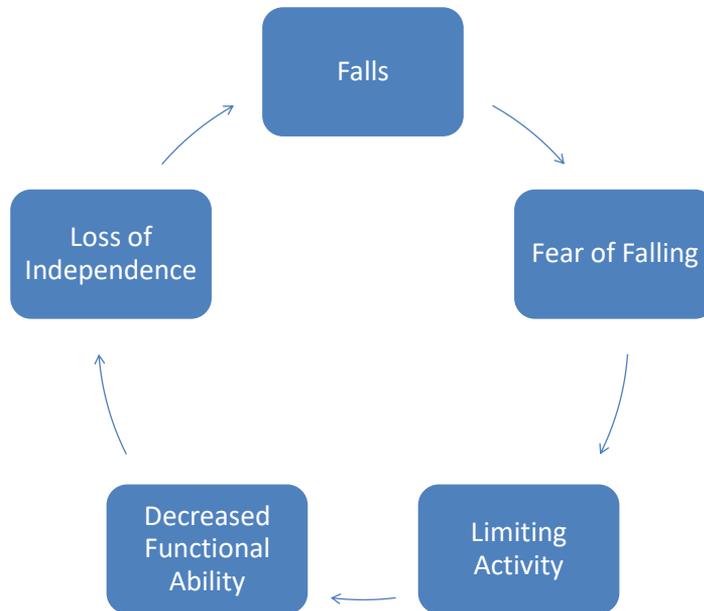
***What does preventing falls mean for
Health Home clients?***

**Fall-related injuries can cause an
individual to limit their activities,
and lose their independence**

FALLS ARE PREVENTABLE

**Preventing falls decreases risk of
injury and improves quality of life**



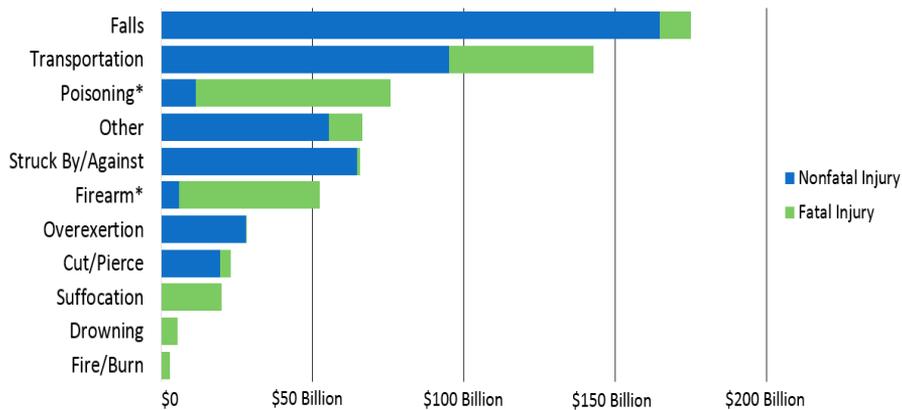


Falls Are A Serious Problem

- Nationally:
 - Every **20 minutes** an older adult dies from a fall
 - Every second of **every day** an older adults is transported to via ambulance for a fall
- In Washington:
 - One in **three adults over 55** falls every year
 - Falls are the leading cause of **fatal** and non-fatal injuries for older adults

Injuries Cost the U.S. \$671 Billion in 2013

Falls and transportation-related injuries account for the majority of nonfatal injury costs

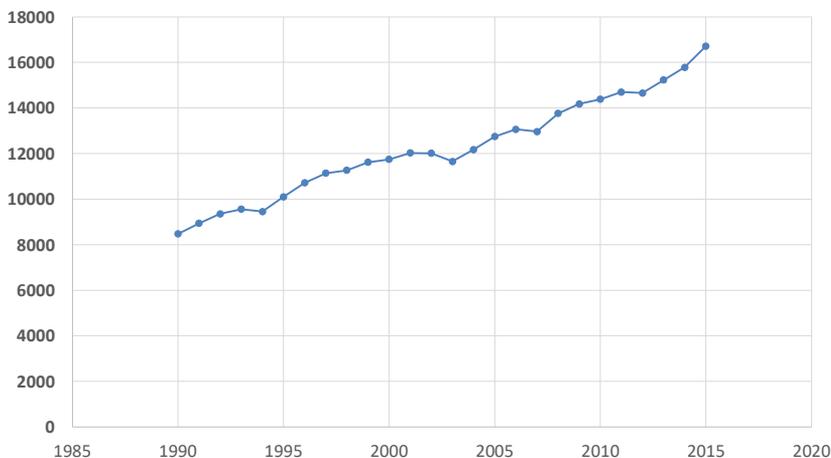


Medical and work loss costs of injury by mechanism (cause), United States, 2013

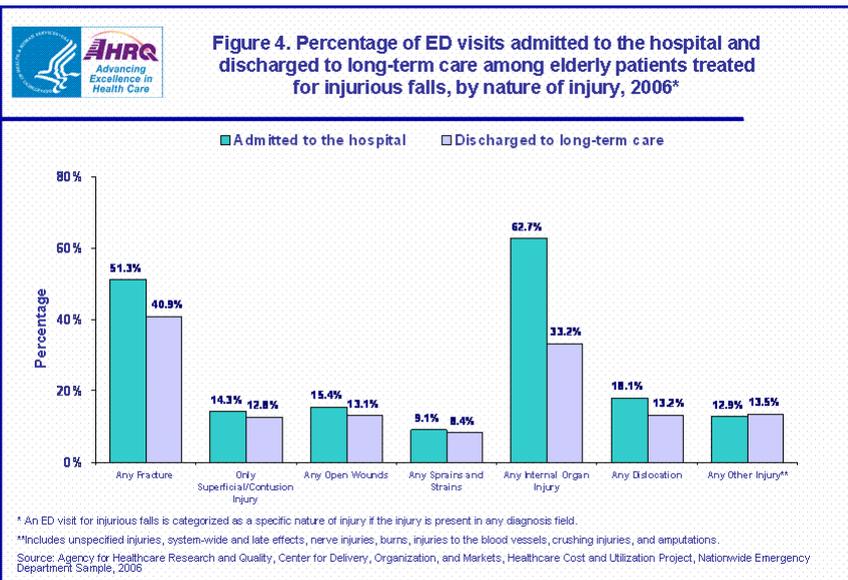
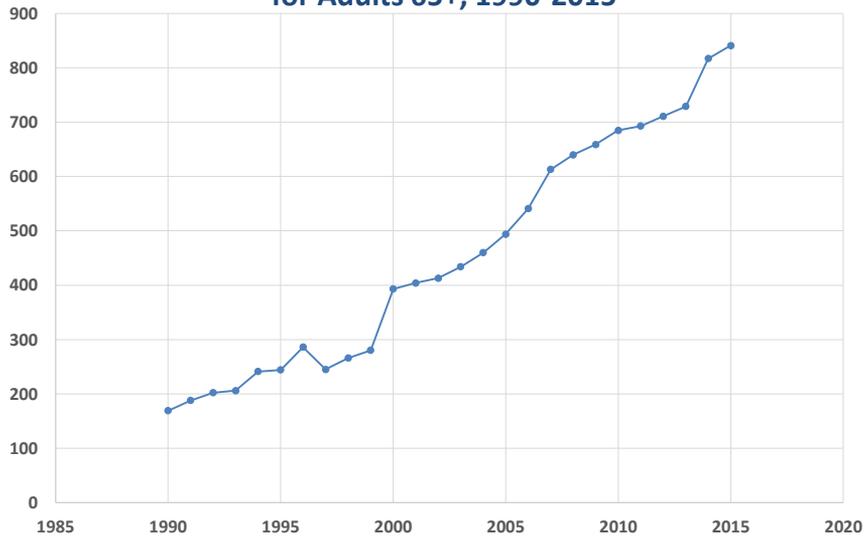
*Fatal poisoning includes deaths from drug poisoning.
 Florence C. Simon T. Haegerich T. et al. Estimated Lifetime Medical and Work Loss Costs of Fatal Injury. United States 2013. *MMWR* 2015;64(38).
 Florence C. Haegerich T. Simon T. et al. Estimated Lifetime Medical and Work Loss Costs of Emergency Department Treated Nonfatal Injuries. United States 2015. *MMWR* 2013;64(38).



Total Number of Fall-Related Hospitalizations in WA for Adults 65+, 1990-2015



Total Number of Fall-Related Deaths in WA for Adults 65+, 1990-2015



Leading Risk Factors for Falls:

- Previous falls, especially with injury*
- Decreased leg strength
- Vitamin D Deficiency
- Decreased balance
- Taking more than four medications
- Unsafe home environment
- Vision problems
- Chronic Conditions*
- Fear of falling
- Decreased sensation in feet
- Advanced age*

*Non-modifiable



Stay Independent Self Assessment

Stay Independent
Falls are the main reason why older people lose their independence.

Are you at risk?



Check Your Risk for Falling

Please circle "Yes" or "No" for each statement below.	Why it matters
Yes (2) No (0) I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2) No (0) I use or have 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.
Yes (1) No (0) Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1) No (0) I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1) No (0) I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1) No (0) I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1) No (0) I have some trouble stepping onto a curb.	This is also a sign of weak leg muscles.
Yes (1) No (0) I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1) No (0) I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1) No (0) I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1) No (0) I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1) No (0) I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total: _____ 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(3):492-499). Adopted with permission of the authors.

Your doctor may suggest:

- Having other medical tests
- Changing your medicines
- Consulting a specialist
- Seeing a physical therapist
- Attending a fall prevention program





My Falls-Free Plan: a Health Home Resource



My Falls-Free Plan Name: _____ Date: _____

As we grow older, gradual health changes and some medications can cause falls, but many falls can be prevented. Use this to learn what to do to stay active, independent, and falls-free.

Check "Yes" if you experience this (even if only sometimes)	No	Yes	What to do if you checked "Yes"
Have you had any falls in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Talk with your doctor(s) about your falls and/or concerns. <input type="checkbox"/> Show this checklist to your doctor(s) to help understand and treat your risks, and protect yourself from falls.
Do you take four or more prescription or over-the-counter medications daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Review your medications with your doctor(s) and your pharmacist at each visit, and with each new prescription. <input type="checkbox"/> Ask which of your medications can cause drowsiness, dizziness, or weakness as a side effect. <input type="checkbox"/> Talk with your doctor about anything that could be a medication side effect or interaction.
Do you have any difficulty walking or standing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tell your doctor(s) if you have any pain, aching, soreness, stiffness, weakness, swelling, or numbness in your legs or feet—don't ignore these types of health problems. <input type="checkbox"/> Tell your doctor(s) about any difficulty walking to discuss treatment. <input type="checkbox"/> Ask your doctor(s) if physical therapy or treatment by a medical specialist would be helpful to your problem.
Do you use a cane, walker, or crutches, or have to hold onto things when you walk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ask your doctor for training from a physical therapist to learn what type of device is best for you, and how to safely use it.
Do you have to use your arms to be able to stand up from a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ask your doctor for a physical therapy referral to learn exercises to strengthen your leg muscles. <input type="checkbox"/> Exercise at least two or three times a week for 30 min.
Do you ever feel unsteady on your feet, weak, or dizzy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tell your doctor, and ask if treatment by a specialist or physical therapist would help improve your condition. <input type="checkbox"/> Review all of your medications with your doctor(s) or pharmacist if you notice any of these conditions.
Has it been more than two years since you had an eye exam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Schedule an eye exam every two years to protect your eyesight and your balance.
Has your hearing gotten worse with age, or do your family or friends say you have a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Schedule a hearing test every two years. <input type="checkbox"/> If hearing aids are recommended, learn how to use them to help protect and restore your hearing, which helps improve and protect your balance.
Do you usually exercise less than two days a week? (for 30 minutes total each of the days you exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ask your doctor(s) what types of exercise would be good for improving your strength and balance. <input type="checkbox"/> Find some activities that you enjoy and people to exercise with two or three days/week for 30 min.
Do you drink any alcohol daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Limit your alcohol to one drink per day to avoid falls.
Do you have more than three chronic health conditions? (such as heart or lung problems, diabetes, high blood pressure, arthritis, etc. Ask your doctor(s) if you are unsure.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> See your doctor(s) as often as recommended to keep your health in good condition. <input type="checkbox"/> Ask your doctor(s) what you should do to stay healthy and active with your health conditions. <input type="checkbox"/> Report any health changes that cause weakness or illness as soon as possible.

The more "Yes" answers you have, the greater your chance of having a fall. Be aware of what can cause falls, and take care of yourself to stay independent and falls-free!

This material is in the public domain and may be reproduced without permission. If you use or adapt this material, please credit the Washington State Department of Health, Injury & Violence Prevention Program. Reviewed by: _____



Falls Are Preventable

Risk Factor	Intervention
Decreased leg strength and balance	Physical Therapy or Exercise Program
Vitamin D Deficiency	Have doctor evaluate need for supplement
Medications	Have doctor and pharmacist review meds with client and assess meds for falls risk
Unsafe Home Environment	Remove throw rugs, install grab bars and clear clutter from walkways
Fear of falling	Discuss ways to modify risks and focus on empowerment to make a change
Vision problems	Yearly eye exam with optometrist
Decreased sensation in feet	Appointment with podiatrist



Decreased Leg Strength and Balance

- Make appointment with Primary Care Provider
- Referral to Physical Therapy:
 - Home Health
 - Outpatient
 - Home Exercise Program



Evidence Based Community Falls Prevention Programs

- Available in the community at low or no cost
- Requires physician approval to participate
- Educational Programs and Exercise Classes
- Listed on Washington Tracking Network:
 - <https://fortress.wa.gov/doh/wtn/WTNPortal/#!q0=464>



Medication Review

- Primary Care Provider
- Pharmacist
- Home Health Nurses
 - Client must be homebound to qualify



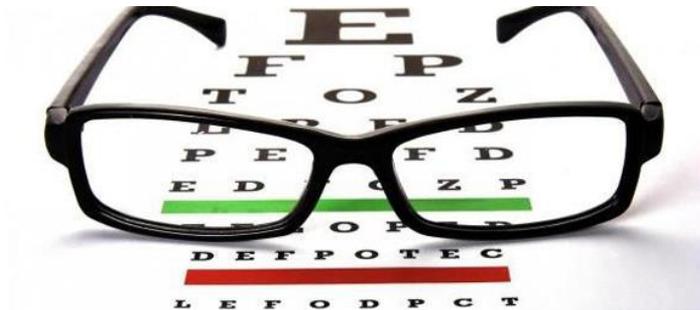
Unsafe Home Environment

- Stair handrails
- Grab bars
- Lighting
- Tripping hazards
- Uneven surfaces



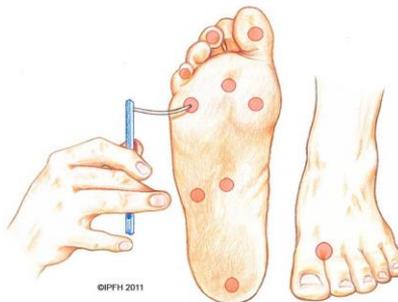
Vision Problems

- Yearly vision screening is a best practice to prevent falls



Decreased Sensation in Feet

- Client should make appointment with Podiatrist
- Decreased sensation



©IPFH 2011

My Falls-Free Plan Screening

- Give the client a copy of the screening tool
 - It offers ideas for clients
 - It may be shared with family members and caregivers
- Interpreting the score:
 - 0 to 2 indicates a low risk for falls
 - 2 to 4 indicates a moderate risk for falls
 - 4 or more indicates a high risk for falls



My Falls-Free Plan Recommendations

- Encourage clients to talk to their doctor if:
 - they take more than 4 medications (including over-the-counter medications)
 - they are experiencing dizziness or light headedness
 - This may be a sign of a blood pressure problem
 - they report a loss of strength or balance
 - a referral to PT and/or OT may help them restore function
 - a prescription for durable medical equipment, such as a cane or walker, may increase safety and confidence



My Falls-Free Screening Recommendations (cont.)

- Ask the client if it has been over two years since their last eye exam, it may be time to schedule an appointment
- Ask the client if they have glasses, are they broken, do they need a replacement pair, do they wear them
 - Suggest ideas on how to keep them handy, for example, on the nightstand by their bed
- Ask the client if they are having trouble hearing
 - A referral for a hearing test may be of benefit



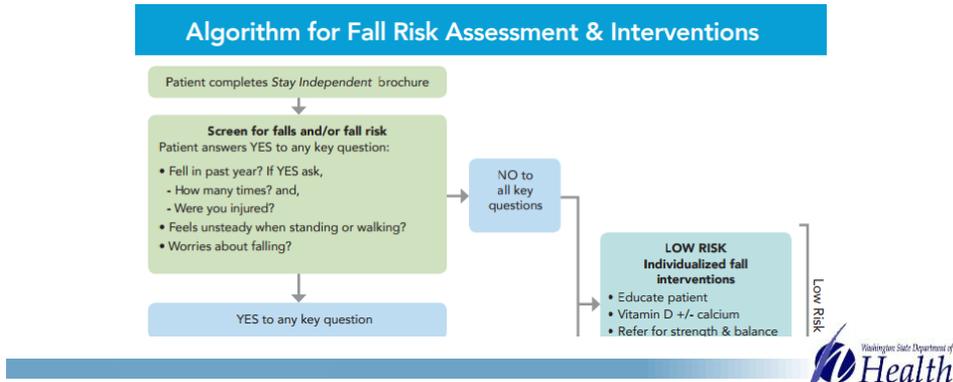
My Falls-Free Screening Recommendations (cont.)

- Ask the client if they exercise two or more times per week
 - Brainstorm ideas to get your client moving more
- Ask the client if they consume alcohol on a daily basis
 - Consider sharing the AUDIT (Alcohol Use Disorders Identification Test)
 - Educate the client about safe levels of alcohol consumption



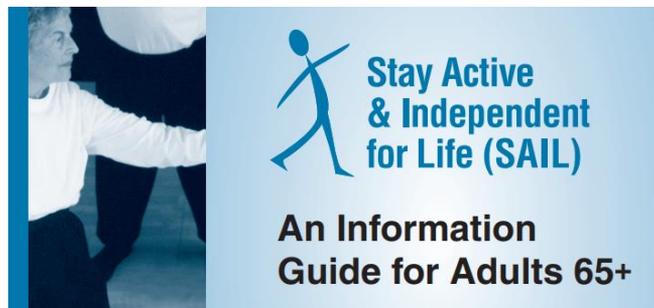
Resources – Screening

- Stay Independent Brochure
 - Client can take with them to Primary Care Provider
 - Algorithm for Recommendations
https://www.cdc.gov/steady/pdf/Algorithm_2015-04-a.pdf
 - Evidence based



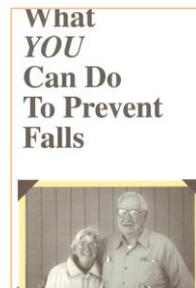
Resources – Materials

- SAIL Information Guide
 - http://here.doh.wa.gov/materials/stay-active-and-independent-for-life-an-information-guide-for-adults-65/33_SAILguide_E06L.pdf
 - Provides information on home safety, medications, exercise and health issues
 - Free to download online
 - Printed books available for free from DOH



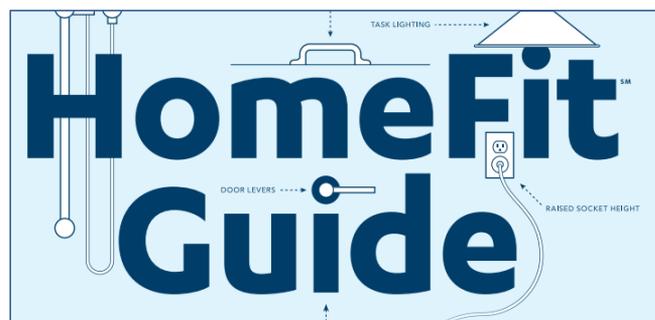
Resources – Materials (cont.)

- “Check for Safety” and “What YOU Can Do To Prevent Falls” From the CDC
- Newer brochures are free to download online
- Older printed brochures available for free from DOH



Resources – Materials (cont.)

- AARP HomeFit Guide
 - Room by room guide to modifying homes for safety
 - Available free online, or order it free from AARP
- <http://www.aarp.org/livable-communities/info-2014/aarp-home-fit-guide-aging-in-place.html>



Resources - Screening

Another optional assessment:

<http://www.ncbi.nlm.nih.gov/pub/med/19589191>

Measuring environmental clutter: a practical measure for service providers (June 2010)
 Section 31 - Environmental Cleanliness and Clutter Scale (ECCS) Department of Health

Environmental Cleanliness and Clutter Scale (ECCS)

This form has been designed for service providers to respond to a resident's housing situation. The form includes a checklist for service providers to assess clutter.

This webpage may be removed if it is deemed to be in violation of the privacy policy of the Department of Health.

Client information

Name of patient	Surname	Given names			
Check all that apply (age appropriate)	Age of patient	Female			
Check all that apply (check all that apply)	Single	Married	Widowed	Partner	Other
Address	Street	City	State	Zip	
Does the patient have a car?	Yes	No			
How many cars does the patient have?					
Number and type of pets					
Name of pet	Species	Age	Gender	Color	Other
Does the patient have a pet?	Yes	No			
How many pets does the patient have?					
Does the patient have a pet?	Yes	No			
How many pets does the patient have?					

© 2010 Washington State Department of Health. All rights reserved. This document is the property of the Washington State Department of Health. It is not to be distributed, copied, or otherwise used without the written permission of the Washington State Department of Health.

Page 1 of 5



Online Newsletter

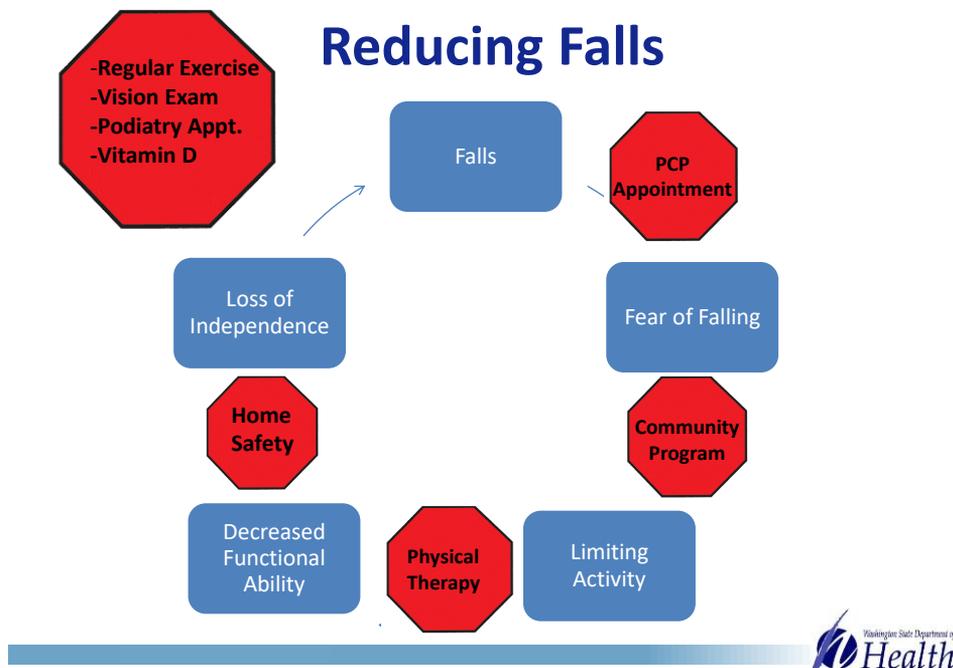
Monthly Statewide Falls Coalition Newsletter

- GovDelivery
- We will subscribe for you
- Unsubscribe if you do not want to receive



Washington Falls Prevention Coalition





Health Action Planning

- Develop a **Short Term Goal** to reduce fall risk
 - Identify factors that put patients at risk
 - Create **action steps**
 - Make appointment with Primary Care
 - Sign up for strength & balance fitness class
 - Have medications reviewed for falls risk
 - Appointment with Podiatrist
 - Vision exam with Optometrist
 - Learn how to better manage Chronic Conditions

Reducing Falls Community Wide Efforts

- Health Systems
- Health Insurance Plans
- Community programs
- Clinician education and referrals (STEADI)
- Aging Partners -- services, community health workers, volunteers, professional organizations, first responders
- Public awareness



THANK YOU

Carolyn Ham
Department of Health
Older Adult Fall Prevention Specialist
Carolyn.ham@doh.wa.gov
360-236-4795





Certificate of Completion

Fall Prevention

presented by Carolyn Ham
WA State Department of Health
Lacey, Washington

*Webinar aired on: September 22, 2017 in Lacey, Washington
for Health Home Care Coordinators and Allied Staff*

Training Credit of 1 Hour

Please sign and date to attest that you reviewed this PowerPoint

Your Signature

Date

Supervisor's Signature

Date

