



DENVER HEALTH MEDICAL PLAN INC.™

PREVENTIVE CARE GUIDELINE

Guideline Number: DHMP_DHMC_PG1008

Effective Date: 11/1/2020

Guideline Subject: Fall Prevention Guideline for 65+ & Above

Revision Date: 11/1/2021

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Quality Management Committee Chair 11-1-2020
Date

I. PURPOSE:

Falls are the leading cause of injury in adults age 65 years and older, and one fourth of older adults fall each year. Falls go without clinical attention for many reasons: the patient doesn't report the fall to a health care provider, there is no injury at the time of the fall, the provider fails to ask about falls, or either the provider or patient erroneously believes that falls are a part of the aging process. Many times, treatment of injuries as a result of a fall does not include an assessment about the cause of the fall. A number of physical conditions and environmental stimuli that predispose older individuals to falls are modifiable. Providers need to routinely ask about falls, assess for fall risk, and address modifiable underlying risk factors.

The incidence of falls increases with age and varies according to living status. 30-40% of community-dwelling people over age 65 fall each year. For those over age 80 that number increases to 50%. Fall related injuries are associated with a decline in functional status, increased likelihood of nursing home placement, greater use of medical services, and is the 5th leading cause of death in older adults.

Source: www.uptodate.com

II. POPULATION:

Older adult's ≥ 65 years with an encounter with a health care provider. This is designed to be used in the clinical setting for assessment and intervention to reduce falls.

III. GUIDELINE:

A. Screening:

Fall risk screening is a required element of the annual visit. It is one of the topics members are asked about for Medicare Star Rating assessment of plan performance.

1. Screening should occur at least once a year. Information can be obtained from the individual member or caregiver necessary. All older adult members (≥ 65 years) should be asked:

- Have you fallen in the past year?
- Do you have any difficulties with walking or balance?

2. If the member reports a fall they should be asked about the frequency and circumstances of the fall(s.)

3. If the member presents for medical attention because of a fall, reports recurrent falls in the past year, or reports difficulties in walking or balance a multifactorial fall risk assessment should be completed. (See below)

4. Gait and balance should be evaluated for members who have fallen. Deficits in gait and balance are the most predictive risk factors for falls. If the member performs poorly, has difficulty, demonstrates unsteadiness in gait and balance evaluation, or is unable to perform the standardized gait and balance test, they should receive a multifactorial fall risk assessment. Gait and balance can be evaluated using one of the available assessment tools such as:

- Timed up / Get up and go test
- Functional Reach Test
- Berg balance scale
- 4-Stage Balance Test
- 30-second Chair Stand Test
- Performance-oriented mobility assessment

NOTE:

This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition.



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5. Members reporting only a single fall and reporting or demonstrating no difficulty or unsteadiness during the evaluation of gait and balance do not require a fall risk assessment.

B. Multi-factorial Fall Risk Assessment:

The multifactorial fall risk assessment is to be performed by a clinician (or clinicians) with appropriate skills and training. The assessment should include the following:

1. Focused History:

- History of falls: detailed description of the circumstances of the fall(s), frequency, symptoms at time of fall, injuries, other complications
- Medication review: all prescribed and over-the-counter medications with dosages
- History of relevant risk factors: acute or chronic medical problems, risk factors

2. Physical Examination:

- Detailed assessment of gait, balance, mobility levels, and lower extremity joint function
- Neurological function: cognitive evaluation, lower extremity peripheral nerves, proprioception, reflexes, tests of cortical, extrapyramidal and cerebellar function
- Muscle strength (lower extremities)
- Cardiovascular status: heart rate and rhythm, postural pulse and blood pressure, and if appropriate, heart rate and blood pressure responses to carotid sinus stimulation
- Assessment of visual acuity
- Examination of the feet and footwear

3. Environmental Assessment:

- Environmental assessment including home safety

4. Functional Assessment:

- Assessment of activities of daily living (ADL) skills including use of adaptive equipment and mobility aids, as appropriate
- Assessment of the individuals perceived functional ability and fear related to falling
- Assessment of current activity levels with attention to the extent to which concerns about falling are protective or contributing to deconditioning and/or compromised quality of life.

C. Identification of Risk Factors:

If identified as high risk for falls, the patient should be assessed for known risk factors. The purpose of the assessment is to allow the provider to develop an intervention plan and follow-up to the individual risk. Risk factors can be extrinsic or intrinsic.

1. Known risk factors include (can be intrinsic or extrinsic):

- Past history of a fall, taking multiple medications, psychotropic drug use, problems with gait/balance/mobility, lower-extremity weakness, age, female gender, history of stroke, orthostatic hypotension, anemia, impaired vision, neurologic impairment, functional/cognitive impairment, reduced muscle strength, problems with heart rate or

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rhythm, foot problems, depression, dizziness, low body mass, urinary incontinence, >80years of age, environmental hazards, lack of safety equipment, vitamin D deficiency

2. Factors associated with increased risk for falls with major injuries:

- Fall associated with syncope, history of previous fall with injury, decreased executive function
- Osteoporosis

3. The risk assessment should be followed by interventions to modify any identified risks. An appropriate physical activity program should also be included in the plan of care.

4. Many risk factors can be changed or modified to help prevent falls. Falls are typically caused by a combination of risk factors. Higher risk for falls is associated with more risk factors present.

D. Interventions:

1. The multifactorial fall risk assessment should be followed by direct interventions tailored to the identified risk factors, coupled with an appropriate exercise program.

2. Effective interventions include:

- Adaptation or modification of home environment: mitigation of hazards in the home, evaluation and intervention to promote safe performance of daily activities
 - Home Safety evaluations can be ordered and accessed through a home health referral
 - Referral for/use of appropriate DME in the home (may vary depending on member coverage)
- Medication review/poly-pharmacy: withdrawal or minimization of psychoactive medications and other medications
- Management of postural hypotension
- Evaluation and management of cardiovascular status and risk/presence of recurrent unexplained falls
- Management of foot problems and footwear
- Exercise: particularly balance, strength, and gait training such as Tai chi
- Education: not as a single intervention, but as an additional tool to address issues specific to the intervention provided and tailored to the needs of the individual (cognitive function and language).

3. Fitness: exercise has been shown to reduce the risk for fall. All members at risk of falling should be offered resources to coordinate an exercise program incorporating balance, gait, and strength training. Flexibility and endurance should also be emphasized, but not as sole components of the program.

- Fitness Programs:
 - Silver Sneakers: provides access to participating gyms (specifically through the City of Denver)
 - Denver Parks and Recreation provides free gym memberships for Denver residents ages 60 and up
 - Health Coaching: educational classes; learn & burn, etc.
 - Physical Therapy
 - Other resources/information can be accessed through member services, patient navigators, provider office or DHMP website
 - Can be either group or individual

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- Tailored to the physical capabilities/health of the member
- Completed by a qualified professional
- Re-evaluated for effectiveness, progression, and adjustment

4. Vitamin D: All adults aged 65 and older should receive an adequate daily intake of vitamin D (800-2000 IU per day), which has been associated with a reduced risk of falls. There is no need to screen healthy older adults for vitamin D deficiency; supplementation is the most cost-effective strategy.

IV. ATTACHMENTS:

STEADI Provider Pocket Guide

STEADI Algorithm

STEADI Fall Risk Checklist

STEADI Fact Sheet Talking with Your Patients

STEADI 4 Stage Balance Test

STEADI 30 Second Chair Stand Assessment

STEADI Timed Up and Go Assessment

V. REFERENCES:

Kiel, D. M. (2020, July 14). *Up to Date*. (K. E. Schmader, Editor) Retrieved August 2020, from Falls in Older Persons: Risk factors and patient evaluation: https://www.uptodate.com/contents/falls-in-older-persons-risk-factors-and-patient-evaluation?source=see_link

Kiel, D. M. (2020, July 15). *UpToDate*. (K. E. Schmader, Editor) Retrieved August 2020, from Falls: Prevention in community-dwelling older persons: <https://www.uptodate.com/contents/falls-prevention-in-community-dwelling-older-persons>

STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit for Health Care Providers. Retrieved August 2020, from <https://www.cdc.gov/steadi/index.html>

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