

2024 ORH Hospital Quality Workshop

June 26-27, 2024

St. Charles Medical Center | Bend, OR

Wallowa Memorial Hospital and Clinics Community Balance and Fall Prevention Program

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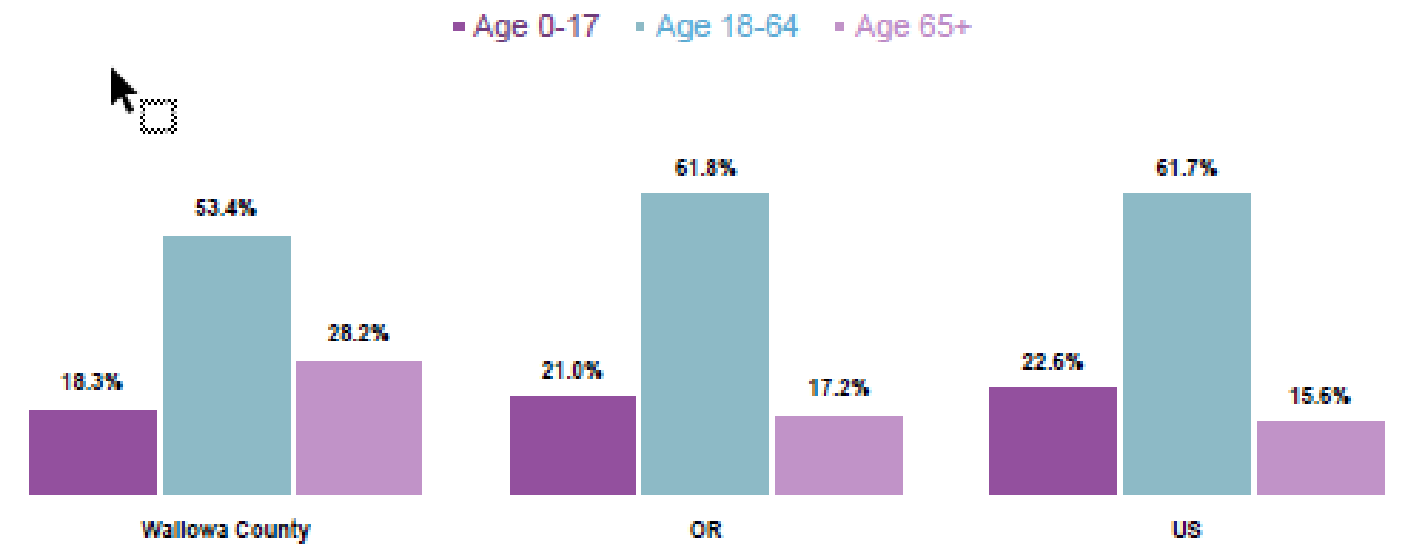
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Total Population by Age Groups
(2015-2019)

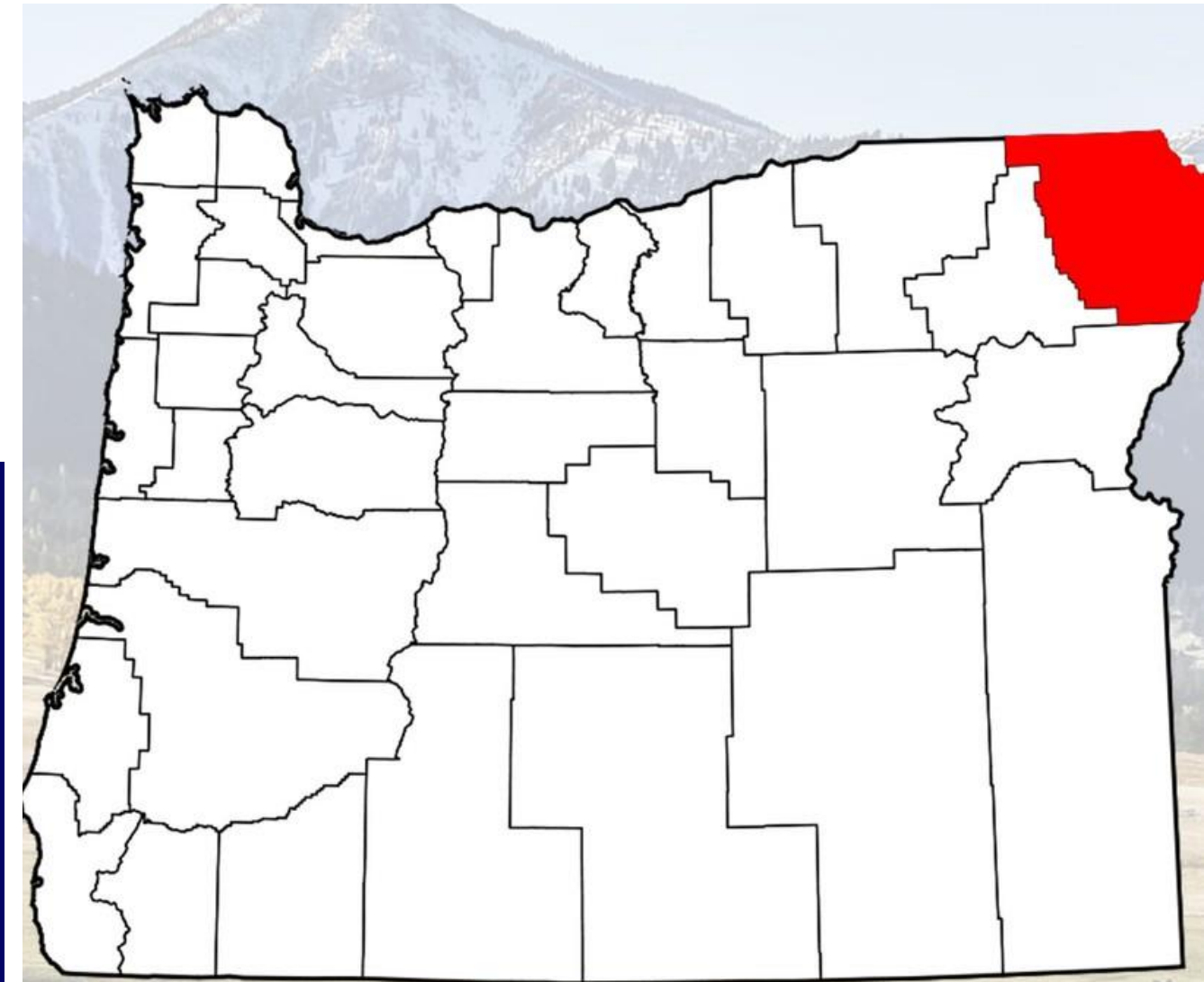


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

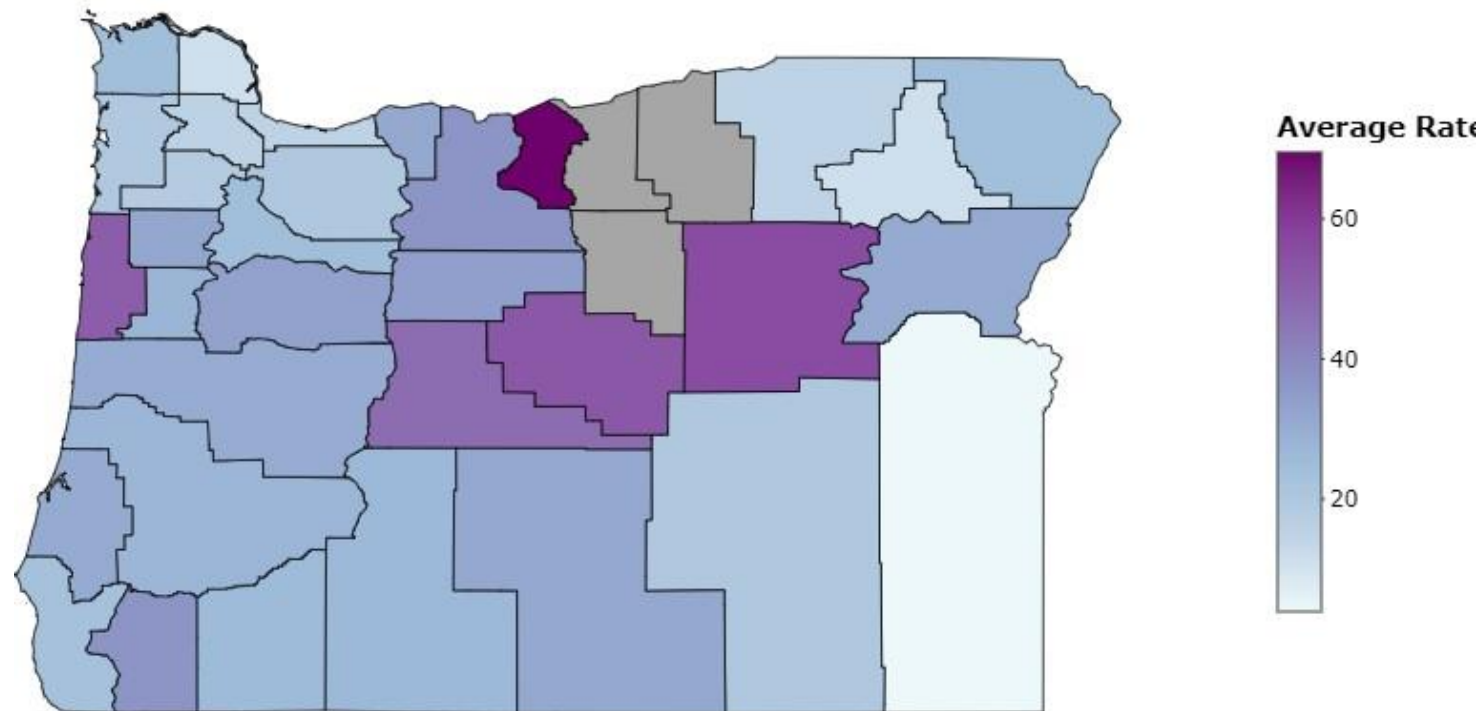
Setting the Stage

Community Assessment
Target Population
Cultural Values

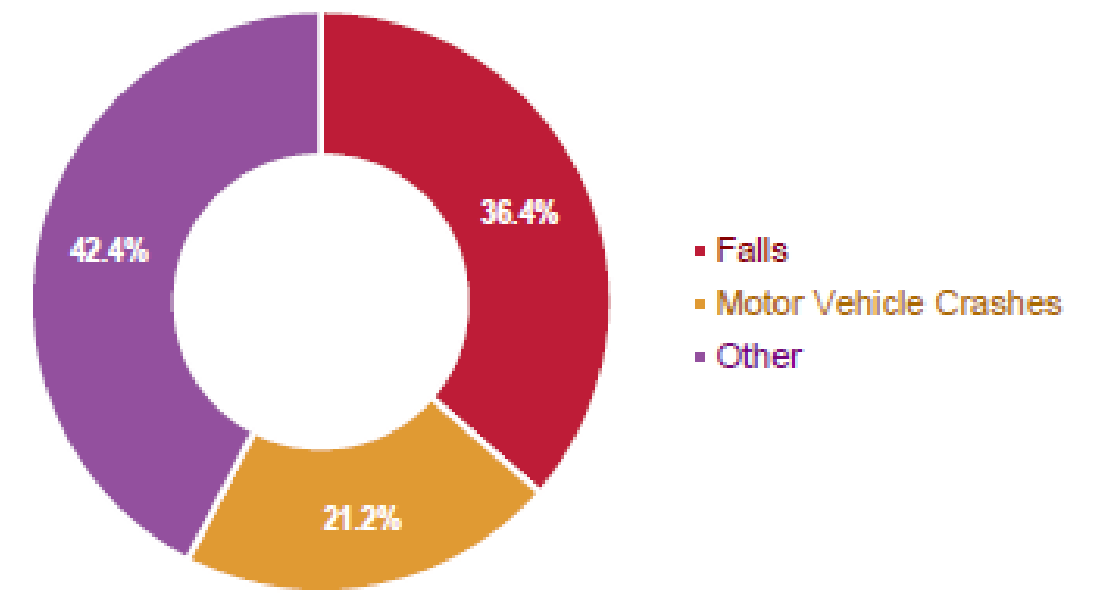


Average Fatal Injury Rate (2019-2022)

Injury Type: Fall



Leading Causes of Unintentional Injury Deaths (Wallowa County, 2011-2020)



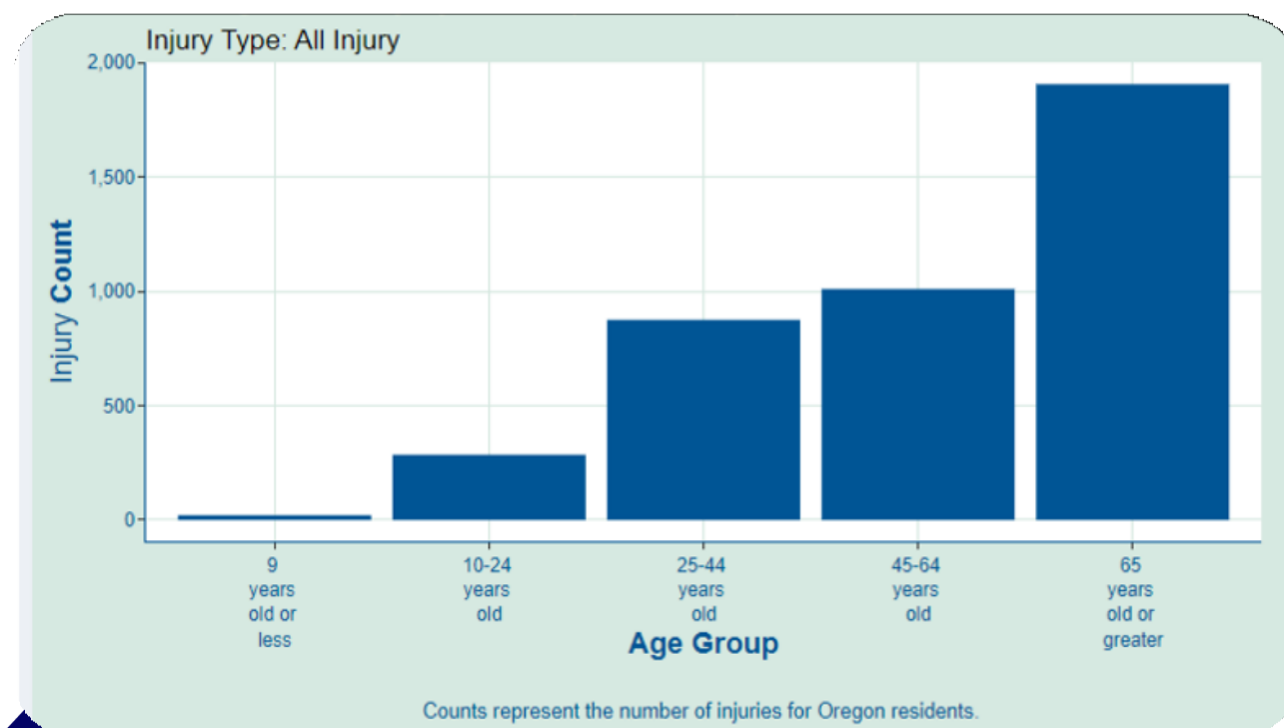
Sources: CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Supporting Data

Rates are calculated per 100,000 Oregon residents.

Data represent average yearly injuries over 4 years (2019-2022).

Data Source: Oregon Center for Health Statistics



Age-Adjusted Death Rates for Selected Causes (2018-2020* Deaths per 100,000 Population)

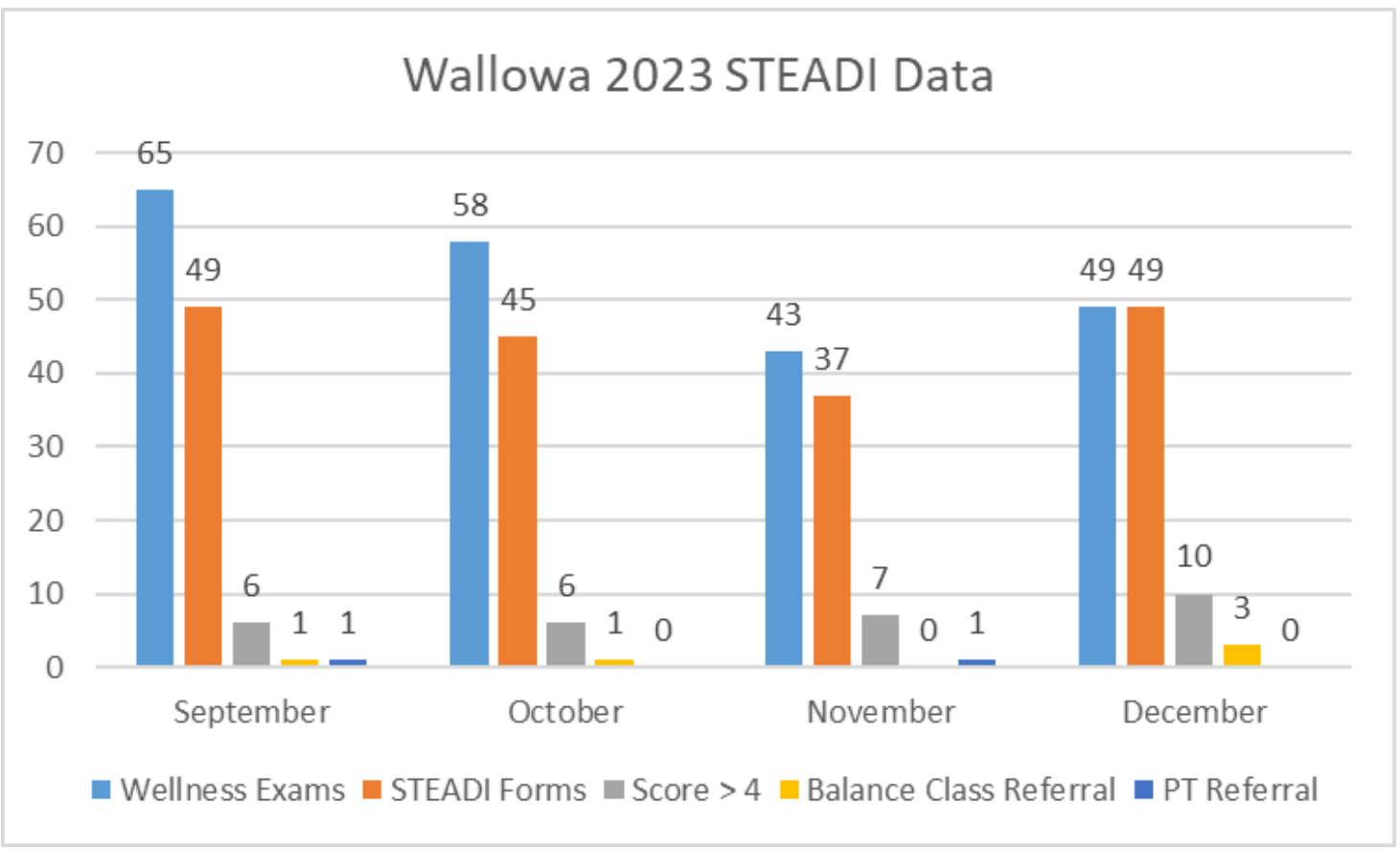
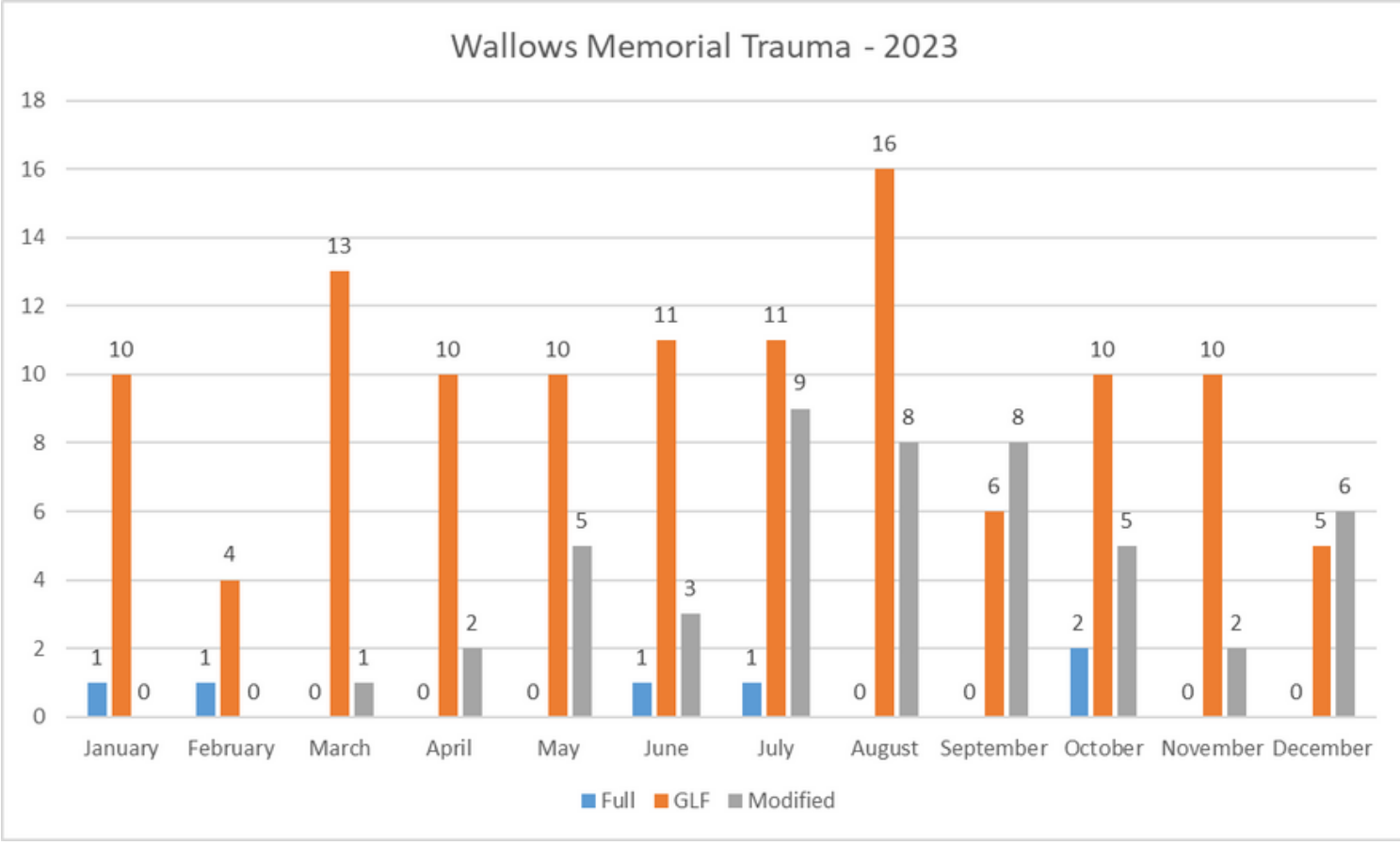
	Wallowa County	Oregon	US	HP2030
Malignant Neoplasms (Cancers)	123.1	147.1	146.5	122.7
Diseases of the Heart	120.2	131.1	164.4	127.4**
Falls [Age 65+]	109.2	99.1	61.6	63.4
Unintentional Injuries	67.2	47.2	51.6	43.2
Chronic Lower Respiratory Disease (CLRD)	28.0	37.5	39.1	—
Cerebrovascular Disease (Stroke)	27.6	39.1	37.6	33.4
Intentional Self-Harm (Suicide)	24.8	18.2	13.3	12.8
Diabetes	17.3	23.6	21.7	—
Pneumonia/Influenza	13.5	9.1	14.4	—

Sources: CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

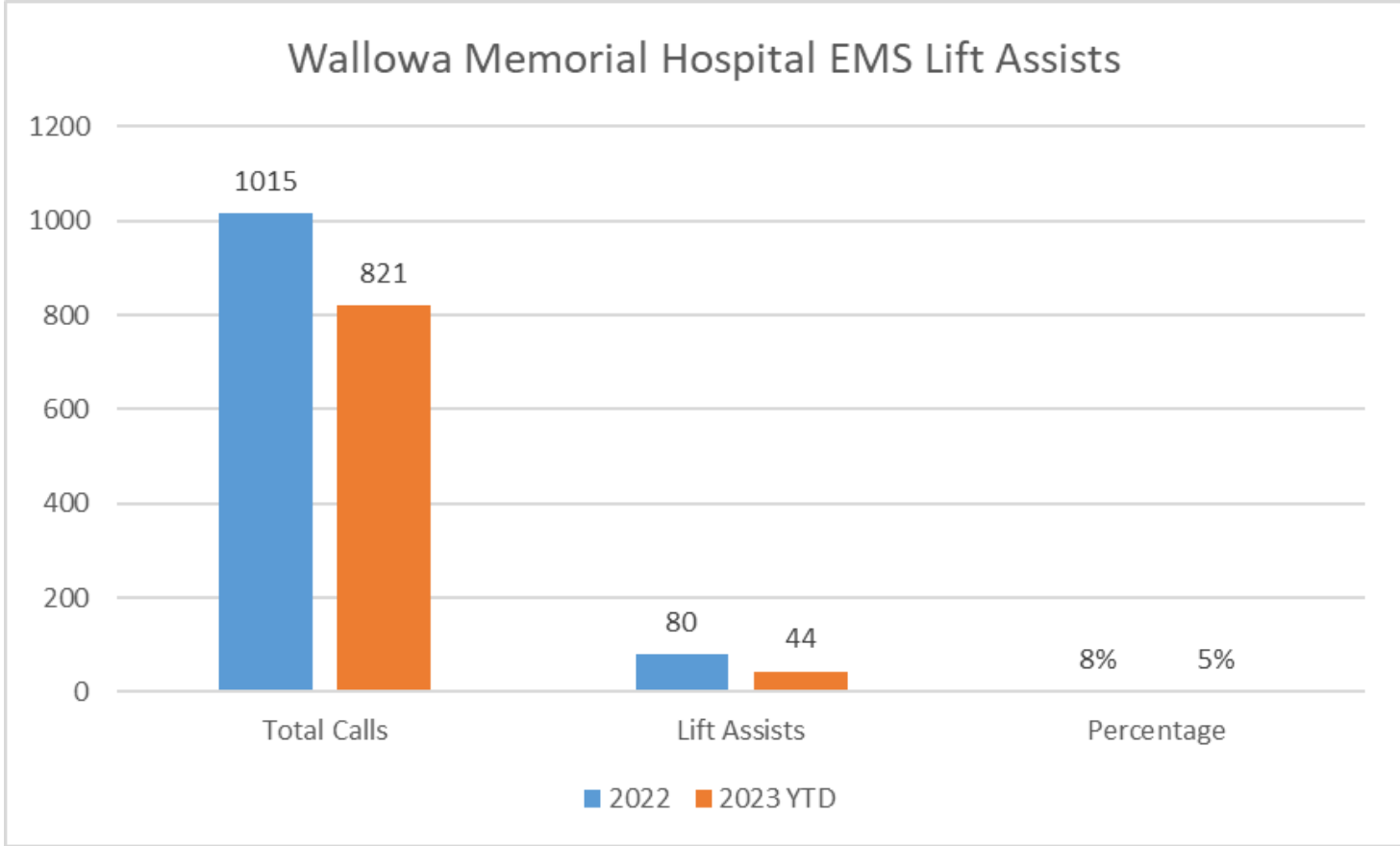
* US Department of Health and Human Services, Healthy People 2030, August 2030. <http://www.healthypeople.gov>.

Note: **Rates reflect 2018-2020 deaths or most recent available.

**The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



Supporting Data



Program Strategies

Data shows that balance and fall prevention activities can help to reduce injuries in people over the age of 65 by 37%, reduce falls that lead to serious injuries by 43% and reduce the number of broken bones sustained from falls by 61% (LeWine, 2013).





Current Programs

- Trauma Committee
- Ambulance Lift Assists
- Readmission Reduction
- Balance Classes
- Guideline Driven Management
- Therapy Committee



Wallowa Memorial
Medical Clinic

You have been referred to balance class!

You are being referred to balance class because you have endured a fall recently. This class is free, and the Physical Therapy Department will reach out to you for the next available class.

Patient name: _____

Patient phone number: _____

Fall risk assessment indication:

Moderate fall risk

High Fall Risk

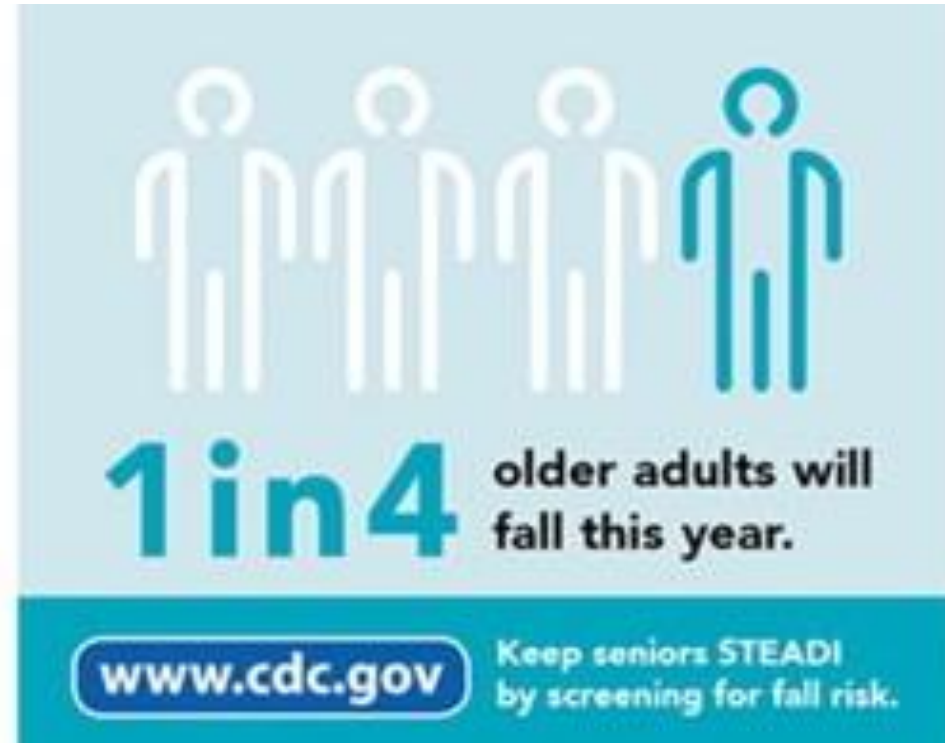
Provider Signature

Clinic Implementation

STEADI Forms

MA Meetings

Referrals



STEADI

Screen - All Patients

Identify Risk Factors

Intervene

Score > 4 - High Fall Risk

Clinic Staff Education Strategies



A Student-Led Practice Improvement Fall Prevention Program for Rural-Dwelling Older Adults (OA) by Maddie McDowell



Background

- Nearly 29.6% of Wallowa County's population is over the age of 65
- Fall-preventative measures in the outpatient setting are lacking
- Falls create a risk of higher hospital readmission rates and greater dependence on emergency medical services for lift assists
- Wallowa County has only two assisted living facilities.
 - As such, the elderly population often reside in their homes for a longer period increasing their risk of experiencing a fall
- Ground level falls in the elderly population have continually been an issue and have not wavered in consistency in Wallowa County
 - January 2018- May 2021, 38.7% of trauma activations were considered GLFs
 - In 2020, 39.9% of all trauma activations were related to GLFs
 - In 2019 40.0% of trauma activations were related to GLFs (Leuders, 2021)
- Wallowa County ranked 109.2 compared to all the counties in the United States in its 2022 Health Assessment for Intentional Injuries
 - Giving it a ranking similar to the state of Oregon overall, and a poorer ranking than most United States counties
- Healthy People 2030 fall objectives aim to decrease traumatic brain injuries, fatalities, and emergency department visit rates due to falls (Healthy People 2030, 2023)

Aim

- The primary goal is to reduce the number of ground-level fall trauma activations
- Promote independence and increase the longevity of elders remaining in their homes
- Provide information to providers, and nursing staff on the importance of screening patients for fall risk in the outpatient setting
- All patients in the outpatient setting who are at fall risk will receive a referral or become aware of the community's balance class

Implementation Strategies

- Create workflow and paper referral sheet
 - Present to lead medical doctor, Physical Therapy, and Clinic department heads
- According to the Centers for Disease Control and Prevention, it is important to complete educational sessions for all clinic staff to ensure this workflow is being conducted accurately and to adjust if changes need to be made (2023)
 - Met with the lead medical doctor and discussed the feasibility of implementing this protocol
 - Held an informational meeting that included, providers, medical assistants, and front desk staff to explain each role
- Create data measuring tools
 - Documentation can enhance the safety of patients and improve the quality of care that patients receive (U.S. Department of Health & Human Services)
 - Created dot phrase within epic for providers
 - Updated the Medicare Annual Wellness Packet to include CDC STEADI questions
 - This gets entered into EMR and data can be collected
- Documents such as the Fall Algorithm and STEADI protocols were put in each clinic location in the provider's office to provide clinical guidance to assess and screen patients

Methods

- Number of trauma activations, measured quarterly
- STEADI data in EPIC
- Dot phrase documentation data
- Number of balance class referrals, measured monthly
- By the 30th of November 2023, all clinic locations will begin the fall prevention protocol
- A minimum of 85% of clinical staff will attend the workflow presentation
- Attendance was 90%
- The clinic will screen at least 70% of Medicare patients for fall risks during their office visits within a year
- The number of ground-level fall trauma activations will reduce in number by 20% over a year
- Attendance of balance classes will be recommended and documented for 90% of patients who are at risk for falling

Results

- The effectiveness of this protocol will be seen at quarterly trauma meetings, with the goal of a decrease in modified trauma activations
- We won't have clear results until the Community Health Needs Assessment for 2025 is published

Conclusion

- Positive patient outcomes begin with the implementation of outpatient preventative measures
- This goal is to reduce risk of readmission rates and emergency medical service calls for lift assists
- Promote longevity of lives and independence in OA through screening for fall risk



References

- Andie Leuders. (2019). *Stats Wallowa Memorial Hospital*
- Centers for Disease Control and Prevention. (2023, May 12). *Facts about falls*. <https://www.cdc.gov/falls/facts.html>
- Healthy People 2030. (2023). *Reduce the rate of emergency department visits due to falls among older adults*. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/elder-adults/reduce-rate-emergency-department-visits-due-falls-among-older-adults-03>
- Oxford Academic. (28, September 2018). *Implementation of the Stopping Early Accidents, Deaths, and Injuries Initiative in Primary Care: An Outcome Evaluation*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6625936/>
- U.S. Department of Health & Human Services. (n.d.) *Transcript for audio podcast: Importance of Documentation*. <https://oig.hhs.gov/newsroom/podcasts/2011/heat/heat09-trans.asp#:~:text=Good%20documentation%20promotes%20patient%20safety,to%20protect%20you%20the%20provider>
- Wallowa Valley Center for Wellness (March, 2023). *2022 Community Health Needs Assessment*. https://www.wvcenterforwellness.org/images/PDFs/about_us/2022_PRC_CHNA_Report_-_Wallowa_County_OR.pdf

Diagnosis

1. Determine if risk for falls is present
 - o Gait, balance and mobility assessment
 - Gait speed
 - Timed Get Up and Go test
 - 4-stage Balance Testing
 - o Cognitive evaluation (SLUMS)
 - o CV assessment (HR, rhythm, postural hypotension)
2. Determine if patient is willing to engage in fall prevention strategies
 - o If yes, multidisciplinary intervention is optimal
 - o If no, focus on motivational interviewing

Treatment (by acuity)

- Exercise
 - Gait and balance training
 - Strength training
 - Movement (tai chi or dance)
 - Aerobic (70-150 minutes per week)
- Medication modification
 - Screen for polypharmacy (>5-10 medications and/or supplements + OTC meds)
 - o Initiate "de-prescribing" consult with clinical pharmacist
 - Compare patient med list to Beers Criteria
 - Assess for any anticholinergic activity of any medications on the list
 - Simplify dosing schedule
 - Optimize non-pharmacologic management
- Vitamin D supplementation
 - Assess risk factors for deficiency (based on diet, sun exposure, history of malabsorption, obesity)
 - Recommend 800-1000 IU cholecalciferol daily for those at risk for low levels, impaired physical function, and/or balance problems.
- Environment/assistive technology
 - Feet and footwear (including assessment for neuropathy) – barefoot/stocking feet most risky
 - o Non-slip shoes
 - o Greater contact between shoe sole and the floor (ie, no high heels, cowboy boots)
 - o Shoes with thin/hard soles for best balance
 - o Thick, soft, mid-soled shoes (running shoes)
 - Home hazard assessment
 - o Stair hand rails, grab rails in bathroom, improved lighting, slip-resistant deck surfacing, non-slip bath mats, pamphlet on home safety
 - Sensory input evaluation and optimization (hearing, vision, proprioception)
- Selective condition-specific interventions
 - Carotid sinus hypersensitivity = pacemaker
 - Malnutrition = protein supplementation, dietary consult
 - Cataracts = surgical removal
 - Hearing loss = hearing aids
 - Postural hypotension = fluid optimization, compression socks, fludricortisone/milronone
 - Osteoporosis = aromatase inhibitor, denosomab
- Harm reduction strategies
 - Bone density screening and treatment of osteoporosis (good evidence that treatment limits fractures)
 - Training in strategies to fall correctly, and to rise following falls (limits time on the floor)

Insufficient data to recommend: gait assist devices, hip protectors, call for help buttons, avoidance of anticoagulation

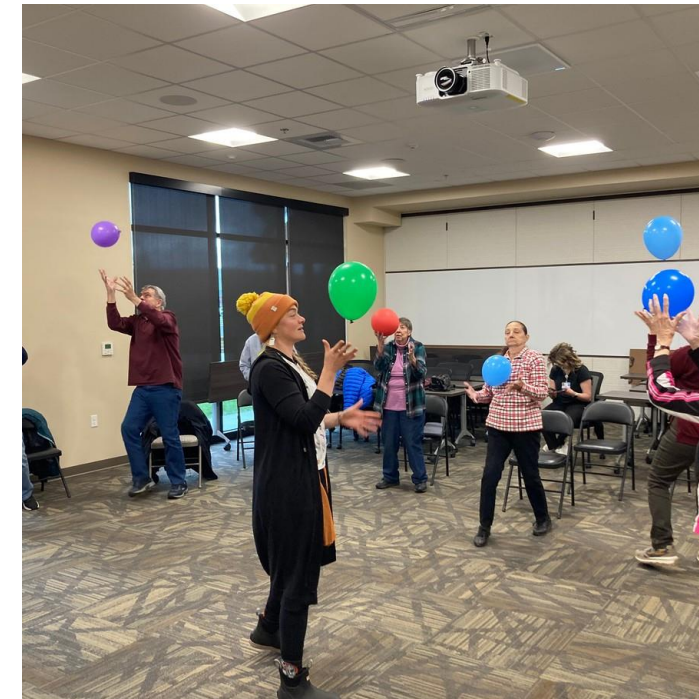
Fall Prevention

Developed by GDMT

Implemented in Clinic

Expand to Other Clinics

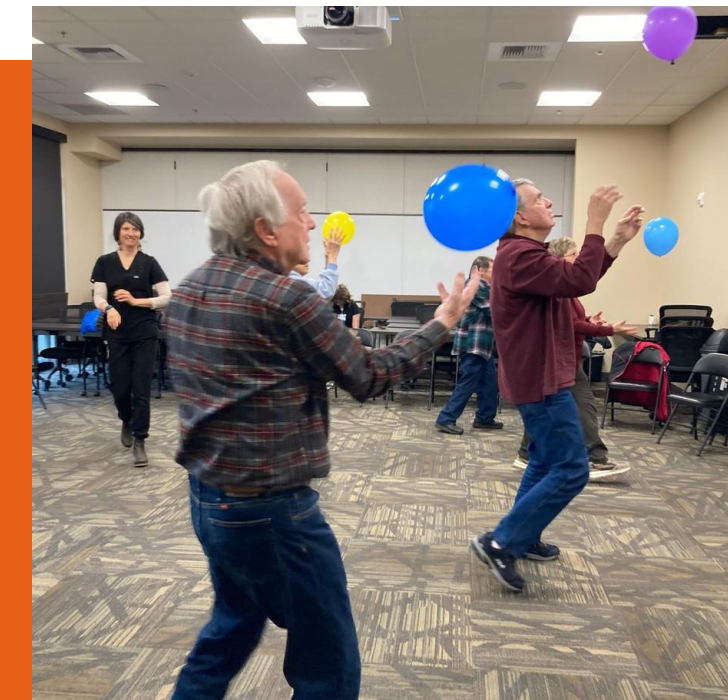
Community Balance Class



Balance Class Creation

Berg Balance Scale

Primary Care Involvement



“

"The instructors are doing such a fantastic job. Their patience is amazing. I had a real setback when my husband of 60 years passed away suddenly. This class has helped me tremendously. Thank you Wallowa Memorial Hospital for offering this class. It has done so much to help improve my balance"

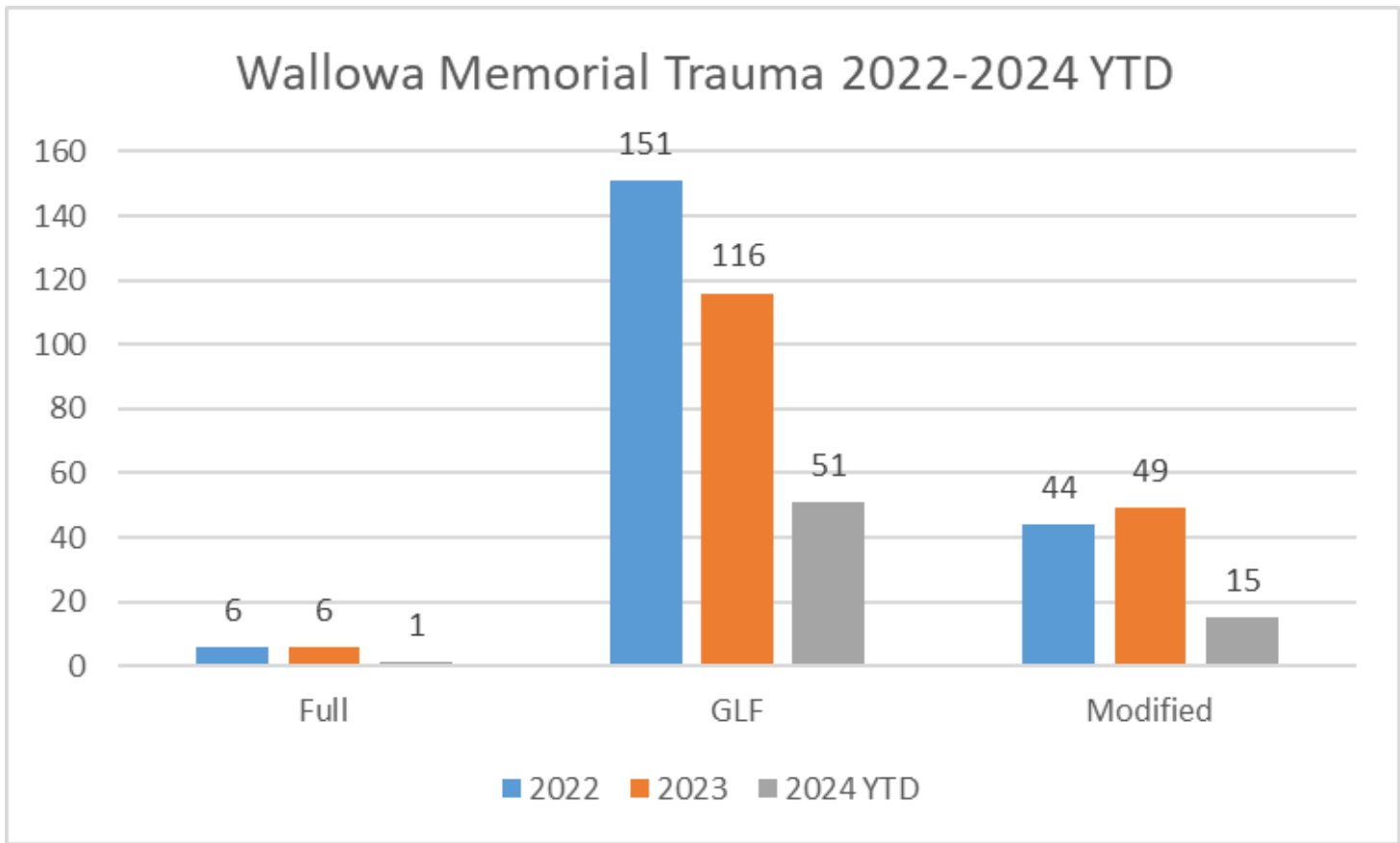
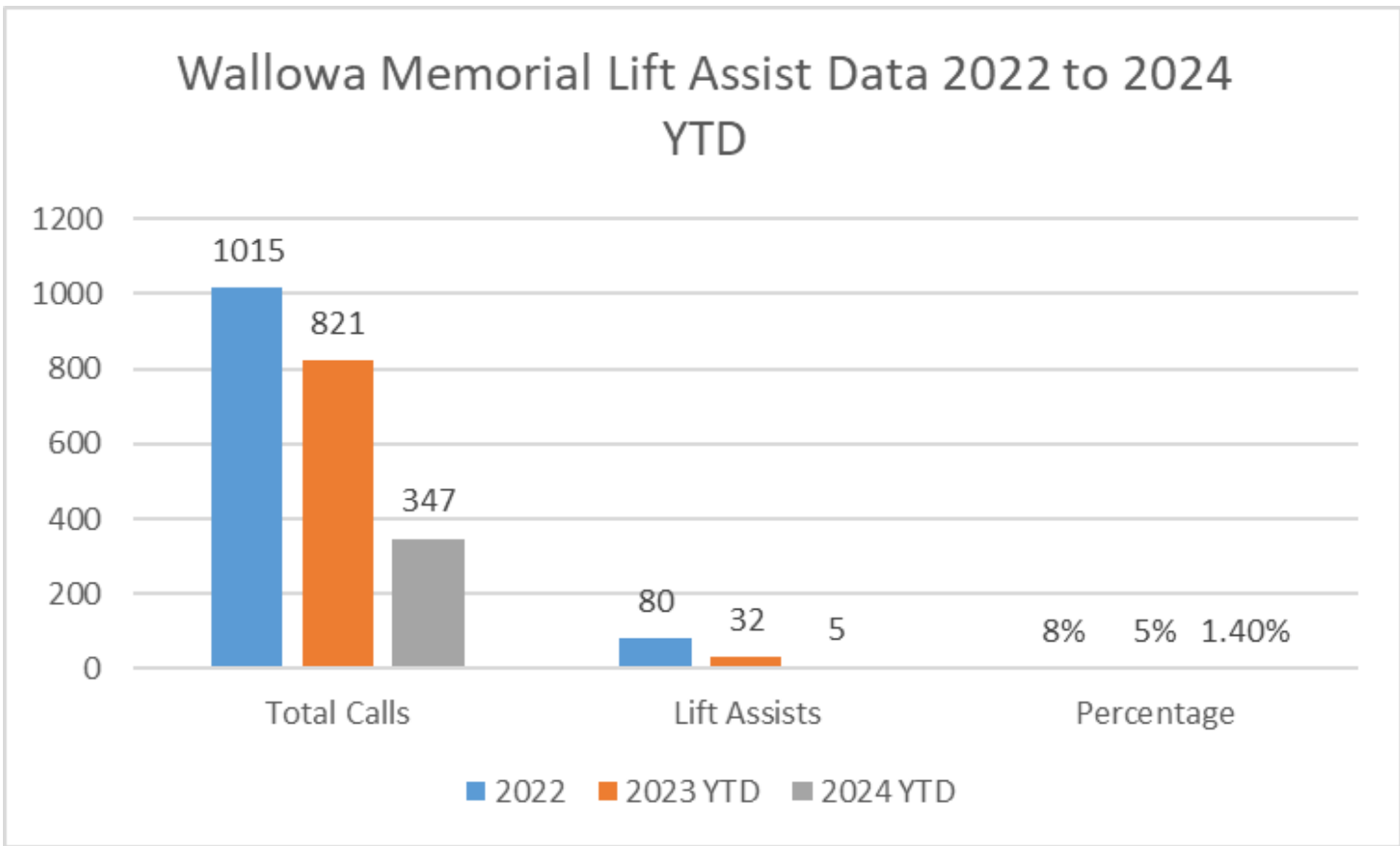
-Rita Euhler (83 yrs of age)



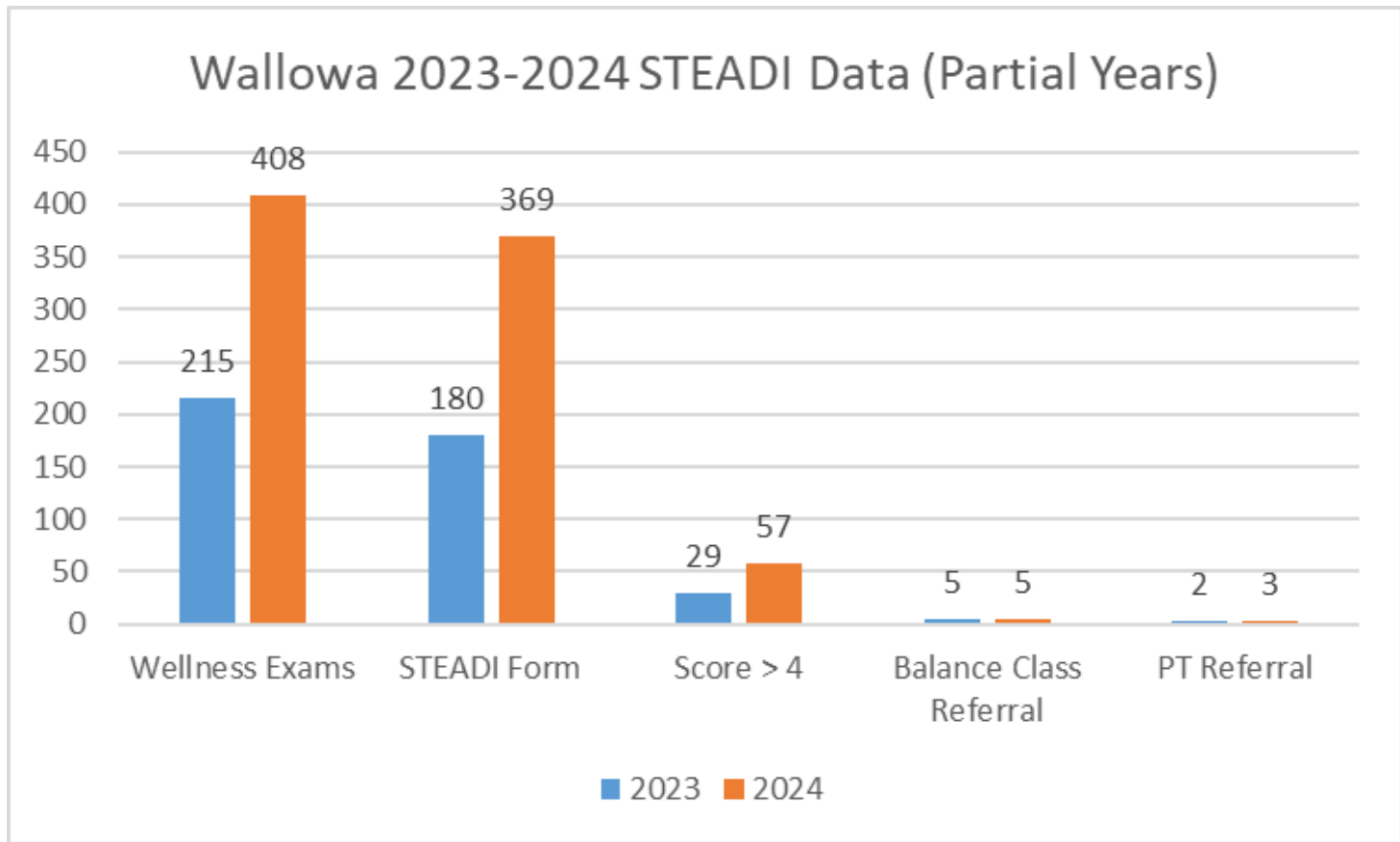
Community Engagement

Outdoor Fitness Trail
Equipment/ Expansion
QR Codes/ Balance Class

PROGRAM ANALYSIS



Data Comparison





Questions?

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Thank you!

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