

Managing Falls in Community Dwelling Elders

A Transition Care Program Approach

Transition Care

- ◆ TCP requires assessment and approval by ACAT
- ◆ Assessment must occur in hospital
- ◆ Entry to TCP from inpatient hospital episode
- ◆ Package of care including - low intensity therapy, nursing support, personal care and other services as required
- ◆ Goal-orientated, time-limited and therapy-focused

Transition Care

- ◆ Aimed at restorative process and optimisation of function
- ◆ Provides time to assist client and carer to make long term care arrangements
- ◆ Length on program up to 12 weeks
- ◆ Patient care occurs at an SRS facility or home

Transition Clients

- ◆ Over age 65
- ◆ Multiple co-morbidities
- ◆ Usually have long hospital stays
- ◆ Numerous medications and readmissions
- ◆ Many are admitted with a history of falls/TCP liaises with inpatient team regarding falls Mx and medical stability

Does high intensity interventions,
over an extended period, prevent
falls in this population?



Meet Mary

- ◆ 87 yo admitted on 3/11/07 with a #(L) NOF resulting from a fall
- ◆ PH: Moore's prosthesis, HT, recurrent UTIs, fragile skin
- ◆ Lives alone, family anxious about her ability to return home
- ◆ Mary determined to remain independent

More About Mary

- ◆ Home Ax identified 10 recommended modifications which would have resulted in a prolonged hospital stay
- ◆ Admitted to TCP Residential bed 3/12/07 which provided a better environment for Mary to make her decision about care
- ◆ Goals to improve confidence and independence walking with 4 w/f and with showering, return to attending church

Assessment

- ◆ Left hip pain limits walking and interrupts sleep
- ◆ Mary concerned re: medication changes made in hospital
- ◆ Blood tests ordered as liver function abnormal, sodium low, hyperkalemic, galls stones or pulmonary fibrosis may be contributing to fatigue and weakness
- ◆ Postural drop identified
- ◆ Oedematous legs slowed healing of skin tears on legs

But Wait, There's More

- ◆ Marked weakness (L) hip muscles/difficulty lifting legs into bed
- ◆ Weight loss identified/ Appetite fair
- ◆ Poor standing balance and endurance
- ◆ Altered gait pattern
- ◆ Low mood/ anxious about 'not picking up'
- ◆ Short of breath on exertion

Interventions

- ◆ Medication management including increase in analgesia and encouragement to mention to staff when in pain
- ◆ Vitamin D commenced
- ◆ Daily weigh and BP
- ◆ Blood tests/regular monitoring
- ◆ Detailed medical supervision provided/ coordinated with GP and physician
- ◆ Education of risk factors and prevention of falls with client, carers and family

The List Goes On

- ◆ Appointment made with podiatrist
- ◆ Equipment including OTA, shower chair, bed pole, leg lifter
- ◆ Gait re-education/mobility encouraged
- ◆ Strengthening exercises/ endurance walk program/ home exercise program
- ◆ Footwear reviewed, replacement requested
- ◆ Trigger point injections

And On.....

- ◆ Soft tissue massage
- ◆ Supervision with showering, dressing, medications
- ◆ Family contacted, communication book
- ◆ Wounds dressed regularly/compression stockings recommended
- ◆ Family meeting to discuss options for future accommodation

Results

- ◆ Hip pain improved/gait improved
- ◆ 14/12/07 Mary's daughter reports Mary 'fell sideways' at church
- ◆ 16/01/08 Mary reports 'turn' like one in church
- ◆ 13/02/08 vasovagal collapse
- ◆ New shoes purchased/ not worn regularly

Still Going...

- ◆ Mary has visited several residential care facilities
- ◆ Fatigue/ lack of energy persist/sleeps a lot
- ◆ Family remain concerned and supportive
- ◆ Sodium remains low/Postural drop has improved
- ◆ Wounds are healed

Going....

- ◆ Daily exercise program continues
- ◆ Mary attends church
- ◆ Weight remains stable
- ◆ Respiratory and general physician follow up continues
- ◆ Compression stockings discussed/refused
- ◆ Medication MX continues

Conclusions

- ◆ Mary has not had a fall since 2/11/07
- ◆ Multidisciplinary approach has enabled a wide range of interventions
- ◆ Constant monitoring and feedback has prevented another hospital episode
- ◆ Extended exercise intervention has maintained gait and balance while Mary has felt unwell

Conclusions

- ◆ Wound management has healed wounds
- ◆ Liaison with family has provided options for Mary's future
- ◆ Geriatrician support has improved sodium levels, pain, hyperkalaemia and postural drop
- ◆ GP and Physician support has provided support for complex medical care
- ◆ SRS staff have provided a high level of care

Does high intensity interventions, over an extended period, prevent falls in this population?

- ◆ Mary has decided she needs to go into care
- ◆ Unsure whether this result can be generalized to the greater population
- ◆ The S.A.F.E. assessment tool will be completed with all TCP clients admitted with a history of falls
- ◆ Further research is required