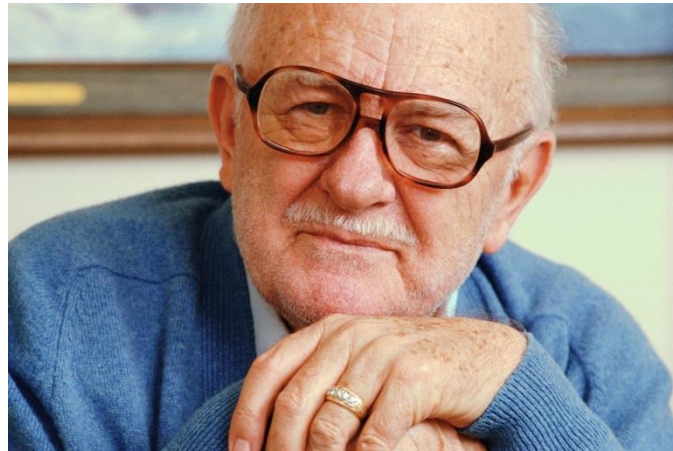


Can a mobile falls prevention clinic reduce the risk of falls in community dwelling seniors?



older adult program



fraserhealth

Better health.
Best in health care.



Services

- \$2.8 billion annual operating budget
- 12 acute care hospitals (2,065 patients)
- 83 residential care facilities (7,760 beds)
- 26,000 staff
- 2,500 physicians
- 6,500 volunteers

Seniors Population 2011 and 2026 Fraser Health			
Age	Population, 2011	Population, 2026	Population Increase 2011-2026
65-74	125, 637	222, 804	77%
75-84	73, 944	128, 646	74%
85+	31, 163	52, 378	68%
65+	230, 744	403, 828	75%

Falls Prevention Mobile Clinic



Intake Package

- 🏠 Health History Form
- 🏠 Home Safety Checklist
- 🏠 Medication History

Start

Kinesiologist Station



- 🏠 A Falls Risk Assessment including measures of strength, balance, vision, body awareness and reaction time
- 🏠 Postural Blood Pressure
- 🏠 Pain Assessment
- 🏠 Falls History



Pharmacist Station



- 🏠 Medication review with a focus on medications that may increase the risk for falls
- 🏠 Bone health discussion including a Calcium and Vitamin D assessment



Physiotherapist Station

- 🏠 The results from the Falls Risk Assessment will be provided and explained.
- 🏠 A personalized activity program (based on the results from the Falls Risk Assessment) will be developed.



Summary Station

- 🏠 Vision Screening Test
- 🏠 Action planning and referrals to community resources
- 🏠 Provision of a summary of recommendations

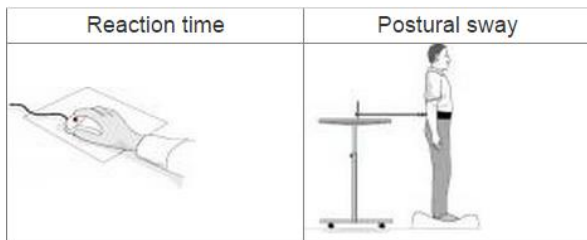
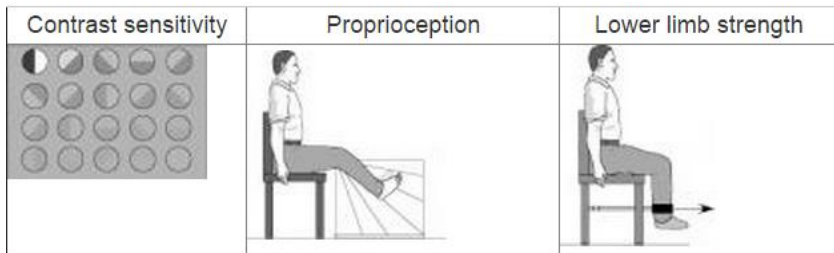
Finish



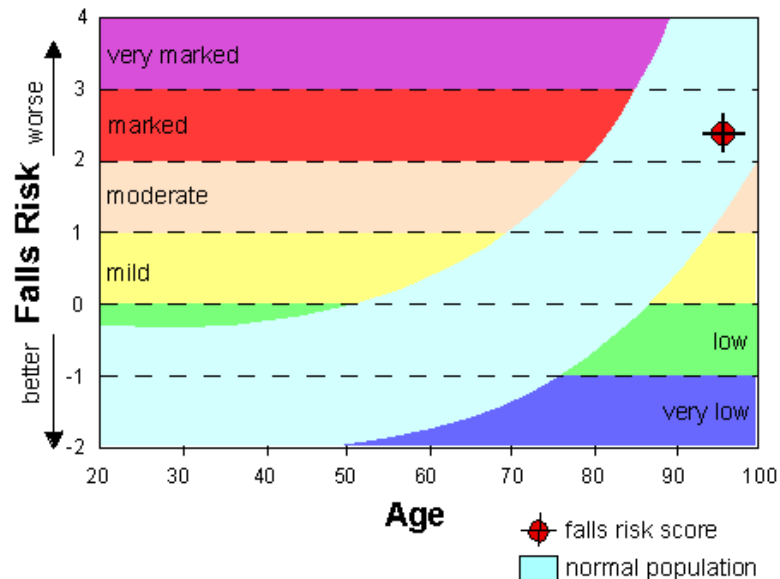
Doctor Letter (and Letter to Referring Health Professional, where applicable)

- 🏠 Summary of recommendations

Fallscreen - the falls risk calculator



Falls Prevention Assessment Report



Test	Z-score	-3	-2	-1	0	1	2	3
Edge Contrast sensitivity	-0.65							
Proprioception	0.05							
Left knee extension strength	-2.27							
Reaction time - hand	0							
Sway on foam eyes open	-3.08							

Falls Prevention Mobile Clinic

Unique Features of the Clinic

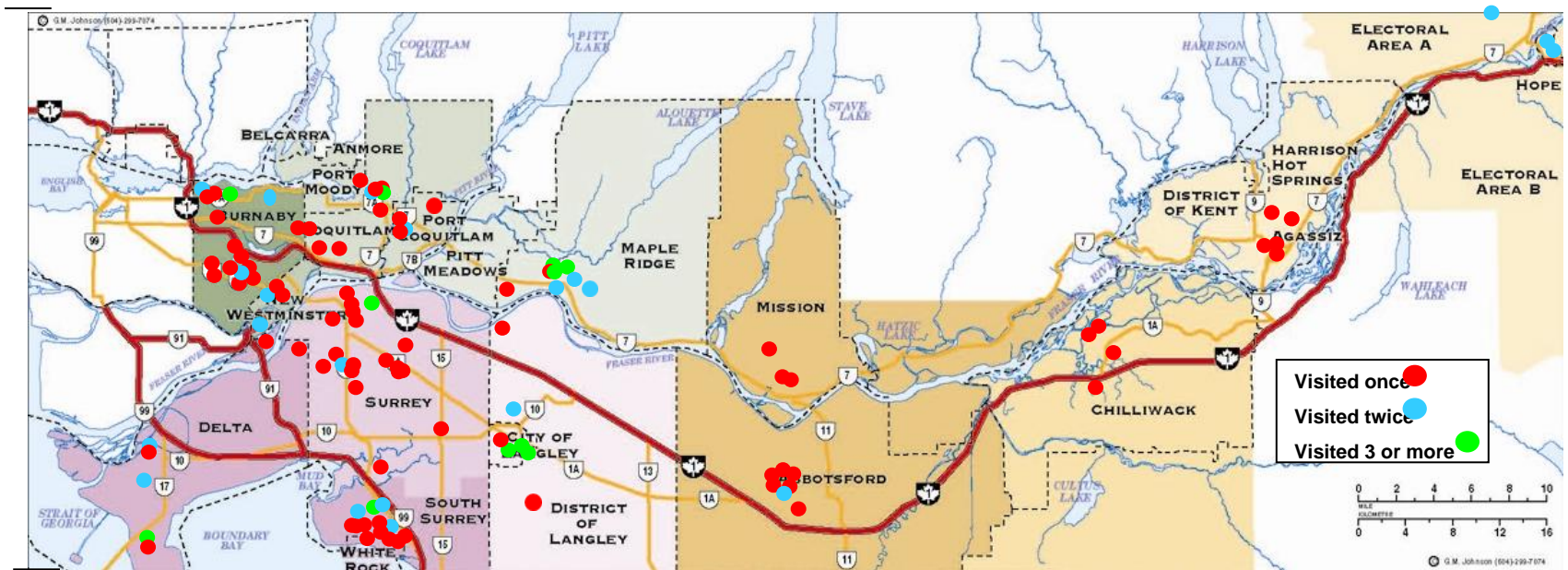
- Accepts patient self-referrals
- Brings assessments to patients in their communities
- Works cooperatively with family physicians
- Partners with local community services who provide space for the clinic, nurses and pharmacists at no cost
- Reaches seniors who are at high risk but may not yet be falling (prevention)
- Travels to remote areas
- Adapts to provide care for Aboriginal populations and cultural groups (in multiple languages)
- Low cost per patient due to in-kind contributions and no direct involvement of physicians



Falls Prevention Mobile Clinic



- 180 clinics (from September 2007 to September 2014)
- Assessment and interventions provided to over 2700 seniors



Study Subjects

- 65 years or older
- Community, assisted living, senior residence
- Referred to Falls Prevention Mobile Clinic
- Screened at high risk for fall
 - Using a walking aid
 - AND / OR one or more falls in last 6 months

Follow-up / Outcome Assessment

- Contacted at 1,3,9 month by phone
- Review of falls diaries
- 6 and 12 months face to face
 - Questionnaire: Uptake of recommendations
 - PPA, TUG and SF-36 repeated



Follow-up / Outcome Assessment

- Primary outcome
 - Uptake of clinic recommendations
- Secondary outcomes
 - Change in PPA score and TUG
 - Rate of falls and related injuries requiring medical intervention
 - Changes in quality of life (SF-36)

Preliminary Results

(Oct 7 /09- April 10/13)

- 483 study subjects enrolled
- 284 subjects completed 12 month follow-up
- 119 Drop Outs/ Exclusions (25%)
 - No longer want to participate
 - Death
 - Decline in health
- 364 active subjects with data
(6 Month and/or 12 Month)



Baseline Characteristics

- Average Age 84 years (SD 7)
- 81% female
- 57% reported a fall in last 6 months
- 85% using walking aid
- 64% moderate-very high risk for falls by PPA



ol

Preliminary Results

- Uptake of recommendations at 12 months (n=284)
 - 63% of participants who were recommended to change calcium intake reported making the change
 - 56% of participants who were recommended to change Vitamin D intake reported making the change
 - 27% of participants who were given strength and balance exercises reported initiating the exercises with 45% of those participants still doing the exercises one year after the clinic
 - 24% of follow-up participants reported an increase in activity following the clinic

Preliminary Results

- 12 months follow-up (n=284)
 - 54%(153/284) improved their PPA scores
 - 59% (91/153) improved to a lower Falls Risk category

Preliminary Results

- 12 months follow-up
 - 60% improved TUG scores
 - 80% of those improved by 10% or more

Preliminary Results

- 12 months follow-up
 - 55% experienced at least one fall
 - 25% of falls requiring some medical treatment
 - 9% of falls requiring ER visit



Summary

- Preliminary results encouraging
- Appears to be good uptake of recommendations
- Significant improvements in falls risk

Acknowledgements

- Dr. Sonia Singh
- Ashley Kwon