“Future Falls Risk – Screening and Prevention”
October 2017
ACO Announcements

• Reminders:
  – ACO Notifications
  – PECOS- Maintain Active Enrollment
  – 2017 Patient Prospective Lists
  – Upcoming provider/Office manager meetings:
    • Internal Medicine/Family Practice Care Manager Meeting:
      – *Topic: Impact of Social Determinants on Health and Clinical Care.*
      – Wednesday, October 25, 2017
      – Registration & Dinner - 5:00pm – 5:30pm, Meeting – 5:30pm – 7:00pm
    • Operations Roundtable QI workshop: Internal Medicine and Family Practice Offices
      – *Topic: Social Determinants of Health requirements for PCMH 2017*
      – Wednesday, November 8, 2017
      – 7:30am-9:00am at Millennium Buffalo Hotel.
Agenda

• ACO Falls Risk Measurement/Alignment with Clinical Integration Program
• Falls Risk Screening
• Falls Risk Prevention
• Catholic Health Resources
• Q&A section
Screening for Falls Risk Rationale

- Underlying causes: Multiple, diverse, overlapping
- Substantial cost and Resource use
- Structured processes are necessary

https://www.cdc.gov/homeandrecreationalsafety/falls/index.html
Quality Measurement: Domains

31 quality measures are separated into the following four key domains that will serve as the basis for assessing, benchmarking, rewarding, and improving ACO quality performance:

1. Patient/Caregiver Experience
2. Care Coordination/Patient Safety
3. Preventive Health
4. Clinical Care for At Risk Population
# ACO Care Coordination/Patient Safety

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-8</td>
<td>Risk-Standardized, All Condition Readmission</td>
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<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-35</td>
<td>Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-36</td>
<td>All-Cause Unplanned Admissions for Patients with Diabetes</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-37</td>
<td>All-Cause Unplanned Admissions for Patients with Heart Failure</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-38</td>
<td>All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-43</td>
<td>Ambulatory Sensitive Condition Acute Composite (AHRQ Prevention Quality Indicator (PQI) #91)</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-11</td>
<td>Percent of PCPs who Successfully Meet Meaningful Use Requirements</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-12</td>
<td>Medication Reconciliation Post-Discharge</td>
</tr>
<tr>
<td>Care Coordination/Patient Safety</td>
<td>ACO-13</td>
<td>Falls: Screening for Future Fall Risk</td>
</tr>
</tbody>
</table>
ACO #13 (CARE 2): Screening for Future Fall Risk

• **Description:**
  – Percentage of patients 65 years of age and older who were screened for future fall risk during the last 12 months.

• **What is required?**
  – Completion of a fall risk screening. The screening may be done with a formal screening tool as long as it fulfills the fall history documentation requirements.

• **Where can the Falls Screening be completed?**
  Must take place in a healthcare setting.

ACO #13 (CARE 2): Screening for Future Fall Risk cont.

• **Who may perform the Falls Screening?**
  Any healthcare professional may perform a fall risk screening.

• **What are the documentation requirements for the Falls Screening?**
  The patient’s medical record must contain:
  Documentation of any of the following regarding the patient’s past history of falls:
  • No falls
  • One fall without major injury
  • Two or more falls
  • Any fall with major injury
  “Have you fallen in the past year? How many times? Did any one of the falls result in a major injury?”

Catholic Medical Partners Clinical Integration

- Catholic Medical Partners Clinical Integration Program
  - Prevention measures, At Risk Populations (Diabetes, Heart Failure, Coronary Artery Disease), Care Management
  - 9 Prevention related measures
  - Falls Risk goal is **73.38%**!
FALLS RISK ASSESSMENT/PREVENTION
WHAT IS A “FALL”?

Definition of a FALL:
A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force. *

WHO is at risk for future falls????
Patients who have had a fall in the past year or any fall with injury in the past year.

* NCF Measure 101/CMS ACO GPRO Measure
Falls Risk

• Falls are the leading cause of injury and accidental death in adults over the age of 65 years.
• New or unfamiliar surroundings, improper footwear, cumbersome furniture arrangements and distractions all can cause a person to accidentally stumble and fall, causing serious injury and even death.
Falls Prevention

- Falls Risk Screening performed within the office
- Physical Therapy Treatment
- Implementing Prevention Practices at home
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALANCE (if yes, let your doctor know)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you slipped or fallen in the last year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you afraid that you will fall?</td>
<td></td>
<td></td>
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<tr>
<td>Have you lost consciousness with your fall?</td>
<td></td>
<td></td>
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<tr>
<td>Did you need assistance to get up?</td>
<td></td>
<td></td>
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<tr>
<td>Do you ever feel like you or the room is spinning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get dizzy when you stand up?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get dizzy when moving your head quickly or rolling over in bed?</td>
<td></td>
<td></td>
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<tr>
<td>Have you had an eye exam in the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use a device or assistance to get around (cane/walker/a person/walls/furniture)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICATIONS THAT MAY MAKE YOU FALL: (if you have more than 4 medications, let your doctor know)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you take medications for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure/Heart Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety/Nervousness/Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson's/Seizures/Neurologic Condition</td>
<td></td>
<td></td>
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<tr>
<td>Urinary Incontinence</td>
<td></td>
<td></td>
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<tr>
<td>Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over the counter cold medication/allergies</td>
<td></td>
<td></td>
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<tr>
<td>Sleeping</td>
<td></td>
<td></td>
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<tr>
<td>&quot;Water Pill&quot;</td>
<td></td>
<td></td>
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<tr>
<td>Any history of drug/alcohol abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin/Herbal Supplements?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NAME: ____________________________

**IS YOUR LIVING ENVIRONMENT SAFE?**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a lightbulb at the top and bottom of your stairways inside and outside?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your shower/tub have non-slip mats?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your stairway have sturdy handrails on both sides?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it easy to get in and out of the tub or up from the toilet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are papers, shoes, or other objects on the stairway?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your carpeting loose/torn or any throw rugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a light near your bed that is easy to reach?</td>
<td></td>
<td></td>
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<tr>
<td>Is the path from your bed to the bathroom lit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to leave your home safely?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you avoid leaving your home because of a fear of falling?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(you may benefit from an exercise program...)

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you exercise regularly outside of your home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you interested in participating in an exercise program in the community?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you interested in participating in an exercise program at home?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Timed Up and Go Results**

- **High Risk:**
  - 60-69yo >9.0 secs; 70-79yo >10.2sec; 80-99yo >12.7sec

**SLS Results**

- **High Risk:**
  - 60-69yo <27.0 secs; 70-79yo <17.2sec; 80-99yo <8.5sec
CHECKLIST TO MAKE YOUR HOME SAFER FROM FALLS

ROOMS
☐ Make sure you have a clear path to walk through a room and that you do not have to walk around furniture.
☐ Always keep objects (e.g., shoes, books, etc.) off the floor and keep the stairs clear.
☐ Place cordless phones in convenient location and near the bedside.
☐ Coil or tape any wires or cords next to the wall so you will not trip over them.
☐ Make sure there is good lighting in all rooms, especially on the stairs and outside, and be sure that the light switches are easily accessible.
☐ Move items that you use most often are on the lower shelves (about waist height).

STAIRS
☐ Be sure that there are handrails on both sides of your staircases.
☐ If you have slippery steps, use adhesive stair treads or a carpet runner.
☐ Paint or tape a contrasting color to the top edge of all steps so you can see it better.
☐ Be sure all steps outside are safe and that they have railing.

BATHROOM
☐ Put a non-slip rubber mat or self-adhesive strips on the floor of the tub/shower.
☐ If you need extra support when you get into or out of the tub or shower have grab bars installed and if users are already present be sure that the placement is correct.

BEDROOM
☐ Place a light and a cordless phone close to your bed where it is easy to reach.
☐ Place night lights along any path you might use during the night time.

OTHER SAFETY TIPS TO HELP PREVENT FALLS

EXERCISE REGULARLY
This makes you stronger, improves balance and coordination.

HAVE YOUR VISION CHECKED REGULARLY
Poor vision can increase your risk of falls.

GET UP SLOWLY
Get up slowly after sitting or lying down and be sure you have your balance before you begin walking.

SHOES
Wear shoes inside and outside and avoid going barefoot or wearing slippers.

STAIRS TOOLS
If you must use a step stool to be sure to use one with a bar to hold onto.
Exercise 1: Squat

**StANDING STATE: 12**

Face the wall with your back. Keep your feet shoulder-width apart. Lean forward until your butt touches the wall. Hold for 5 seconds. Repeat 10 times.

**Balance:** 30 seconds.

Exercise 2: Squat

**Standing:** 13

Standing on one leg, try to balance on your ankle. Keep your other ankle off the floor. Hold for 30 seconds. Repeat 10 times.

Exercise 3: Balance

**Sitting:** 15

Squat down, sitting in a chair. Hold for 30 seconds. Repeat 10 times.

Exercise 4: Leg Lift

**SITTING:** 14

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 5: Hip Lift

**SITTING:** 16

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 6: Hip Extension

**SITTING:** 17

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 7: Hip Adduction

**SITTING:** 18

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 8: Hip Abduction

**SITTING:** 19

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 9: Hip Rotation

**SITTING:** 20

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 10: Hip Adduction

**SITTING:** 21

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 11: Hip Abduction

**SITTING:** 22

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.

Exercise 12: Hip Rotation

**SITTING:** 23

Sit on the floor with your back against the wall. Lift one leg up to 90 degrees. Hold for 5 seconds. Repeat 10 times.
Screening For Future Fall Risk:

Why screen?

1. First and foremost: For the good of the patient and the right thing to do--Family physicians/practices have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk. (GPRO version 6.0, al-Aama2011)

2. It is an ACO quality metric

3. It is part of the CMP Clinical Integration Program
What makes a patient a + Falls Risk?

THINGS YOU MAY SEE IN THE OFFICE

- Increased time to complete TUG (Timed Up and Go) test
- Sit to stand test (lower reps)
- Difficulty going sit to / from standing
- Use of an assistive device???
- Shuffling gait
- “Chair diving”
What makes a patient a + Falls Risk?

THINGS PEOPLE MAY SAY

• Have you fallen in the past 12 months?
  – How many? Any injuries?
• Feel unsteady on their feet
• ** Afraid of falling **
• Activities have decreased?
TUG Test (Timed Up and Go)

- General test of balance and gait
- Can be performed by anyone
- No detailed assessment of gait, balance, strength, etc.
TUG Test (Timed Up and Go)

Instructions to the patient: When I say “Go,” I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace (10 feet away)
3. Turn around and walk back to the chair at your normal pace
4. Sit down

• The timer starts on the word “Go” and stops when they are seated in the chair.
TUG Test (Timed Up and Go)

Interpretation:

≤ 10 seconds = normal
≤ 20 seconds = good mobility, can go out alone, mobile without gait aid
≤ 30 seconds = problems, cannot go outside alone, requires gait aid

*A score of ≥ 14 seconds has been shown to indicate high risk of falls*
Sit to Stand Test

- General test of overall leg strength and endurance
- Can also check for balance upon standing and any BP issues
- Can be performed by anyone
Instructions to the patient:

1. Sit in the middle of the chair.
2. Place each hand on the opposite shoulder crossed at the wrists.
3. Place your feet flat on the floor.
4. Keep your back straight and keep your arms against your chest.
5. On “Go”, rise to a full standing position and then sit back down again.
6. Repeat this for 30 seconds.

<table>
<thead>
<tr>
<th>Age</th>
<th># Stands (Men)</th>
<th># Stands (Women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>14-19</td>
<td>12-17</td>
</tr>
<tr>
<td>65-69</td>
<td>12-18</td>
<td>11-16</td>
</tr>
<tr>
<td>70-74</td>
<td>12-17</td>
<td>10-15</td>
</tr>
<tr>
<td>75-79</td>
<td>11-17</td>
<td>10-15</td>
</tr>
<tr>
<td>80-84</td>
<td>10-15</td>
<td>9-14</td>
</tr>
<tr>
<td>85-89</td>
<td>8-14</td>
<td>8-13</td>
</tr>
<tr>
<td>90-94</td>
<td>7-12</td>
<td>4-11</td>
</tr>
</tbody>
</table>
You’ve identified a patient at risk for falls…

NOW WHAT?
Plan of Care

- Plan of Care must include 1) consideration of vitamin D supplementation AND 2) Balance, strength, and gait training
- Medical record must include: documentation that balance, strength, and gait training instructions were provided OR referral to an exercise program, which includes physical therapy to train balance, strength, and/or gait
What does a falls Risk PT referral entail?

- Thorough History
- Vestibular/Musculoskeletal/Neurologic screen
- Detailed gait assessment
- Functional/Balance testing
  - Berg Balance Scale, Tinetti, POMA, Single/Tandem leg Stance
  - Timed Up and Go (TUG), Sit to Stand
- Dynamic Balance Testing
- Posture assessment
- Footwear assessment
- Vision screen
- Vitals
Physical Therapy Treatment

- Education (home and environment safety)
- Vestibular Rehab (BPPV, Vestibular hypo-function)
- Strengthening Program
- Stretching/ROM
- Balance activities
- Gait training
- Functional training
Catholic Health Resource for Fall Assessment and Interventions

Falls Risk Screening (MD office)
- Refer for Home Assessment
- Refer to CI PT (vestibular/balance/HT/ neuromuscular)
- Refer to Other Specialist (Nursing/Ophthalmology/Cardiologist)

PT Falls Risk Assessment:
- MOH History of Falls will dictate specific PT Assessment:
  - Vestibular
  - Orthopedic
  - Neurologic
- All Assessments Include:
  - ROM
  - TUG
  - ANOD/04, as indicated from eval
  - Timed Stance
  - Berg/Therability/POSTA

PT Interventions:
- Vestibular: Vestibular strengthening/balance exercises
- HT & Falls Prevention: Education
- Community Exercise Referral
- Home Assessment Referral
Falls Interventions - RESOURCES

Catholic Health Partners In Rehab

Full Risk Assessment includes screening of:
- Vestibular Function
- Musculoskeletal System (Strength, ROM)
- Neurologic Function

All assessments include:
- Single Leg Stand
- Timed Up and Go
- And/or . . . dependent upon evaluation
- Tandem Stance
- Berg/Balance/BOMA

Interventions based on assessment results may include:
- Vestibular Rehab
- Home Exercise Program and Falls-Prevention Education
- Therapeutic Exercises/Strengthening/Balance Exercises
- Community Exercise Referral
- Home Assessment Referral

Catholic Health
What can you do to reduce the risk of falls with your Patients?

- The most effective program is **multi-factorial**. This means using more than one strategy:
  - Physical Activity
  - Education
  - Environmental Modifications
  - Fall Risk Assessment
  - Review of Medications
EMR documentation*

*Although documentation is required, this is merely an example and is not required to be completed in this exact way.

Button labeled ‘Fall Risk Assessment’ will be added to Provider Progress Notes
If patient has no falls risk (and you have answered No to the questions above), Code 1101F can be added.

If Patient screened positive (yes to any question above), use Falls Risk Positive Button
This is the view of the “Falls Risk Positive” button – the providers will be directed to complete 1 of the 5 other assessments along with the TUG Test.
Falls Risk Plan of Care button
- Both diamonds have “balance, gait or weight training” options
- Vitamin D supplementation considered is automatically checked yes as that is required for the plan of care
Additional may include:
- Home Falls Safety Checklist
- Add codes 1100F and 0518F
QUESTIONS
Announcements

– Next Lunch and Learn – Wed November 15, 2017
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    – 7:30am-9:00am at Millennium Buffalo Hotel.

  Sheree M Love
  ACO Clinical Transformation Specialist
  sarnold@chsbuffalo.org
  (716)862-2453
Fall Risk Assessment

Fall Risk Assessment includes screening of:
- Vestibular Function
- Musculoskeletal System (Strength, Range of Motion)
- Neurologic Function

All Assessments include:
- Single Leg Stand
- Timed Up and Go
- Tandem Stance (dependent on evaluation)
- Berg/Timetti/POMA (dependent on evaluation)

Intervention based on assessment results may include:
- Vestibular Rehab
- Home Exercise Program and Falls Prevention Education
- Therapeutic Exercise/Strengthening/Balance Exercises

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Sisters of Charity Hospital
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