

## Current Best Practices for Falls Prevention:

### Knowledge:

1. Training staff on the importance of preventing falls and proper procedure when dealing with senior adults who are at risk of falls
  - a. According to a study, all employees in the cohort identified falls to be a “very urgent” or “somewhat urgent” health issue. However, only a third felt “very knowledgeable” about fall prevention practices. (Laing 2011).

### Practices:

1. Despite the fact that all employees acknowledged falls as an urgent health issue, most claimed they do not provide fall prevention practices on a regular basis.

**Table 2**

Attitudes and provision of fall prevention services among community-based, senior-serving organizations, *n* = 50.

| Fall prevention practice               | Practice perceived as very important | Provision of service on a regular basis* | Provision of service sometimes* | Referral to outside organization(s) to provide service* |
|--|--------------------------------------|--|---------------------------------|---|
|  |                                      | %  |                                 |   |
| Individual assessment of risk          | 74                                   | 16                                       | 36                              | 26  |
| Strength and balance training          | 94                                   | 38                                       | 28                              | 24  |
| Home assessment and safety improvement | 76                                   | 14                                       | 34                              | 40  |
| Review and management of medications   | 84                                   | 10                                       | 22                              | 44  |
| Training and use of assistive devices  | 68                                   | 8  | 26                              | 42  |
| Fall prevention education              | 74                                   | 38                                       | 30                              | 20  |

2. Employees claimed that the main barrier to providing fall prevention services was insufficient resources. 66% claimed they lacked the funds, 28% claimed they lacked trained personnel, 24% claimed that fall prevention was a lower organizational priority, and 22% claimed that there wasn't enough awareness of the importance of fall prevention. Only 16% of senior respondents reported that they received individual risk assessments even though half of them had fallen.
  - a. In order to improve fall prevention practices, these barriers should be alleviated to a certain extent. Regular training of staff on fall prevention practices and their importance for the health of senior adults is strongly recommended. Also, it is important to disseminate fall prevention evidence to clinicians in order to encourage them to adopt fall prevention practices that can reduce instances of fall-related injuries and future healthcare use for the treatment of these injuries. According to the American Geriatrics Society Clinical Practice Guidelines, health providers should “conduct risk assessment not only for individuals reporting a fall but also for those demonstrating difficulty with gait or unsteadiness.”

**Attitude:**

1. Many senior adults do not perceive falls as a serious threat to their health. According to a study, over one-third of elders reported falls to be one of their least important health concerns despite one-half of older adults experiencing a recent fall. Another study found that fewer than 10% of older adults rated avoiding the risk of fall injury as highly important. They identified “not feeling at enough risk for falling” as their primary barrier to participating in fall prevention practices. Additionally, they reported feeling motivated only when “something happened to increase their perception of risk or if they experience

falls frequently. This may be an indication that elders are not educated enough by clinicians on the importance of fall prevention and the serious health consequences of suffering a bad fall. Exposing senior adults to fall prevention initiatives increases the likelihood of them understanding that falls are preventable and including falls prevention in their personal priorities. If senior adults do not recognize their self-risk with falls, they are less likely to talk to their physicians about how to reduce instances of falls.

2. Older adults who perceived fall prevention as important to their health were significantly more likely to participate in practices that had the lowest level of unaided awareness. (Unaided awareness: interviewers asked elders to verbally generate a list of potential activities to prevent a fall). These practices include individual risk assessment and medication management.

## Improving Screening and Referrals

### best practices for handling falls and prevention in a clinical setting

- Keep in mind universal fall precautions (basics of patient safety)
- high agreement across clinical practice guidelines with strong recommendations for risk stratification, the use of specific tests for gait and balance assessments, multifactorial interventions, medication review, physical exercise, vision and footwear intervention, physiotherapy referral, environment modification, management of osteoporosis and fracture risk, and cardiovascular interventions
- 

### look into how we can track patient progress with their EBP after leaving the clinic

The six best practice themes for discharge planning include

- Early discharge planning
- Patient and care support engagement and education
- Established follow-up
- Consistent and timely communication of pertinent medical information
- Standardized discharge planning

### STEADI

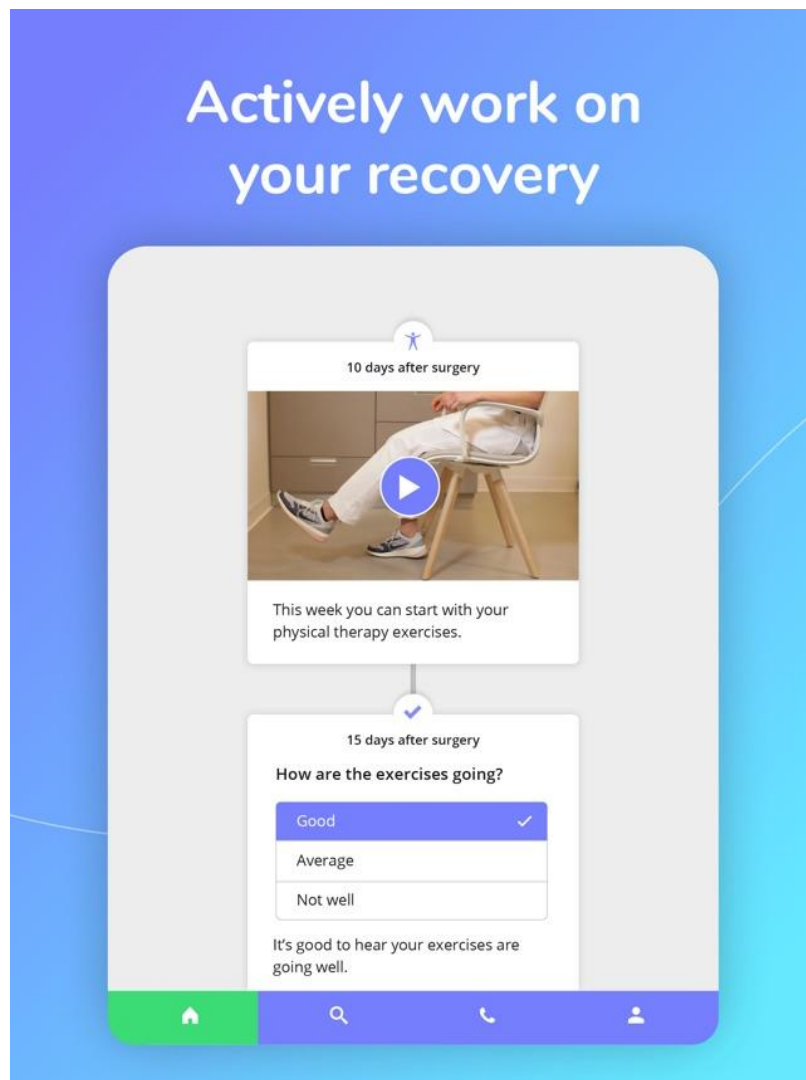
- STEADI provides tools to screen older adults for fall risk, assess fall risk factors, and intervene to reduce fall risk. Combining components of STEADI with early mobilization of older adults in an inpatient setting may reduce the risk of falls in hospitalized older adults during and after their hospital stay.
- three main components: screening, assessment, and intervention
- Steps to create a hospital-based STEADI safe mobility and fall prevention program (page 13 of CDC STEADI inpatient guide)

## Patient Journey App

<https://patientjourneyapp.com/monitor>

### Progress Tracker

Involve your patients in their own treatment pathway by sharing their progress via the app. Make patients aware of the actual effect of the treatment by sharing their weekly pain scores, ability to perform exercises or limitations in daily life due to medication side effects. Then use this data as a basis for shared decision making at the patient's next appointment.



## Tellescope

<https://www.tellescope.com/about/use-cases/care-management>

### Care Journeys

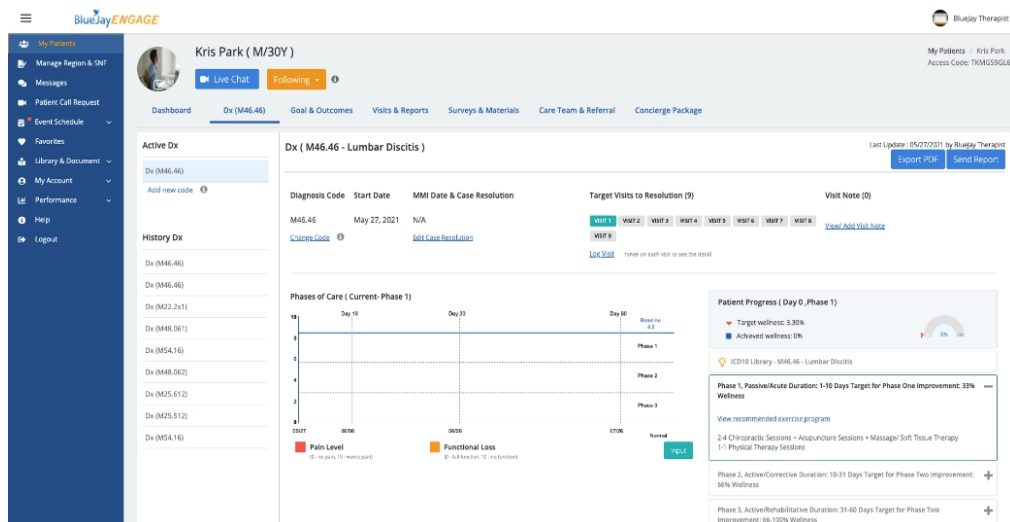
- Define custom care pathways for your patient population
- **Track patient progress and understand their current state**
- Ensure that patients are being adherent to their care plan

- Leverage analytics to understand improved patient outcomes
- **Collect patient intake information and track progress using surveys**
- Customize to match your company's branding
- Create automated actions, like tasks for your team or outbound patient communication, based on patient updates over time

## BlueJay Mobile Health

<https://www.bluejayhealth.com/products/Engage>

- Secure HIPAA-compliant interface that ensures the privacy of all records
- AI-Powered Patient Assessment tool to monitor patients' progress
- Home Exercise Programs and therapies delivered digitally
- Video Visits with excellent video and audio quality
- Assess and measure Range of Motion with an AI-powered tool during Telehealth meetings
- Easy record-keeping of ROM measurements saved in PDF file format or video files
- **Assess improvement in mobility by tracking progress in patient's movements**
- S.O.A.P notes marked down during meetings can be stored in any EMR platform
- Generate customized therapeutic exercise programs comprised of easy-to-follow instructional videos
- Browse through and prescribe from over 4,000 exercise videos and hundreds of program templates
- Patient adherence to the prescribed exercises is automatically recorded
- **Friendly reminders and self-reported surveys to keep the patients engaged and on track with their treatment**
- More than 150,000 cases have been analyzed to create an algorithm that can provide the most optimal treatment plan for each case
- **Helps to track the progress and outcomes of the patients and record optimal evidence-based practices**
- The system can be adapted to each organization's own best practices using its data



[https://video-alexanderstreet-com.proxy.library.stonybrook.edu/watch/fall-prevention-protocols?utm\\_campaign=Video&utm\\_medium=MARC&utm\\_source=aspresolver](https://video-alexanderstreet-com.proxy.library.stonybrook.edu/watch/fall-prevention-protocols?utm_campaign=Video&utm_medium=MARC&utm_source=aspresolver)

<https://www.govinfo.gov/content/pkg/CRPT-116srpt138/pdf/CRPT-116srpt138.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8738986/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5840836/>

[https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder57/Folder1/Folder157/Physician\\_Brochure\\_updated\\_to\\_include\\_ICD-10\\_diagnosis\\_code.pdf?rev=ec62ebd358f1439f8702db4ccff040c1](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder57/Folder1/Folder157/Physician_Brochure_updated_to_include_ICD-10_diagnosis_code.pdf?rev=ec62ebd358f1439f8702db4ccff040c1)

<https://jamanetwork.com/journals/jama/fullarticle/2678104>

<https://www.atrianceu.com/content/3-healthcare-providers-differing-approaches-falls>

<https://www.cdc.gov/steady/index.html>

<https://www.cdc.gov/steady/pdf/Steady-Coordinated-Care-Plan.pdf>

[https://www.cdc.gov/steady/pdf/Steady-Evaluation-Guide\\_Final\\_4\\_30\\_19.pdf](https://www.cdc.gov/steady/pdf/Steady-Evaluation-Guide_Final_4_30_19.pdf)

<https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/practices.html>

<https://khn.org/news/more-seniors-are-dying-in-falls-doctors-could-do-more-to-reduce-the-risk/>

<https://aging.ohio.gov/care-and-living/health-and-safety/fall-prevention/fall-prevention-service-providers-1>

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/fall-prevention>

<https://journals.sagepub.com/doi/10.1177/1049732318805753>

<https://academic.oup.com/gerontologist/article/57/4/787/2632096>

[https://journals.lww.com/nursingresearchonline/Abstract/2012/07000/An\\_Electronic\\_Fall\\_Prevention\\_Toolkit\\_Effect\\_on.9.aspx](https://journals.lww.com/nursingresearchonline/Abstract/2012/07000/An_Electronic_Fall_Prevention_Toolkit_Effect_on.9.aspx) \*\*\*\*\* (maybe can be used to track patients over time)

- [https://search.library.stonybrook.edu/permalink/01SUNY\\_STB/1rq024k/cdi\\_proquest\\_miscellaneous\\_1558989238](https://search.library.stonybrook.edu/permalink/01SUNY_STB/1rq024k/cdi_proquest_miscellaneous_1558989238)

<https://sigmapubs.onlinelibrary.wiley.com/doi/full/10.1111/wvn.12571>

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787179>

<https://soar.usa.edu/cgi/viewcontent.cgi?article=1084&context=scholprojects>

<https://agsjournals-onlinelibrary-wiley-com.proxy.library.stonybrook.edu/doi/pdfdirect/10.1111/j.1532-5415.2010.03234.x>