

Managing Falls in Homecare

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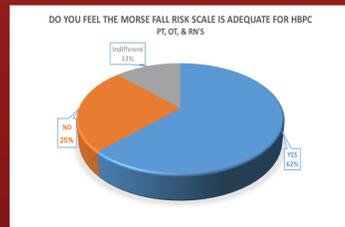
Background:

Southeast Louisiana Veterans Health Care Systems (SLVHCS) provide quality, compassionate, and safe health care to Veteran patients through 23 parishes in Southeast Louisiana. SLVHCS has expanded programs to provide a variety of home based community services. VA Home Based Primary Care (HBPC) is a unique home care program that provides comprehensive, interdisciplinary, primary care in the homes of Veterans with complex medical, social, and behavioral conditions for whom routine clinic-based care is not effective.

Problem Statement

- The major threat that falls inflict on the health, independence, and quality of life in veterans receiving home care are well documented. Between 20% and 55% of falls occur in the home suggesting that the home is the most common location for falls to occur.
- The Morse Fall Scale (MFS) is a tool used for predicting patient's fall risk in HBPC patients, although its development was intended for hospitalized patients.
- The use of the MFS does not tailor to the veteran patients receiving home care, therefore implemented interventions are too generalized.

Risk Factor	Score	Weight	Weighted Score
History of Falls	Yes	10	10
History of Falls	No	0	0
Secondary Diagnosis	Yes	10	10
Secondary Diagnosis	No	0	0
Continence Aid	Yes	10	10
Continence Aid	No	0	0
Transfer/Walk Aid	Yes	10	10
Transfer/Walk Aid	No	0	0
Visual Acuity	Yes	10	10
Visual Acuity	No	0	0
Medication	Yes	10	10
Medication	No	0	0
Alcohol Intake	Yes	10	10
Alcohol Intake	No	0	0
Mental Status	Yes	10	10
Mental Status	No	0	0

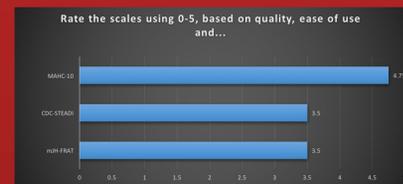


Purpose:

- The Joint Commission, (2015) suggest to home care agencies that a thorough, individualized fall risk assessment be conducted to include the patient's age, gender, cognitive status, and level of function in the home. Therefore, evidence based research supports a proposed change in the current HBPC's fall management program.
- The purpose of this quality improvement project is to replace the current fall assessment tool and provide a multifactorial fall assessment and intervention tool that will combine an individualized assessment with individualized interventions to develop a fall prevention program that will identify minimum and maximum risk patients and provide appropriate interventions.

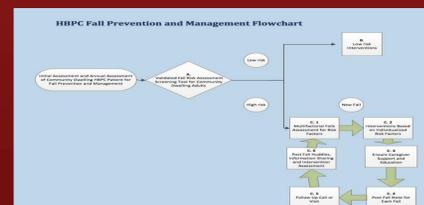
Methodology

- A literature review was performed in multiple databases. Evidence based studies, articles, and educational material published within the last 10 years were used. The review focused on the Morse Fall Scale (MFS), modified John Hopkins-FRAT(mJH-FRAT), Missouri Alliance for Home Care (MAHC-10), and the CDC STEADI's fall risk assessment tools.
- The physical therapist, occupational therapist and the nurses of HBPC were giving a survey to complete assessing the attitudes, feeling, and opinion the Morse Fall Scale, currently being used.
- These same staff members were provided with the three fall risk assessment tools and another survey performed. They were asked to rate the mJH-FRAT, MAHC-10, and CDC STEADI, based on quality, ease of use, and viability.



Implementation Plan:

- After selecting an evidence base fall risk assessment tool, the HBPC Fall Prevention and Management Toolkit will be utilized to reformat the fall prevention program to accommodate the SLVCHS HBPC veterans. In addition to the fall risk assessment screen tools, the toolkit utilizes an algorithm, and a flowchart to provide best practices regarding fall processes, HBPC Interdisciplinary Team (IDT) specific fall assessments, interventions, caregiver support, and audit and feedback ideas.
- The flow chart in this toolkit is flexible and allows various aspects to be utilized by Interdisciplinary Team Members depending on their scope of practice.

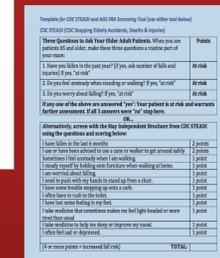
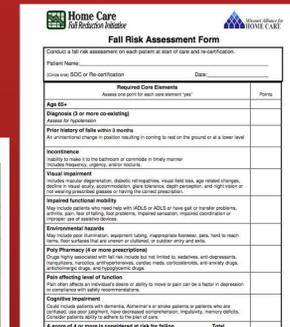
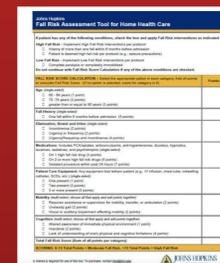


- A summary of the clinical guidelines and workflow for the implementation of the newly selected fall risk assessment tool will be presented to the interdisciplinary staff of HBPC.
- The fall risk assessment tool will be integrated into a template and placed in the Computer Patient Record System (CPRS), to ensure a smooth workflow.
- To make the implementation of this transition safe and feasible, education and training will be provided to all staff involved.

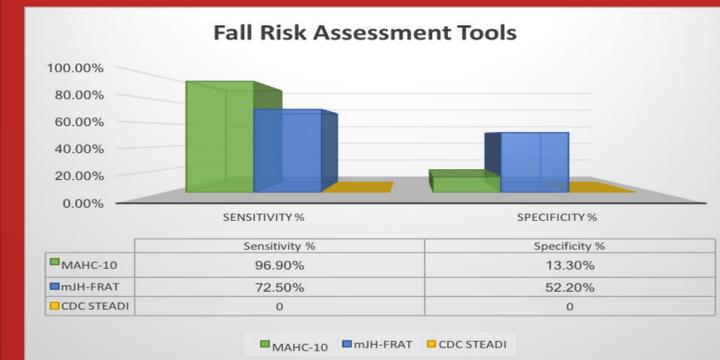
Results

Literature Review

- There are several fall risk assessment screening tools developed for the home setting, so choosing the correct tool comes down to validity and choosing a tool best suited for the HBPC program.
- The most effective tools are those that are easy to use, one that allows adjustments based on the veteran's status change, and one that provides adequate sensitivity and specificity for the specific population. The overall accuracy of each tool is greatly affected by setting and population.
- Many articles reviewed compared the evaluations and validity of different fall risk assessment tools.



- The validity of the Missouri Alliance for Home Care (MAHC-10) demonstrated 96.9% sensitivity and 13.3% specificity. Therefore MAHC-10 is valid for fall risk screening in the home setting. The MAHC-10 provides an easy-to-use, evidence based assessment for clinicians specializing in home care.
- The modified John Hopkins Fall Risk Assessment Tool (mJH-FRAT) was developed for assessing multifactor fall risk in home health patients. The sensitivity and specificity was 72.5% and 52.2%. Therefore mJH-FRAT is valid for identifying patients at risk of falls and injury among the community dwelling population.
- The CDC created a comprehensive fall screening, evaluation and assessment program for outpatient community dwelling adults. A sensitivity score of 73-80% was obtained. It was also mentioned that the STEADI demonstrated high false negative rates. An HBPC pilot performed indicated the first three screening questions listed below were not useful for risk factor identification, and clinicians using the twelve questions from the self-screening checklist prompted long interviews.



Conclusion

- All tools reviewed were valid for fall risk screening in the home setting. When looking for a tool with the highest sensitivity and specificity, the MAHC-10 tool has the highest sensitivity but the mJH-FRAT has the highest specificity. After performing the literature review, it was hard to determine that one is more valid than the other. However, the literature reviewed consistently acknowledges that a multifactorial fall risk assessment and intervention program is the most efficient in the reduction of falls.
- The MAHC-10 addressed each core element that made an elderly patient at risk for falling. The instrument addressed several major risk factors: age 65 years or older; diagnosis of three or more co-existing conditions; history of falls within the last three months; incontinence episodes including frequency, urgency, and nocturia; visual impairment; impaired functional ability requiring help with activities.

Evaluation Method

- Following the implementation of the MAHC-10 and flowchart, a survey questionnaire will be used to obtain knowledge about the experience with training and the use of the tools.
- By integrating the MAHC-10 fall tool into CPRS, it will make a way for chart audits and program monitoring.
- All falls, fall assessments, and fall treatment plans will be documented and coded in CPRS using the Current Procedural Terminology Category II codes (CPT II codes). This tracking system will be used to generate a quarterly fall data report that will be used as feedback to evaluate the utilization and the effectiveness of the MAHC-10 fall assessment tool.