



# Fall and Hip Fracture Prevention Pilot Program

L Rolita<sup>1</sup>, T Fulmer<sup>2</sup>, M Freedman<sup>1</sup>, M Gourevitch<sup>1</sup>, S Strasser<sup>2</sup>, A Roca<sup>2</sup>

New York University School of Medicine<sup>1</sup>, New York University College of Nursing<sup>2</sup>



## Aims

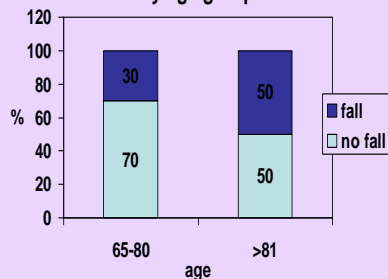
There are 2 primary aims of this study:

1. To determine the feasibility of implementing an inter-disciplinary fall prevention program within a NORC setting
2. To determine if any change in fall risk or clinical recommendation implementation is noted among participants at the 3 month post-intervention follow-up.

## Significance

- ▶ Falls are the leading cause of morbidity and mortality in the elderly
- ▶ The number of falls per year increase to over half of all seniors over the age of 80

Percent falls in community per year by age group



## Background

Risks associated with falls can be classified into 2 categories: Modifiable and not modifiable

Not Modifiable vs Modifiable

- Age
- Prior fall history

- Muscle weakness
- Coordination difficulties
- Medication
- Environmental hazards

Most fall prevention efforts are based in physician offices where the physician focuses on the 3 most common factors associated with falls among the elderly:

- muscle weakness
- coordination difficulties
- medication

Often, consideration of modifiable risk factors is neglected.

The intervention of this study focuses on addressing modifiable fall risks.

## Study Setting

**Phipps NORC in New York City 480 Second Avenue**

- Naturally Occurring Retirement Community
- 558 seniors >60 years old in 12 buildings
- community with enhanced resources in which elderly people may "age in place", without moving to more service-intensive settings
- social services: social workers, nurses, volunteers, weekly free health and social programs

## Methodology

- ▶ Study design: Pre and post-intervention falls prevention intervention
- ▶ Study sample: convenience
- ▶ Recruitment strategies:

▶ Distribute patient information brochures



▶ Offer free blood pressure screening at NORC activities

▶ Enlist assistance of consumer champion from NORC



## Inclusion criteria:

- ▶ Primary residence at NORC
- ▶ Age ≥ 60 years
- ▶ Absence of substantial cognitive impairment (Mini mental status exam score ≥ 18)

## Baseline screen:

- Hendrich II falls risk assessment [Hendrich, et al., 1995]
- Environmental assessment of participants' apartments by nurse, Geriatrics fellow and Rehabilitation resident from NYU. Data collected includes the following:
  - home safety checklist
  - general medical history
  - orthostatics
  - vision screen
  - medication review

## Methodology [continued]

### Intervention

Individually-tailored recommendations made including:

- on-site interventions
- physician interventions
- Letters with clinical recommendations to decrease fall risk will be sent to participant and his/her physician

### Three Month Follow-Up Visit

- Repeat baseline screen measures
- Tally adoption of recommendations
- Conduct satisfaction survey
- Compare changes in falls risk

## Short-term Outcomes

- ▶ Determine feasibility of implementing fall prevention intervention within a NORC setting
- ▶ Monitor change in fall risk prevention
- ▶ Determine extent that clinical recommendations were adopted by participants following intervention

## Issues

- ▶ How to move from a feasibility to a large-scale interventional study?
- ▶ How to expand the role of the interdisciplinary team in a research protocol/intervention study?

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