Fall Prevention Program

STAFF TRAINING

Fall Prevention Program

The ***OHI Fall Prevention Program*** offers an easy turn key solution which enables providers to implement a comprehensive fall prevention protocol into their practice with a goal of identifying patients with a high risk of falling and presenting them with a three part plan in order to treat their condition, educate them on lifestyle changes, thus reducing their risk of falling.

PROGRAM OVERVIEW

A 3-Part Program

ohi

ohi | Fall Prevention Program

The Arizona Balance Brace is the assistive walking device which reduces postural sway and increases M/L stability.

Proper footwear works in conjunction with the brace to ensure the overall footwear system is optimal for balance.

Strength training programs such as PT/OT are essential in building up muscle strength.

STAFF TRAINING

Who should be involved?

- Both physicians AND staff
- It all starts with the staff:
  - They are the one's checking patients in and must be first identify patients who may be a high risk of falls

Patients to look out for

- 65 and older
- Already fallen
- Use assistive devices such as walkers or canes
- Difficulty rising from a chair
- Unsteady on their feet
- Ill-fitting shoes

Patient handoff

When the staff member identifies a patient who is potentially at risk for falling, they will hand them the “A Guide For Seniors” brochure to allow the patient to read while waiting for the doctor.

NOTE: The staff member is not diagnosing, but rather, simply identifying patient is <u>may</u> be at risk for falls to alert the physician who will determine if they would like to conduct a fall risk assessment.

Fall Risk Assessment

- The absence of a fall history does not rule out the need to screen for other risk factors for falls.
- Factors in assessment include:
  - Patient's cognitive function
  - Judgment
  - Vision
  - Vestibular function
  - Upper body strength
  - Physical endurance
  - Living environment

Patient handoff

When the doctor enters the exam room and see's the patient has been given these materials, this should prompt the doctor to conduct a Fall Risk Assessment and based on the results of that assessment, the doctor will have a conversation with the patient about falls and the Brace, Shoe and PT referral.

Fall Risk Assessment

Physician should conduct a Fall Risk Assessment (provided in packet) using the MIPS form which is attached to the patient literature that they were provided. The physician removes the MIPs for from the brochure.

TIP: Physicians should keep extra copies of the A Guide For Senior brochures in each exam room in case they identify at risk patients that a staff member might have missed.

MIPS Falls Risk Assessment Tool

Quality Measures: 154: Falls Risk Assessment 155: Falls Plan of Care

STEADI Stopping Elderly Accidents, Deaths & Injuries

Patient: Date:

On an annual basis, ask every patient, age 65 and over, if they have fallen in the past year.
If document 0 or 1 fall without injury, report MIPS Quality Measure 154 using CPT code 1101F.
NO NEED TO PERFORM FURTHER ASSESSMENT UNTIL NEXT YEAR.

Falls History

Any falls in the past year? ☐ Yes ☐ No
If yes, how many? _____
If yes, any injury? ☐ Yes ☐ No

If two or more falls in past year or one with injury, patient considered to be at increased risk.
MIPS 154 requires balance / gait assessment and review of one or more potentially contributing factors.
MIPS 155 requires all patients determined to be at increased risk for falls to be provided with a "Plan of Care".
After evaluation, separate the attached "Balance and Strength Training Exercises" and give to patient.

Evaluation

Gait, Strength & Balance *(For MIPS 154, must perform at least one. See opposite side for instructions.)*

Timed Up and Go (TUG) Test	Increased risk if ≥ 12 seconds	☐ Normal ☐ Increased Risk
30-Second Chair Stand Test	Score based on age and gender	☐ Normal ☐ Increased Risk
4-Stage Balance Test	Increased risk if full tandem stance < 10 seconds	☐ Normal ☐ Increased Risk

Medications, Prescriptions, OTCs, Supplements *(If yes to any, consider consultation with MD)*

Cognitive impairment	☐ Yes ☐ No
CNS or pyschoactive medications	☐ Yes ☐ No
Medications that can cause sedation or confusion	☐ Yes ☐ No
Medications that can cause hypotension	☐ Yes ☐ No

Vision

Acuity <20/40 OR no eye exam in >1 year	☐ Yes ☐ No

Medical Conditions

Problems with heart rate and/or rhythm	☐ Yes ☐ No
Incontinence	☐ Yes ☐ No
Depression	☐ Yes ☐ No
Foot problems *(Specify)* _____	☐ Yes ☐ No
Other medical conditions *(Specify)* _____	☐ Yes ☐ No

Postural Hypotension

A decrease in systolic BP ≥20 mm Hg or a diastolic BP of ≥10 mm Hg or lightheadedness or dizziness from lying to standing	☐ Yes ☐ No

Plan of Care *(Separate and provide attached handout with goal of increasing mobility & lower extremity stability.)*

The patient was provided balance, strength and gait training instructions	☐ Yes ☐ No
The patient was advised about Vitamin D supplementation	☐ Yes ☐ No
The patient was counseled about home fall hazards and advised on benefits of occupational therapy	☐ Yes ☐ No
The patient was provided a "Plan of Care" to take home	☐ Yes ☐ No

Falls Risk Assessment Billing:

- If Falls Risk Assessment determines history of falls and includes evaluation and plan of care, patient visit

Presenting the program to the patient

- Physician presents the 3 aspects of the OHI Fall Prevention Program
- Explain that, along with PT, the Arizona Brace and Apex Balance shoes are designed treat to their condition by increasing their stability, thus reducing their risk of falling

"Trying something is better than trying nothing, then trying to deal with it after a fall occurs."

Presenting the program to the patient

- Materials to use to communicate the treatment program to the patient:
  - The “Are you at unsteady on your feet?” flyer or poster
  - The 5 Easy Steps Infographics flyer

Recommending PT/patient exercise to patient at fitting

Should the patient decide to move forward with the program and you order them the braces/shoes, a Patient Exercise Brochure will be shipped with the braces for the physician to recommend PT/Exercise.

SIMPLE EXERCISES FOR REDUCING FALL RISK

Strength training is vital. These are safe and gentle exercise suggestions for you to practice at home. For additional needs consult with your practitioner, physical therapist or occupational therapist, who can play a vital role in lowering your risk for falls.

Straight Leg Raise

Total leg workout that will assist with walking, transferring and especially with getting in and out of bed. Works muscles in the stomach and back.

1. Lie on bed, straighten right leg and place left foot flat.
2. Raise right leg with knee locked.
3. Lower right leg slowly and do not allow to go all the way down to bed.
4. Complete a set of 10 leg raises with one leg, then repeat with the other leg.

Heel Slide

Increase leg strength to help with walking, transfers and stairs.

1. Bend right knee and pull heel towards buttocks.
2. Slowly straighten knee.
3. Go slow.
4. Complete a set with one leg then repeat with the other leg.

Elbow Flexion (Can use light weights)

Assists with all daily activities.

1. Turn palms up so facing ceiling.
2. Keeping upper arms on bed slowly bend BOTH elbows.
3. Slowly straighten arm.
4. Repeat 10 times.

Shoulder Flexion (Can use light weights)

Increases arm strength with dressing, cleaning, cooking and reaching for objects overhead.

1. Point thumb towards ceiling.
2. Slowly lift right arm over your head keeping elbow straight.
3. Bring it back down to your side.
4. Lift arm up over your head and back down.
5. Go slow in both directions.
6. Repeat 10 times with each arm.

Other Safety Tips

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

DISCLAIMER: OHI is not a licensed therapy provider and this information is for general educational purposes only. This information should not be considered a substitute for consulting with qualified medical professionals. Before starting, confirm with your physician or therapist that this exercise program is appropriate for you. If you experience any pain or discomfort, discontinue immediately, and consult with your doctor or therapist before resuming. Any exercise program may result in injury. By voluntarily undertaking any exercise displayed, you assume the risk and responsibility of any resulting injury.

BY MAKING MINOR CHANGES, YOU CAN LOWER YOUR CHANCES OF FALLING

Important: For the four exercises below, be sure to use a sturdy chair that does not roll.

Toe Raises

Most older adults are fearful of falling forward so they push backwards. This exercise helps them feel more comfortable leaning backward. Strengthens backs of legs which will assist with balance. The goal is to complete the exercise safely without any support on the chair.

1. Rest hands on chair, use legs for balance, not arms.
2. Go up and down on toes.
3. Go slowly.
4. Do not lean forward.
5. Repeat 10 times.

Standing Leg Extension

This strengthens the muscles in the back of the leg and increases confidence with stepping backwards.

1. Rest hands on chair.
2. Slowly kick left leg back, keeping knee straight.
3. It should be a small movement. If you start to lean forward you are kicking too far.
4. Do not let leg drop back to starting position, control its descent.
5. Repeat 10 times with each leg.

Marching in Place

Teaches weight shifting and standing on one foot which will help with walking.

1. Rest hands on chair.
2. Keeping back as straight as possible, lift right knee up towards your chest and hold for a moment.
3. Slowly lower right leg.
4. Keeping back as straight as possible, lift left knee up towards your chest and hold for a moment.
5. Slowly lower left leg.
6. Repeat 10 times.

Standing Hip Abduction

Strengthens hip stabilizers that assist with walking.

1. Rest hands on chair.
2. Kick leg out to side, keeping knee straight and toes pointed forward.
3. Make sure the kick movements are side to side and not to the front or back.
4. It should be a small movement.
5. Do not let leg drop back to starting position, control its descent.
6. Repeat 10 times with each leg.

Shoulder Presses (Can use light weights)

Total arm workout that will help with all daily activities.

1. Hold arms up towards the ceiling with elbows straight.
2. Bring hands down and touch your chest, keeping elbows pointed away from body.
3. Now slowly straighten arms.
4. BREATHE. Go slowly.
5. Repeat 10 times.

Hip Abduction

Strengthens hip stabilizers which will help improve balance.

1. Slide right leg out to the side.
2. Keep kneecap pointing toward ceiling.
3. Slowly bring leg back to middle.
4. Make sure leg barely lifts off bed.
5. Complete a set of 10 with one leg then repeat with the other leg.

MATERIALS TO KEEP IN STOCK

Marketing materials to stock

Are you at risk cards

- This card should always be well stocked in your waiting lobby area.
- If a patient picked up this card, the front office staff should automatically provide the patient with the “Guide For Seniors” brochure to prompt the physician to conduct a fall risk assessment.

Marketing materials to stock

A Guide For Seniors Brochure

- This brochure should be kept at your front desk so that a staff member can provide to a patient should they identified as a patient who may be at risk of falls.
- An inventory of these brochures should also be placed in each of the exam rooms in the event that they identify at risk patients that a staff member might have missed.