Keep them STEADI: Implementation of a Hospital-Based Fall Prevention Program

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• Stopping Elderly Accidents, Deaths, & Injuries (STEADI)

• Designed by the CDC for healthcare providers who treat older adults who are at risk of falling or who may have fallen in the past

• Toolkit

• [http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html](http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html)

• Based on an algorithm adapted from the American and British Geriatric Societies’ Clinical Practice Guidelines
## Integrating Fall Prevention Into Practice

### STEADI
- Screen all older patients for falls
- Identify modifiable fall risk factors
- Evaluate gait, lower body strength & balance – address identified deficits
- Conduct focused physical exam – address modifiable and/or treatable risk factors

### Parkland
- EMR assessment of fall event
- Community Paramedic Program
- Relationships with Liason Services
  - Order for Physical Medicine & Rehabilitation consult placed on admission
- Tertiary Physical Exam
- SBIRT with Mental Health Screen
Integrating Fall Prevention Into Practice

**STEADI**
- Assess for & manage postural hypotension
- Review & manage medications
- Increase vitamin D
- Assess visual acuity & optimize vision

**Parkland**
- Medication reconciliation
- Pharmacy medication review
- American Geriatrics Society Beers assessment
  - guideline for healthcare professionals' to help improve the safety of prescribing medications for older adults - emphasizes deprescribing/avoiding specific medications
- Review by Trauma Advance Practice Providers / Trauma Nurse Clinician
- Ophthalmologist consult as needed
Integrating Fall Prevention Into Practice

**STEADI**
- Address home safety & how to reduce fall hazards
- Educate about what causes falls & how to prevent them
- Identify community exercise & fall prevention programs

**Parkland**
- Trauma Advanced Practice Providers / Trauma Nurse Clinicians
- Home Assessment Checklist
- Brochure, *Fall Prevention*
- Outpatient therapies as recommended
- Community Paramedic Program
Outcomes

Prior to STEADI
• 299 (10%) ≥ 65 yrs
  – Leading MOI: Fall
    • 193 (65%) ≥ 65 yrs
  – Average age: 77
  – ISS: 1-50, avg 11.20
    • moderate injury
  – Median LOS: 7.9 days
    • 46.8% discharge home

With STEADI
• 266 (10%) ≥ 65 yrs
  – Leading MOI: Fall
    • 165 (62%) ≥ 65 yrs
  – Average age: 77
  – ISS: 1-43, avg 12.22
    • moderate injury
  – Median LOS: 6.5 days*
    • 54.5% discharged home*

* p < 0.01
Unexpected Outcomes

- Increasing knowledge by staff members regarding the severity of geriatric trauma
- Advancing clinical practice guidelines
- Better integration of services