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PARTICIPANT WILL:

Be able to define the outcomes of falls in a SNF setting including cost to a facility	Identify different risk factors causative of falls	Describe different interventions used by the therapy and pharmacy departments that can assist in a person-centered falls approach
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IMPACT OF FALLS

A recent poll by DONs showed **over 30% of Nation's falls** were due to UI (Mcknights)

Falls Make Up More Than **1/3 of SNF Professional Liability Claims** - Averaging over **\$2,200,000 CLAIM (CNA)**

QUALITY MEASURES -5 STAR-

2016-2019 Study:
1.5% annual growth (120.7 million Med A and Med B claims reviewed)
- 10,000 New York injuries
- \$100 million spent (CNA Network Query)

WE CAN REDUCE INJURY TO FALL AND DEATH - DEATH 59.4% (CNA)

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CDC

Older adult falls cost the U.S. healthcare system **\$50 Billion** every year.

FALL DEATH RATES

Fall Death Rates in the U.S. INCREASED 30% FROM 2007 TO 2016 FOR OLDER ADULTS

7 FALL DEATHS EVERY HOUR BY 2030

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COVID-19 IMPACT

↑ 17.5%
 Facility data reported to CMS during the second quarter of 2020 found skilled nursing facilities saw their rates of falls causing major injury increase by 17.5% (NEJM)

↑ 1.49 times higher
 Compared with residents with no or limited impairment in physical function, the odds of death among residents with moderate impairment were 1.49 (95%CI, 1.18-1.88) times higher, and the odds of death among residents with severe impairment were 1.54 (95%CI, 1.30-2.08) times higher (NEJM)

* Moderate to severe cognitive and physical functional impairment were both associated with higher probability of 30-day mortality in univariable and multivariable analyses




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Where It All Began

Better TOGETHER

- We were no longer separate services – many parts were coming together for a better outcome for patients
- How could we be better than the sum of our parts?

COLLABORATION




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Where It Began

This took many forms and continues to manifest in a variety of services and programs through Synchrony

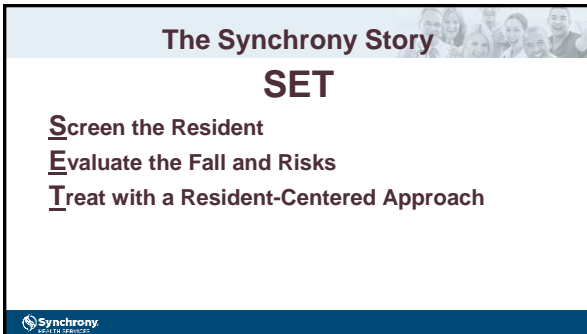
The first big project was a focus on Falls and Risk Reduction



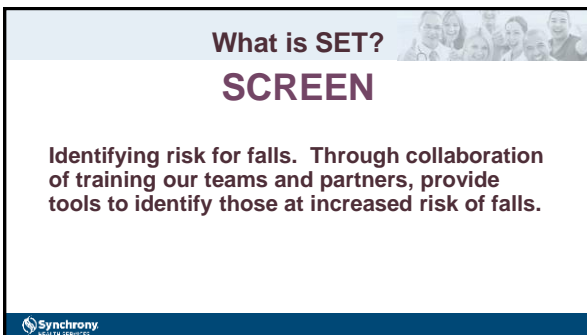
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What is SET?


EVALUATE

Once high-risk residents are identified, our therapy and pharmacy teams work with the rest of the IDT to reduce the inherence risk of fall.

This is done through tools like our Medication Fall Risk Calculator Tool and Therapy Screen.

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What is SET?


TREAT

Develop **individualized** interventions to reduce the risk of falls by providing effective clinical treatment strategies based on input from the entire team.

No cookie-cutter approach.


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BEFORE "SET" gets Started


- **Discovery Phase**
 - This program enhances the facility's existing program
 - Discover Strengths and Opportunities based on current program
- **Planning Phase**
 - Create a plan and assign responsibilities
- **Implementation**
 - This includes **reSET** as needed

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Plan


- **Pharmacy and Rehab Joint Training for:**
 - Facility Nursing Staff
 - Facility Non-Clinical Staff including Leadership
 - Synchrony Staff
- **Individualized communication plans determined for each facility**
- ***We supplement the current processes and modify according to each facility and staff's opportunities.***



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Include Activities Director Everyone

- The more involvement and education the better the results.
 - Study in the British Medical Journal from December 2021 reviewed the clinical and cost efficacy of a multi-factorial fall prevention program compared to routine care in long-term care homes
 - 1657 residents in 84 homes
 - They concluded there was a reduction in fall rate and cost effectiveness without a decrease in activity or increase in dependence
 - They trained 71% of the entire staff – not just clinical staff
 - *BMJ* 2021;375:e066991



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Example Communication Plan

- Facility Staff completes a Fall "Event" (per current procedures)
- Pharmacy and Rehab automatically notified to complete "Observations"
 - These Observations are associated to the Fall Event in EMR
 - Pharmacists get notified via email to review
- Facility Care Plans the Fall Event utilizing the IDT Observation
 - Rehab participates in facility meeting
 - Always available for additional consultation
- Facility reviews Fall Event at daily Stand-Up Meeting



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Collaborative Approach


- Falls Notification
 - Therapy Screen 24-48 hours
 - Pharmacist reviews fall and provides recommendation in 48 hours...
 - Local Team reviews communication from the vendor partners to develop care plan
 - Local Team reviews previous falls in daily stand-up meeting



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Fall Causation vs Risk


- Preventing Falls isn't always possible
- Reducing Risk of Falls is possible
- With each fall we focus on:
 - The cause of this fall
 - Ways to reduce the risk of the next fall



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The Pharmacy Side of the Approach


- Medications/Polypharmacy
 - Some medication are associated with increased risk of falls in older adults
 - Psychoactive medications have side effects that can affect fall risk
 - Visual Changes
 - Orthostatic Hypotension
 - Confusion
 - Sedation



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Pharmacy - Intrinsic Factors

- Medications/Polypharmacy (continuation)
 - Other medications also increase fall risk
 - Anticonvulsants
 - Opioids
 - Anticholinergics
 - Antihistamines
 - Antihypertensives
 - Muscle Relaxants



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Pharmacy - Intrinsic Factors

- Medications/Polypharmacy (Continued)
 - Methods for mitigating Medication related fall risks
 - Include all medications in the review
 - OTCs
 - Herbal
 - Prescription
 - Evaluate whether the medication is scheduled or PRN
 - Involve the pharmacist in evaluating fall risk

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Pharmacy Tools

- Synchrony Pharmacy Medication Falls Risk Tool
 - Developed in conjunction with our Business Analytics Team
 - Combines risk for drug class and drug indication
 - Score is based on medication profile and use of PRN medications and does not include other factors.
 - In general – The higher the score the higher the fall risk
 - Higher conglomerate score is increased risk
 - Higher individual scores help identify individual drugs increasing risk

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The Therapy Approach


Identify Causes of Falls:

Extrinsic Factors (25%)

- Environmental Relationship

Intrinsic Factors

- Physical Relationship



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The Therapy Approach

Modifiable Risk Factors:

- Weakness
- Gait and Balance Deficits
- Problems with Feet and/or Shoes
- Poor Vision
- Psychoactive Medications
- Postural Dizziness
- Home Hazards



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The Therapy Approach

Evaluation/Assessment:

- Chart Review
- Subjective Information
- Objective Assessment (Standardized/Functional Assessments)
 - Gait Speed
 - Timed Up and Go
 - BERG
 - Functional Reach Test
 - Many more!



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The Therapy Approach

Treatments/Interventions:

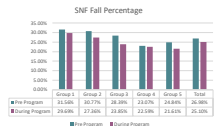
- Environmental safety
- Vision
- Cognition
- Fear of Falling
- Medication
- Gait and Balance Problems
- Pain, problems with feet and/or shoes



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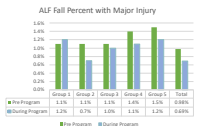
Program Outcomes

SNF Fall Percentage




Category	Group 1	Group 2	Group 3	Group 4	Group 5	Total
Pre Program	23.00%	20.70%	28.00%	23.00%	24.00%	26.00%
During Program	20.00%	27.00%	23.00%	21.00%	21.00%	25.00%

ALF Fall Percent with Major Injury



Category	Group 1	Group 2	Group 3	Group 4	Group 5	Total
Pre Program	1.1%	1.1%	1.1%	1.4%	1.5%	1.4%
During Program	1.2%	0.7%	0.8%	1.1%	1.2%	0.8%


- Pre program reviewed 30 resident months or over 44,000 patient months
- During program 23 resident months or almost 30,000 patient months
- Pre program reviewed 30 resident months or over 14,000 patient months
- During program 23 resident months or over 9,000 patient months



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Success Stories

- **ROOT CAUSE ANALYSIS** done on a facility with frequent falls
 - Noted to have more falls after dinner
 - Activities Department and staff increased programming after dinner
 - **Result:** Falls decreased during the time of additional programming



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Ms. Mary

Successful Outcome

[Small text in graphic]

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Another Success Story

- Facility leadership was discussing a hospice resident with multiple falls.
 - Four falls in the 3 prior weeks
 - Scopolamine patches for secretions
 - PRN hycosyamine that was not being utilized
- Consultant recommended using only the PRN as the Scopolamine can cause blurred vision, sedation, confusion, etc.
- The result: 1 fall in the next 6 weeks

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It Wasn't Perfect! Lessons Learned

- ✓ **Engagement:** Some facilities were highly involved from the beginning
- ✓ **Internal Communications:** Facilities that developed internal communications about Falls frequently were more successful in keeping everyone focused on Falls – which resulted in a proactive approach and decreased falls
- ✓ **Staffing:** Continues to be a challenge in some locations. Requires frequent training and re-education
- ✓ **Activities Engagement:** Facilities that increased activities during shift change saw improvement – highlights importance of the entire team

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Where to Begin?



- **Assess** your current Falls Review Program
 - Root Cause Analysis
 - Utilize the ENTIRE team
 - The sooner the better
 - What is your goal?
- Pull in your **Pharmacy and Therapy Teams**
- **Track Outcomes!**



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INTERACT Stop and Watch

- Great tool for ALL staff
- Don't have to be a clinician to complete
- Early warning

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Synchrony Falls Toolkit

- Another great resource for reducing Fall Risk



Falls Risk Reduction Toolkit

"Even the best fall down sometimes"
-Helen Gray



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Integrating Fall Prevention into Practice

- **Screen** Patients for Fall Risks
- **Conduct a thorough Evaluation**
- **Develop a Robust Treatment Plan** addressing all modifiable risk factors



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Take care of the resident and everything else will fall into place.



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References and Tools


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