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2011- Q1

Dates of Interest

Thursday, March 31
End of 1st Quarter, 2011

Wed-Fri; April 6-8
MAHC Annual Convention
Lake of the Ozarks, MO

Friday, April 29
1st Quarter data due
Agencies should receive
2011 Q1 reports by May 16

Thursday, June 30
End of 2nd Quarter

Friday, July 29
2nd Quarter data due
Agencies should receive
2011 Q2 reports by
August 15

Friday, September 30
End of 3rd Quarter

Monday, October 31
3rd Quarter data due
Agencies should receive
2011 Q3 reports by
November 14

Friday, December 30
End of 4th Quarter

Validation of MAHC's Fall Risk Assessment Tool



As you know the MAHC Fall Risk Assessment Tool (FRAT) has not been scientifically tested or “validated” and therefore agencies must use FRAT plus the TUG. MAHC is in the process of having our FRAT validated. The research will be done through KU and North Kansas City Hospital. The study was conducted between July 1, 2010

and December 31, 2010. Participating agencies are now in the process of submitting their data. Within the next couple of weeks, we will forward the data to Kansas University to begin the validation process. We are optimistic to have a validated tool by late spring or early summer.

New Definition of EMERGENT CARE

Participants in the MAHC home care fall reduction initiative voted that effective January 1, 2011 the new definition of emergent care will reflect the OASIS-C definition. For all falls occurring after January 1, 2011, you must use the OASIS-C definition:

M2300—Emergent Care: Since the last time OASIS data were collected, has the patient utilized a hospital emergency department (includes holding/observation)?

0 = No

1 = Yes, used hospital emergency department WITHOUT hospital admission.

2 = Yes, used hospital emergency department WITH hospital admission

UK = Unknown

The MAHC fall report form has been modified and is available on MAHC's website. (www.homecaremissouri.org)

Home Care Fall Reduction Initiative		Fall Report Form	
Patient Name: _____		Patient Chart# or ID# _____	
Date of fall: _____			
<small>Definition of a fall: An unintentional change in position resulting in coming to rest on the ground or at a lower level</small>			
<small>Circle or enter the appropriate response</small>			
1. Did the fall occur during the first 30 days of care?	YES	NO	
2. Was fall witnessed by a home care worker?	YES	NO	
3. Was the patient identified at-risk at start of care on the MAHC risk assessment form? (having scored 4 or more)	YES	NO	
a.) Was cognitive impairment one of the risk factors cited?	YES	NO	
4. Medications	YES	NO	
a.) Were there any medication changes within two weeks of the fall?			
b.) Number of prescription medications the patient is taking			
c.) The number of prescription pain medications the patient is taking			
5. Was physical therapy ordered and had it begun at the time of the fall?	YES	NO	
6. Was nursing care ordered at the time of the fall?	YES	NO	
7. Was there an injury requiring emergent care?	YES	NO	
<small>*Used hospital ER dept (includes holding/observation) WITHOUT hospital admission; *Used hospital ER dept WITH hospital admission;</small>			
a.) If yes, was the injury a hip fracture?	YES	NO	

Research Shows Wrist Fractures Lead to Greater Functional Decline

Older women who experience a wrist fracture tend to develop more disabilities, according to recent research. Wrist fracture is the most common upper-extremity injury sustained by elderly individuals, according to a report from researchers at Northwestern University in Chicago. Of the 6,107 older women sampled for the report, 268 experienced a wrist fracture during the 7.6-year study period. Over that time, women with a wrist fracture were 50%

more likely to experience functional decline than women without a wrist fracture. Wrist fractures are as clinically significant for older individuals as arthritis, diabetes or falls, according to report author Dr. Beatrice Edwards. Osteoporosis outreach efforts should include information about preventing wrist fractures, she suggests. The report was published online July 9, 2010 in BMJ.



Questions?

MAHC is here to help you. Please contact us if you have any questions or need additional information related to any of our Benchmarking Projects.



AGS Issues Fall Prevention Guidelines

Interventions to prevent falls among the elderly should include an exercise component, according to new fall prevention guidelines from the American Geriatrics Society and the British Geriatric Society.

Among other interventions, the new guidelines advise that doctors and caregivers work together to determine if an individual is at risk for falling. The caregiver can assess this by asking the elderly person if he or she has fallen recently or by observing if they are unsteady on their feet.

If it has been determined that a patient is at risk for falls, the guidelines advise several prevention methods. These include: incorporating daily strength-building exercise or physical therapy; cataract surgery, if needed; medication reduction, if at all possible; and paying extra attention to raising low blood pressure and heart rhythm abnormalities. The guidelines were published in the Journal of the American Geriatrics Society.

2011 First Quarter Conference Call Highlights

Carol Hudspeth was introduced as MAHC's new Benchmarking Project Manager. All forms are in the process of being updated with Carol's contact information and will be available on the website soon, however, you may still continue using the data submission forms you have.

An update on the Falls Validation project was given. (*see story n page 1*)

Discussion then turned to data utilization (best practices). Mary proposed developing a one-hour teleconference based on best practices and turning it into a valuable tool for the industry. MAHC sister state associations are always looking for member education. We would market this teleconference to other state associations in hopes of increasing project participation result-

ing in a larger data pool benefiting all. Mary asked for volunteers to work on developing the teleconference. MAHC will be sending out a survey to current participants related to this project. Please be watching for this survey.

Additional data collection was discussed. Participants noted seeing higher risk of falls in patients with anemia, UTI's and when the agency is on a reduced in-home schedule. It was decided that this information could also be captured in the survey. Please be watching for this survey and thinking about additional data collection that you would find beneficial regarding your falls program.

Quick Facts...

- The risk of falling increases with age and is greater for women than for men.
- Two-thirds of those who experience a fall will fall again within six months.
- A decrease in bone density contributes to falls and resultant injuries.
- At least one-third of all falls in the elderly involve environmental hazards in the home



Studies Show Dance Therapy, Music & Movement Exercises Helps Reduce Falls Risk



University of Missouri Study

Seniors who undergo “dance therapy” typically have improved levels of balance and gait, as well as overall functionality, which helps to reduce their risk of falls, according to new research. Nursing and elder-care professionals can use dance-based therapies to reduce falls among older patients, suggest re-

searchers at the University of Missouri. For their study, researchers used a dance-therapy program called The Lebed Method (TLM), which includes choreographed low-impact dance steps set to music. A group of 11 seniors in St. Louis participated in a six-week pilot study of

the program. More than half the seniors involved in the program reported improvements in gait and balance, according to the results of the study, which was published in the journal *Nursing Administration Quarterly*.

Switzerland Study



Seniors at an increased risk for falling who take part in classes involving music and rhythmic exercise may improve their balance and walking skills. As an added benefit, classes could help reduce the number of falls in this group, according to new research out of Switzerland. More than 130 seniors were tested in walking and balance skills after taking part in a music-education

program called Dalcroze eurhythmics. Participants, all of whom had a history of problems with falls, fell fewer times over the test period. Greater improvements occurred in the test group that took the class once a week for six months. (A control group performed its normal activities for six months and did the exercises six months later.) In a typical class, residents warm up by walking in place. Then they are encouraged to adapt body movements to keep up with the rhythm of improvised piano mu-

sic. Participants who took the classes in the first half of the study continued to show improvement in balance and walking ability six months after the study ended. The findings suggest that social dancing or other activities that challenge balance and require continuous adjustments to the environment could have a positive effect on older adults, according to the lead researcher Dr. Andrea Trombetti. Results were reported in the Nov. 22 edition of the *Archives of Internal Medicine*.

*Don't forget to mark your calendars for
MAHC's 2011 Annual Conference & Exposition*

April 6-8, 2011—Tan-Tar-A Resort

Barefoot Seniors More Likely to Fall, Study Finds

A pair of recently released studies examines potential causes of falls. One study finds seniors' footwear to be a factor, while another looks at ways to predict falls among Parkinson's patients. Researchers from the Hebrew SeniorLife Institute for Aging Research have found that seniors who go barefoot or wear only socks around the home are at greater risk for falls. Up to 52% of the seniors studied who reported a fall were barefoot, wearing socks without shoes, or wearing slippers at the time of the

fall, according to the report. These shoeless fallers were more likely to experience serious injuries, including fractures. Falls prevention programs should include discussions about footwear, researchers said. The report published in the summer issue of [Footwear Science](#).

Meanwhile, researchers at Queensland University of Technology, Brisbane, Australia, have developed a method to help predict which Parkinson's patients are

likely to fall. Researchers were best able to predict falls by testing patients' overall Parkinson's symptoms, asking patients how often they "freeze" while walking, and testing patients' balance. The combination of these tests had a sensitivity of 78% and a specificity of 84% for predicting falls, according to the study, which appeared in the June 23 online issue of *Neurology*.



MAHC's 2011 Annual Conference Keynote Spotlight

A View from the Treetops: How Agency Growth, Industry Trends & Social Media are Taking Home Care to the Next Level

Featuring Merrily Orsini, CoreCubed, Louisville, KY.

By incorporating trends and projections in home care with trends and projections in marketing, Merrily Orsini delivers a keynote address that combines her deep knowledge of the history of home care with her technological savvy as an internet and social media marketer.

Changes in reimbursement potential, the economy, the availability of qualified workers, technology advancements and changes in attitudes make working in the home care industry a treacherous environment. Today's agency needs new ways to solve problems and new ways to go to market.

Don't miss out on this great opportunity to hear from Merrily and other great speakers. Plan to attend MAHC's 2011 Annual Conference and Exposition, April 6-8, 2011. For more information go to www.homecaremissouri.org.

Switching Eyewear Could Prevent Falls, Study Finds

Seniors who wear multifocal prescription glasses could reduce their risk of falling if they switch to a single-focus lens while walking outdoors, new research finds.

Many seniors wear bifocal or multifocal prescription glasses to help see both close-range and distant objects. Among seniors who spend a lot of time outdoors, these types

of lenses could contribute to falls, according to a new British study. Researchers studied 606 seniors aged 65 and older who used such lenses while walking outdoors.

Half the seniors were given single-focus prescription lenses to use while outside. Overall, falls were reduced by 8% among the single-focus lens cohort. There was a 40%

reduction among those who were used to walking around outside, but seniors who typically spent their time inside saw an increased risk of falling, suggesting that switching to a single-focus lens might not be a good solution for those seniors.

