

Community Falls Prevention Clinics: A pilot project

Background

Every year 30% of community-dwelling seniors experience at least one fall. This rate means that in Winnipeg over 30,000 seniors aged 65 and older are likely to fall this year. Falls are a costly issue for the Winnipeg Regional Health Authority (WRHA). In Winnipeg, approximately 1649 older adults are hospitalized for a fall each year and the average length of hospital stay for a fall is 33 days. This means that annually falls cost the WRHA \$45 million dollars in hospital costs alone (\$18,000 per admission assuming \$550 per day) (WRHA Injury Data Report, 2007).

Community Falls Prevention Clinic

The Community Falls Prevention Clinic was developed to help adults who are at high risk of falling reduce their personal falls risk by providing individualized falls risk assessment and management. The planning committee was comprised of WRHA staff from the IMPACT injury prevention program, River East /Transcona HART team, Nutrition Program, and Focus on Falls Prevention Program.

Inclusion Criteria: Client must be community-dwelling frail elderly who have mobility issues or a history of falls. Clients with a mini-cog score of 2 or lower were able to participate if they brought a companion.

Clinic description:

- 1) Home Assessment – A member of the HART team and OT/nursing students visited the client's home for 1.5-2 hours to assess home safety and obtain the client's medical history;
- 2) Falls Prevention Clinic – The clinic was set up in an easily accessible facility in the community. Clients visited seven stations for 15 minutes each: intake/health history, nutrition, medication, physiotherapy, occupational therapy, vision screening, and recommendations/review;
- 3) Follow-up – The client was contacted at set intervals to assess any changes in their medical condition, obtain information about new falls, measure compliance with recommendations and offer further referrals or information to assist with uptake of recommendations. The follow-up schedule was: 2 week phone call, 4-6 week face to face interview or phone call, and 3 and 6 month face to face interview.

Results

In June 2010, three pilot clinics were conducted in the River East community area. Forty-five clients (41 females and 4 males, mean age 76.6 years, age range 58-91 years) attended the clinic. Attendance rate was 91.8% without reminder telephone calls. It is estimated that the regular attendance rate is 50-70% at other HART clinics. It is estimated that the regular attendance rate at other HART clinics without reminder phone calls is 50-70%.

Over half of clients (54%) reported a fall in the previous 6 months and other clients reported almost falling. The majority of clients had growing concerns about their balance.

An evaluation of client recommendations provided at the clinic demonstrated that clients had multiple modifiable risk factors and they were not accessing appropriate community resources and services. There were 166 home safety recommendations given to clients at the home visit, and the average rate of compliance was 72.3%. A total of 147 recommendations pertaining to a wide range of issues relating to prevention of falls were made at the Community Falls Prevention Clinic, such as nutrition, physical activity and medication use. The average rate of compliance with clinic recommendations was 70.7%.

Table 1. Main recommendations and self-reported compliance rates 4-8 weeks and 6 months following clinic attendance

Recommendation	Compliance at 4-8 weeks	Compliance at 6 months
Nutrition (100%)	46%	77%
Home Safety (95.6%)	36%	72%
Exercise (68.9%)	37%	UTD
Referrals (60%)	30%	74%
Physician consult (medications) (44.4%)	25%	46%
Vision (42.2%)	42%	81%
Physician consult (excluding medications) (24.4%)	18%	56%
Safety Aids (22%)	58%	62%
Medications (11.1%)	50%	71%
Footwear (6.6%)	67%	80%

*UTD=Compliance was unable to be determined from follow-up notes.

Interestingly self-reported compliance with clinic recommendations increased markedly from 38% at the 4-8 week follow-up to 71% at the 6 month follow-up. This increase in compliance may be because clients had more time at the 6 month follow-up to implement recommendations and they were reminded to do so at the 4-8 week and 3 month follow-up appointments. This suggests that follow-up is important to increase client compliance.

Nearly one third (63%) of clients indicated that the clinic helped them make significant lifestyle changes to help prevent them from falling. Clients experienced almost 50% less falls in the six months after clinic attendance compared to the six months before clinic attendance (12 compared to 21 falls respectively). The incidence of falls was not statistically different before and after clinic attendance, but this may be due to the small sample size in this pilot project.

Although the clinic was positively received by clients and staff, a few recommendations for future clinics have been identified:

1. Clinics require professional staff and administrative support. Funding may assist with staffing especially in community areas where not all staff are available.
2. Clients are at the clinic for approximately 2 hours. Clinics should partner with local businesses to provide beverages and light snacks.
3. A pharmacist assessed medications but was not able to make changes to them. A better connection between the pharmacist and primary care provider is required.

In summary, the multi-station multi-disciplinary format of the clinic was very efficient and a high level of commitment has been shown by River East/Transcona HART and the professionals involved in the development and piloting of the clinics. In order to promote further clinics within participating community areas, as well as expand this service to all other community areas in Winnipeg, an instructional manual and tool kit have been created to assist people in running a Community Falls Prevention Clinic. The equipment required to run the clinic, including a portable examination table, photocopier, stop watch and step, is available for loan free of charge. Since there is a need for additional community resources for older adults at increased risk of falls, a regional health plan for new initiatives was submitted to Manitoba Health in 2011.