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Utilizing Evidence-Based Resources for Collaborative Falls Prevention

Kristyn Elise Catrine

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Utilizing Evidence-Based Resources for Collaborative Falls Prevention

Kristyn Catrine, PharmD Candidate 2024

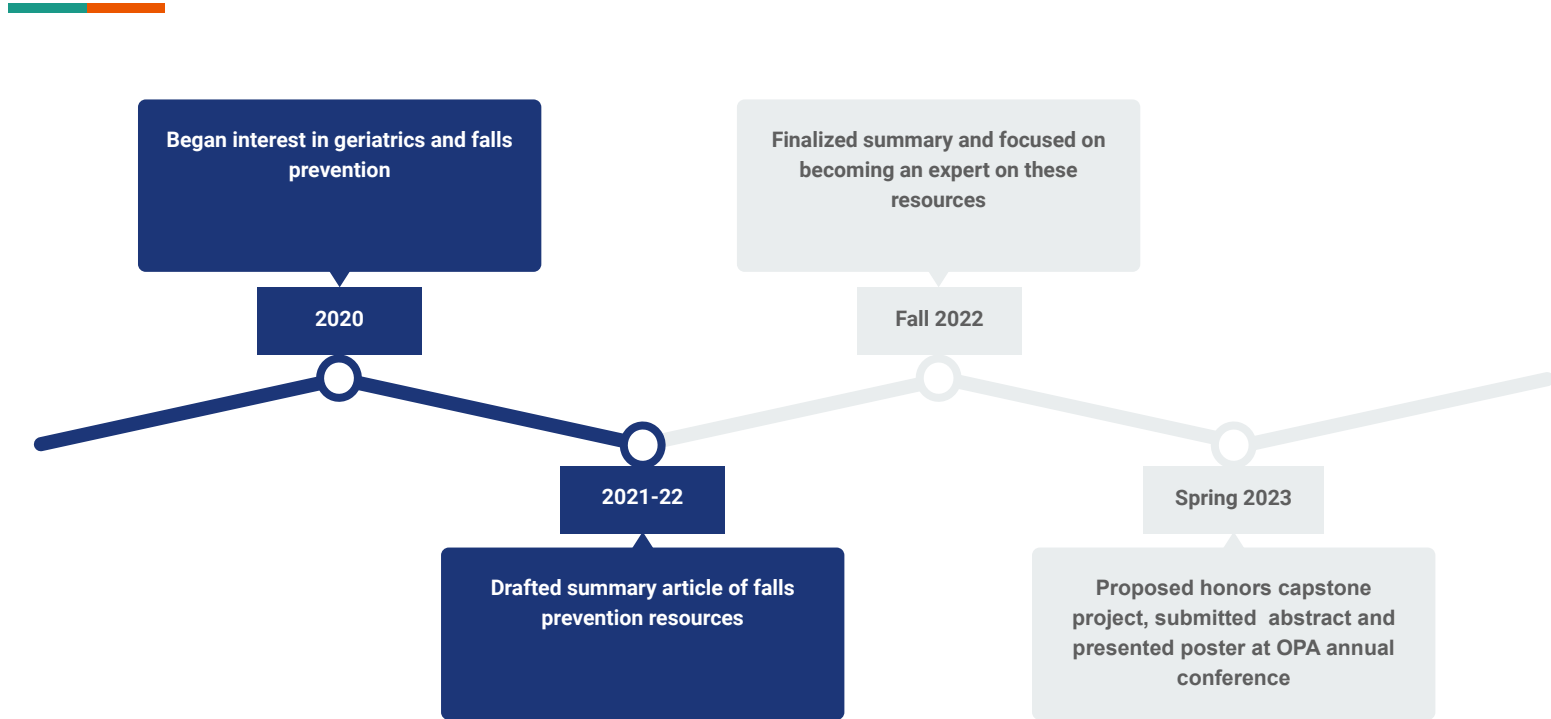


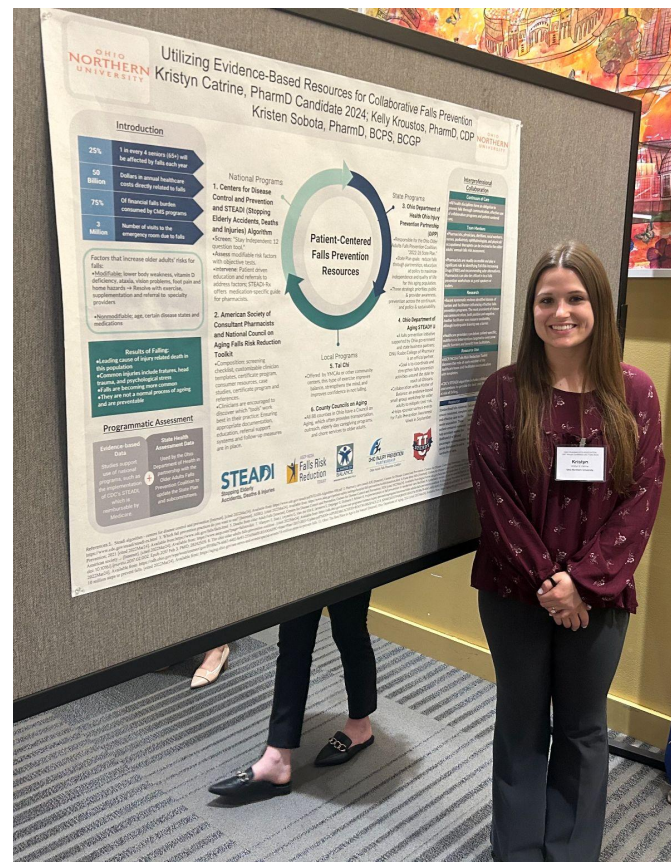


Objectives

- Discuss project development and timeline
- Detail research content delivered via poster
- Describe future opportunities pertaining to this research

Timeline





OPA Annual Conference and Poster

Utilizing Evidence-Based Resources for Collaborative Falls Prevention

Kristyn Catrine, PharmD Candidate 2024; Kelly Kroustos, PharmD, CDP
Kristen Sobota, PharmD, BCPS, BCGP

Introduction

25%	1 in every 4 seniors (65+) will be affected by falls each year
50 Billion	Dollars in annual healthcare costs directly related to falls
75%	Of financial falls burden consumed by CMS programs
3 Million	Number of visits to the emergency room due to falls

Factors that increase older adults' risks for falls:

- Modifiable: lower body weakness, vitamin D deficiency, ataxia, vision problems, foot pain and home hazards → Resolve with exercise, supplementation and referral to specialty providers

- Nonmodifiable: age, certain disease states and medications

Results of Falling:

- Leading cause of injury related death in this population
- Common injuries include fractures, head trauma, and psychological stress
- Falls are becoming more common
- They are not a normal process of ageing and are preventable

Programmatic Assessment

Evidence-based Data

Studies support use of national programs, such as the implementation of CDC's STEADI, which is reimbursable by Medicare.

State Health Assessment Data

Used by the Ohio Department of Health in partnership with the Older Adults Falls Prevention Coalition to update the State Plan and subcommittees.

National Programs

1. Centers for Disease Control and Prevention and STEADI (Stopping Elderly Accidents, Deaths and Injuries) Algorithm

- Screen: "Stay Independent: 12 question tool"
- Assess modifiable risk factors with objective tests.
- Intervene: Patient driven education and referrals to address factors; STEADI-Rx offers medication-specific guide for pharmacists.

2. American Society of Consultant Pharmacists and National Council on Aging Falls Risk Reduction Toolkit

- Composition: screening checklist, customizable clinician templates, certificate program, consumer resources, case studies, certificate program and references.
- Clinicians are encouraged to discover which "tools" work best in their practice; Ensuring appropriate documentation, education, referral support systems and follow-up measures are in place.



Patient-Centered Falls Prevention Resources

State Programs

3. Ohio Department of Health Ohio Injury Prevention Partnership (OIPP)

- Responsible for the Ohio Older Adults Falls Prevention Coalition: "2022-26 State Plan."
- State Plan goals: reduce falls through partnerships, education and policy to maximize independence and quality of life for this aging population.
- Three strategic priorities: public & provider awareness, prevention across the continuum, and policy & sustainability.

4. Ohio Department of Aging STEADY U

- A falls prevention initiative supported by Ohio government and state business partners; ONU Raabe College of Pharmacy is an official partner.
- Goal is to coordinate and strengthen falls prevention activities around the state to reach all Ohioans.
- Collaboration with a Matter of Balance: an evidence-based small-group workshop for older adults to mitigate their risk.
- Helps sponsor various events for Falls Prevention Awareness Week in September.

Local Programs

5. Tai Chi

- Offered by YMCAs or other community centers, this type of exercise improves balance, strengthens the mind, and improves confidence in not falling.

6. County Councils on Aging

- All 88 counties in Ohio have a Council on Aging, which often provides transportation, outreach, elderly day caregiving programs, and chore services to older adults.

Interprofessional Collaboration

Continuum of Care

- All health disciplines have an obligation to prevent falls through communication, effective use of collaborative programs and patient-centered care.

Team Members

- Pharmacists, physicians, dietitians, social workers, nurses, podiatrists, ophthalmologists, and physical/occupational therapists can be involved in the older adults' annual falls risk assessment.

- Pharmacists are readily accessible and play a significant role in identifying Fall-Risk-Increasing Drugs (FRID) and recommending safer alternatives. Pharmacists can also be utilized in local falls prevention workshops as guest speakers or leaders.

Research

- Recent systematic reviews identified dozens of barriers and facilitators influencing effective falls prevention programs. The most prominent of these was communication, both positive and negative. Another facilitator was resource availability, although inadequate training was a barrier.

- Healthcare providers can deliver patient-specific, multifactorial interventions targeted to overcome specific barriers and benefit from facilitators.

Resource Use

- ASCP/NCOA Falls Risk Reduction Toolkit discusses the role of each member of the healthcare team and facilitates communication with templates.
- CDC's STEADI algorithm includes collaborative interventions to provide the best care for patients at risk of falling.

Outcomes

Resource Prevention

- Standardized falls resources ensure consistent, complete and effective care to the senior population. These patient-centered resources help providers assess the likelihood of a fall and encourages communication across disciplines to aid in continuity of care.
- Falls are avoidable and these interventions provide a framework to ignite partnerships within our communities. Effective implementation of these programs can be measured by the number, rate and severity of falls in this population.

Introduction & Programmatic Assessment

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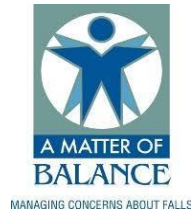
Prevention

Falls are avoidable and these interventions provide a framework to ignite partnerships within our communities. Effective implementation of these programs can be measured by the number, rate and severity of falls in this population.



Future Direction

- Apply acquired skills to future practice/APPE experiences
- Possibly draft an article to be published in OPA Journal in September
- Interest in pursuing a career as a consultant pharmacist
- Develop into a more well-rounded healthcare provider by utilizing these resources
- Educate healthcare professionals and older adults





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