Untangling Complex Risk Factors: A Practical Approach to Preventing Falls in Older Patients

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Disclosures

- Employee of the Centre for Effective Practice
- Part-time pharmacist at Mount Sinai Hospital
- Relevant financial/nonfinancial relationships: None

Overview

- **CEP academic detailing service**
- **Falls prevention campaign:**
  - Tool development and training
  - Key messages
  - Campaign materials
  - Visit statistics
  - Challenges and learnings for the future
- **Q&A**

CEP's Academic Detailing Service
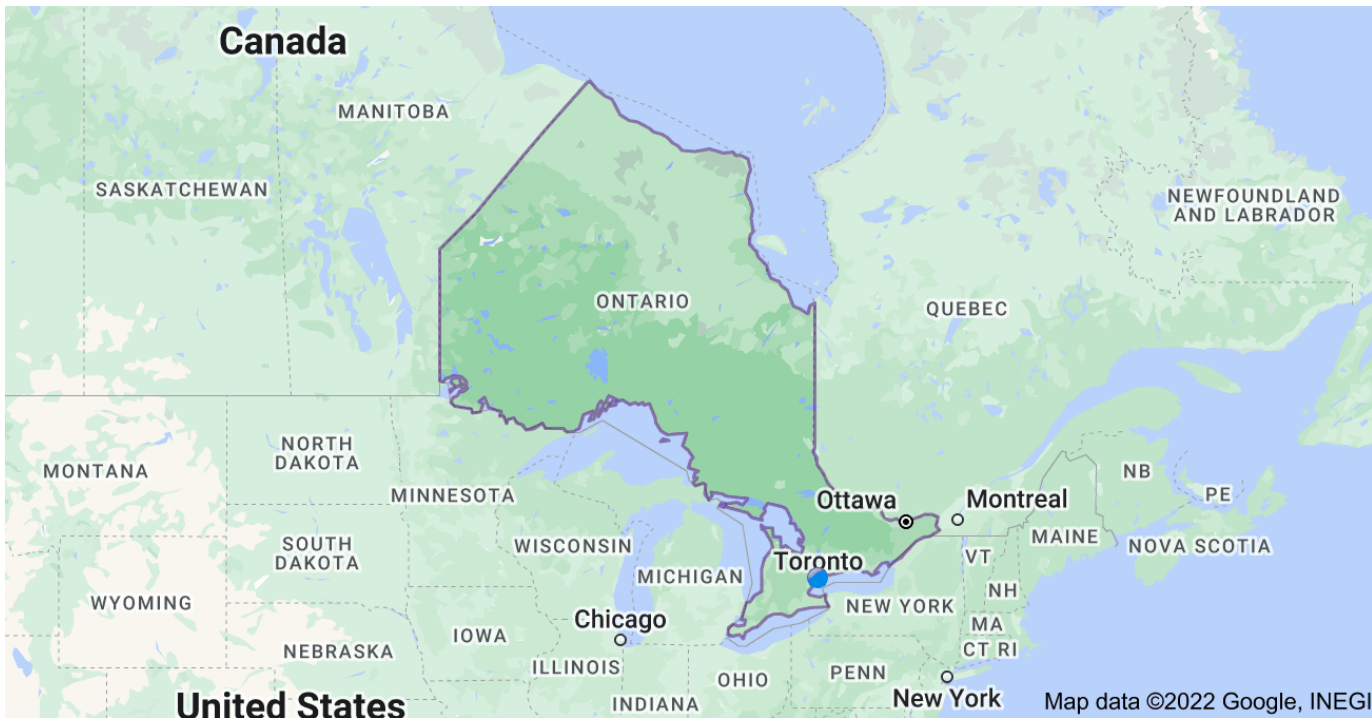
Located in Ontario, Canada

- **6** "core" detailers

- **10** family health team detailers

- Part-time + clinical practice

- Pharmacists

- 2008-2009; 2015-2017; 2018-present

Over 1100 family physicians visited

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Visit Topics

MAINPRO+ certified for 1 credit/topic
Counts towards learning plan for Nurse Practitioners

Current topics

- Heart failure
- Fall prevention and management
- Insulin therapy for type 2 diabetes
- Non-insulin pharmacotherapy for type 2 diabetes

Past topics

- COVID-19
- Benzodiazepine use in older adults
- Opioid use disorder
- Chronic non-cancer pain
- Opioid therapy

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Use a short phrase to answer the following: what's something that happens to a patient or their family when they have a fall (this could be from your own experience too!)?

A Tale of Two Falls

Robert, age 82

Marion, age 78

Tool Development

- **Literature review** and **environmental scan** to identify key guidelines, resources and practice gaps

- Falls clinical **tool development** *(HTML, PDF, paper)*:
  - **Information services team** *(medical librarians)*
  - **Clinical working group** *(including family physicians, primary care nurse practitioners, caregivers, and representatives from relevant stakeholder organizations)*
  - **Academic detailers**

- **Falls electronic medical record (EMR) tool development** (together with the e-Health Centre of Excellence in Ontario) to **guide falls screening and intervention**, and generate a patient action plan.

Upskilling Process

- Fully **virtual training** *(Zoom)*

- **4 weekly webinars**, followed by a **2-day virtual upskilling workshop** that included:

  - **Features, benefits, barriers and enablers (FBBE)** discussion plus peer and physician practice detailing.

  - **Supported by clinical leads** (family physicians with focused practice in the elderly)

  - **Detailers involved as "topic experts"** for each falls risk factor

- **Internal "question and answer" document** for common questions that arose during visits and were not covered during training.

- Post-training **weekly detailer check-ins**

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Key Message 1

Screen all individuals **65 years of age and older** for fall risk annually, after hospitalization, and after a significant change in health status.

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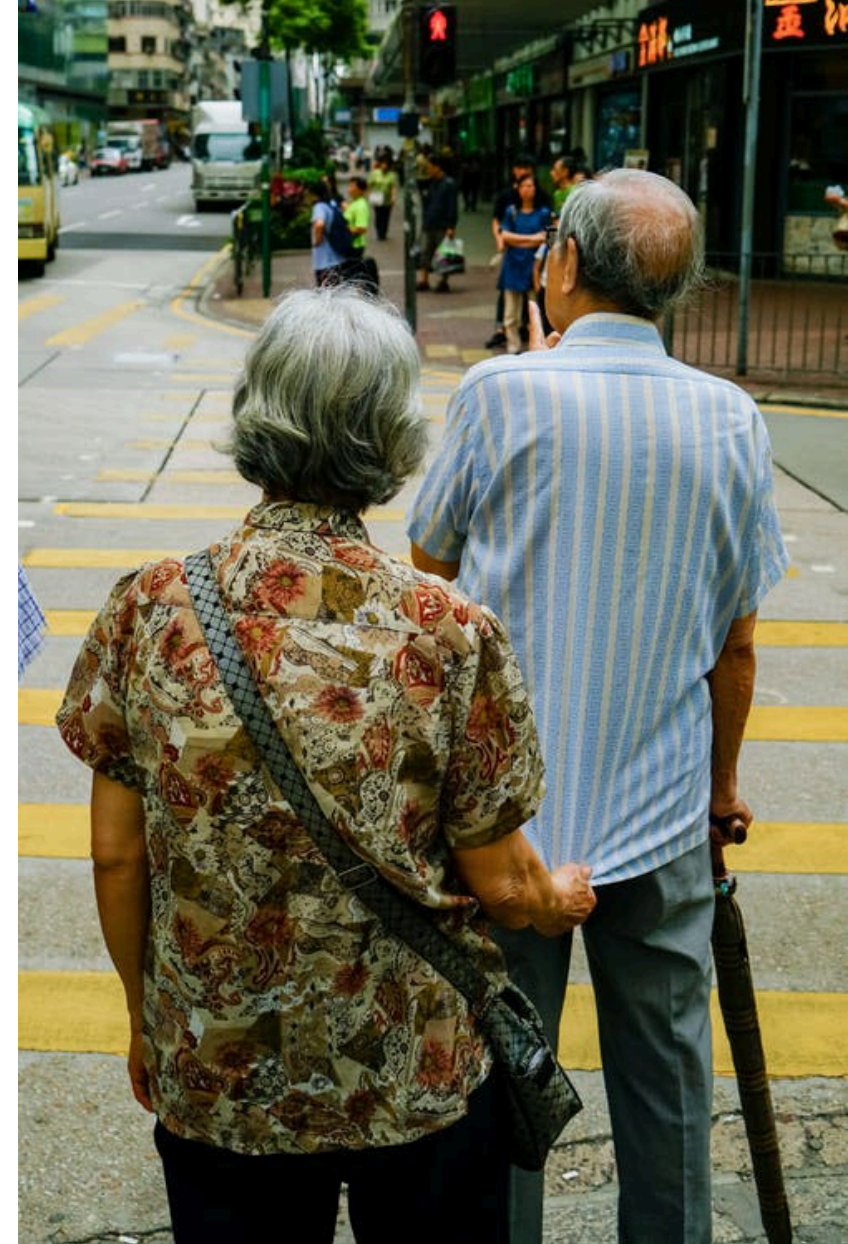
Key Message 2

In patients at risk of falls, **conduct a comprehensive assessment** to identify factors contributing to the patient's fall risk.

Key Message 3

In patients at risk of falls, **implement a tailored risk reduction strategy** that targets the individual's fall risk factors.

Visit Materials: CEP

- ✓ Fall prevention and management tool
- ✓ Falls EMR tool
- ✓ Falls checklist
- ✓ Q&A document (internal)

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Visit Materials: External

- ✓ Osteoporosis Canada: **"Too Fit to Fall or Fracture"**
- ✓ **Centers for Disease Control (CDC) STEADI** program:
  - ✓ *Home Safety Checklist*
  - ✓ *Postural Hypotension Brochure*
- ✓ **Staying on Your Feet:** Proper Footwear Checklist
- ✓ **GeriMedRisk**
- ✓ **EMPOWER** tapering brochures
- ✓ **Ratemytreads.com**

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CEP Fall Prevention and Management Tool

CEP | Providers   **Fall prevention and management**

This tool is designed as a reference to support family physicians, primary care nurse practitioners and other interprofessional team members prevent and manage falls among people aged 65 and older living in the community.

The impact of falls on Canadians[1]

Falls are the leading cause of injury-related morbidity and mortality among people aged 65 and older living in the community. Also, those who have experienced recurrent falls (>1 per year) are at an increased risk for morbidity and mortality.[1-4] **Most falls are preventable.** As a crucial component of older adult care, healthcare providers can work in partnership with older adults to implement a variety of interventions to address and reduce their risks for falling.[2]

20-30% of those ≥65 years of age experience a fall each year

85% of injury-related hospitalizations among those ≥65 years of age are caused by falls

50% of all falls causing hospitalization happen at home

95% of all hip fractures are caused by falls

EMR Tool

★ **Your patient is at high risk for falls**
Click to assess the starred risk factors that are relevant to the patient and select appropriate interventions

| Falls history ★ | Physical activity ★ | Nutrition and hydration ★ | Medications ★ | Home safety and accessibility ★ | Bone health ★ |
| Comorbidities ★ | Social support ★ | Postural hypotension ★ | Mobility ★ | Visual impairment ★ | Feet and footwear ★ |

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Falls Checklist

CEP | Patients

Check Your Falls Risk

This checklist will help your healthcare team gather information to see if you are at a higher risk for falls and if so, what steps you can take to reduce your risk. You can have a friend or family member help you complete it.

Patient name: _____ **Date:** _____

Name of person filling out form (if different): _____

Please check all the apply and fill out the answers to the best of your knowledge.

Fall history:

☐ I have fallen _____ times in the past year

☐ I have had one or more close calls, but have not fallen

☐ I feel unsteady when walking or standing

☐ I am worried I might fall

Note: a fall includes any unplanned change in position to a lower level, including sliding slowly or slipping and having someone catch you.
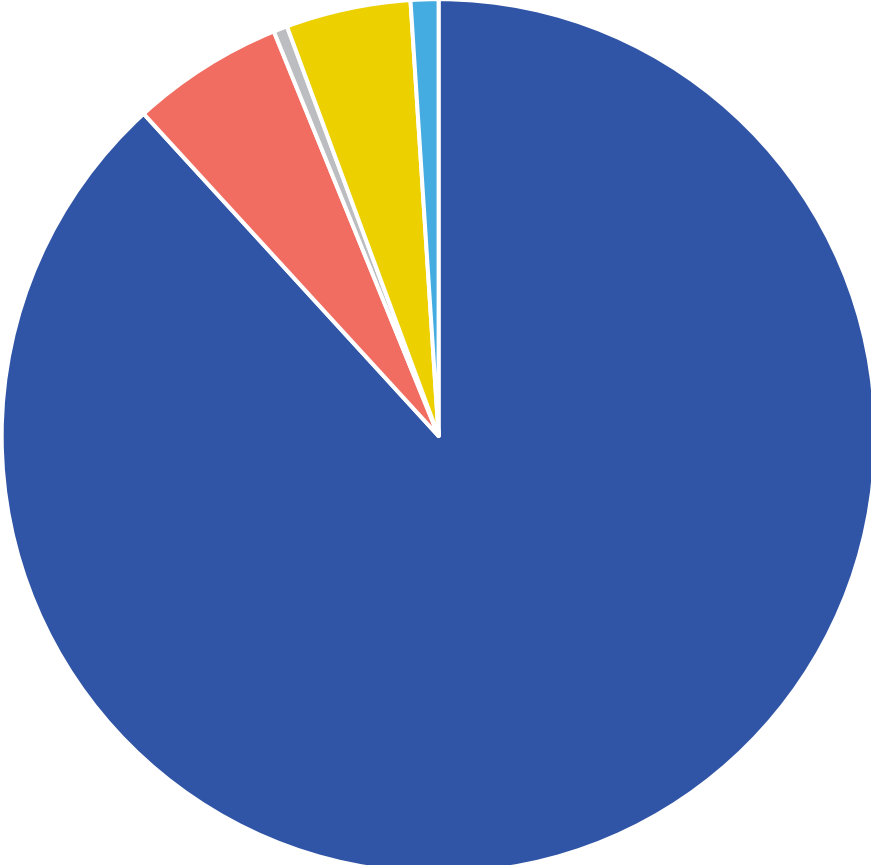
If you fell in the past year, tell us more about your most recent fall:

When was the fall?

Falls Visit Statistics

210 Falls Visits

(185 with FPs, 12 with Residents/PGY2+ , 1 with Hospital Docs, 10 with NPs, 2 with 'Other')

■ Family physicians　■ Residents/PGY2　■ Hospital physician　■ NP　■ Other

Falls Visit Statistics

OCT 2021

Fall Prevention and Management
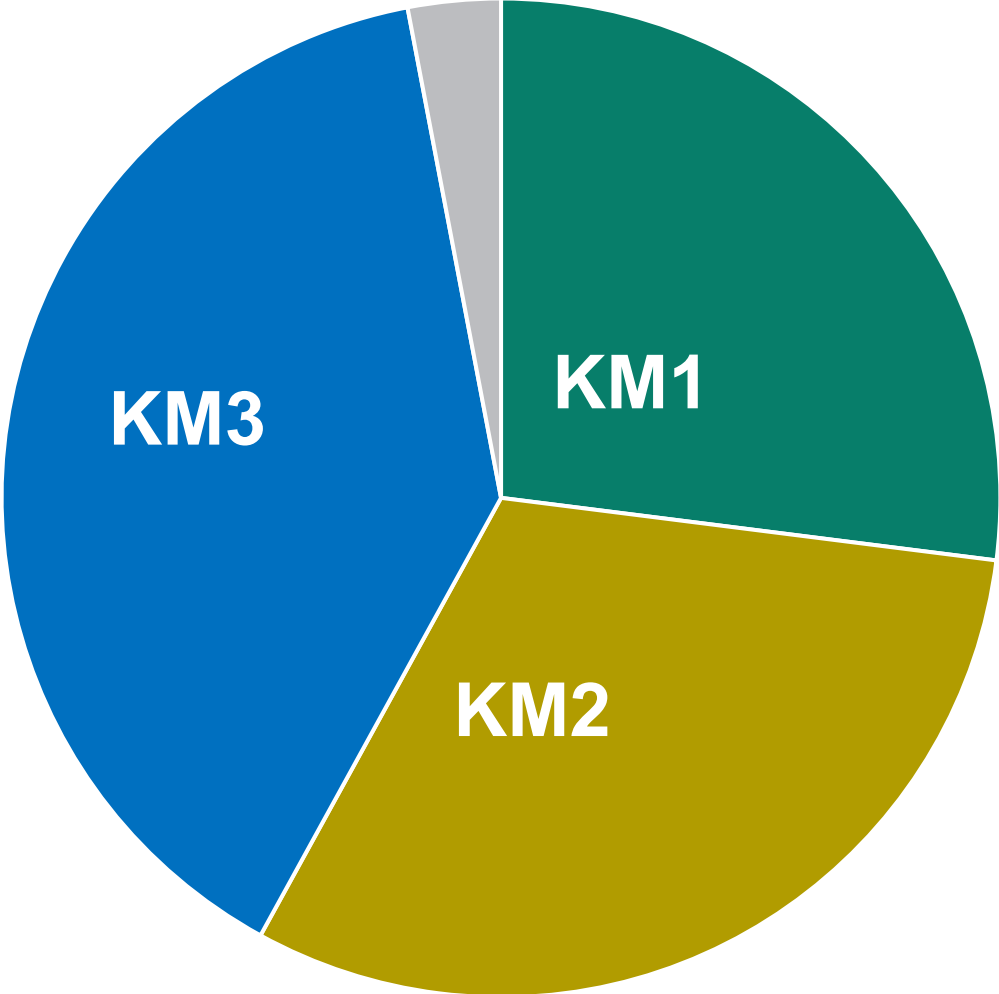
New   11050 Downloads

Average visit duration: 34 min

11050 downloads of CEP falls tool

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% Time Spent on Key Messages
(26% KM1, 32% KM2, 39% KM3, 4% Other)

- KM1: Screen 65+
- KM2: ID risk factors
- KM3: Tailored risk reduction
- Other

Common Clinician Questions

- What is the **"biggest bang for your buck"** intervention? Where do I start?

- **How can one access free or low-cost physiotherapy,** mobility aids, and in-home support?

- **What can I do while my patient is waiting** for a spot in a fall prevention program?

- What can I do about **"frequent fallers"?**

- How can I **use my EMR** and **get my office staff involved?**

- What is **GeriMedRisk** and how does it work?

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Academic Detailing Insights: Barriers

- **Long wait times** for programs/referrals

- Poor access to free/low-cost services *(mobility devices, social support)*

- **Perceived complexity:**
  - *"Asking about falls opens a can of worms"*

- **Feeling of futility:**
  - *"Some patients keep falling no matter how hard we try"*

Enablers/Practice Changing Information

- ## Look for "easy wins"
  - Refer to GeriMedRisk/pharmacist/geriatric team:
    - *Med reviews/deprescribing/complex elderly*
  - Refer to Home and Community Care for **home assessment/mobility devices**

  ## You don't have to solve all the problems at once!
    - Ask *"Have you fallen in the past year?"* and work on it over a series of visits
    - Pick a **high-priority group** to start with (*e.g., after BMD or fall hospitalization*)
    - **EMR tool/search, checklist and handouts**
    - **Get family involved**

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Enablers/
Practice Changing Information

- **Assess gait** when patient is walking in/out of your office

- **Simple screening questions:** "How often do you leave the house?" "What do you eat in a typical day?"

- Glass of **water by the bedside** for orthostatic hypotension

- Keep path to washroom **clear and well-lit;** wear **good shoes** indoors

- Keep **cell phone** in fanny pack/have someone to **check in** on patient daily

- Set up **Alexa/Google Home** "Alexa, I've fallen and I need help"

Challenges and Key Learnings

Key barrier: Time/Complexity. What worked best?

Email promotion:
"Have you ever wondered:
- Which drugs cause the most falls?
- Which 3 simple falls prevention interventions have a huge impact?
- Where to find high-quality patient resources and access to mobility devices?"

Focusing visits on "quick wins":
Asking all patients 65+ "Have you fallen in the past year?"
Referring patients on 3+ CNS medications for med review from a pharmacist or GeriMedRisk
Providing patient handouts on exercise, nutrition, home safety and footwear

Detailers as "topic experts" for each falls risk factor:
- Increased team involvement and enhanced learning

Q&A document:
Reduced duplication of effort for detailers looking into questions after visits

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