

## AIM

To be achieved within 10 months: 1. Screen all patients 65 years old and older and receiving Medicare who are seen at UNC Family Medicine Center (FMC) for falls risk according to the STEADI algorithm. 2. Offer Otago intervention to all patients who screen as being at high risk, with a physical therapy appointment for Otago scheduled within 30 days of the positive screening.

## PROBLEM

Patients who are 65 years old and older, receiving Medicare, and seen at UNC FMC are not routinely screened for falls risk and referred for physical therapy to receive appropriate intervention.

## IMPORTANCE

Keeping patients safe from falling is an integral part of our mission. Some patients who are at risk for falls (particularly those 65 and older) reportedly are not being referred for physical therapy; screening for falls risk varies among clinics and providers. The CDC has recognized the Otago Exercise Program as an evidence-based falls prevention program, but this program is not currently offered to patients in our clinics. With an aging population that is living longer, improving patients' balance and mobility is key to keeping them safe and free from falls.

## EXPECTED OUTCOMES

For patients 65 years old and older, receiving Medicare, and seen at UNC FMC:

1. 100% will receive screening for falls risk, with Timed Up and Go (TUG) testing completed for those who screen positive based on falls risk questions.
2. 100% of patients who screen as being at high risk will receive a referral for physical therapy.
3. 100% of patients who are referred for physical therapy will have a scheduled appointment date within 30 days of the positive screening.
4. >50% of patients who are referred for physical therapy will receive the Otago intervention.
5. >50% of patients who begin the Otago intervention will complete follow-up at 2 months and/or 6 months.
6. >30% of patients who begin the Otago intervention will demonstrate a clinically significant improvement in TUG scores (decrease of 2.5 seconds or more).

## MEASURES

Key outcome measures will be: 1) percentage of patients at high risk for falls who receive Otago intervention, and 2) percentage of patients receiving Otago intervention who demonstrate improvement on TUG of 2.5 seconds or more. Process measures will include: 1) number of patients who receive TUG after positive response on screening questions, 2) number of patients referred to physical therapy as a result of FMC falls risk evaluation, 3) number of patients seen by physical therapy as a result of referral following this project, 4) number of patients completing Otago intervention (and follow-up) as recommended by physical therapist, and 5) number of discharge summaries sent to provider after discharge from physical therapy. Balancing measures will include: 1) cycle time in UNC's FMC, 2) average length of time for new patients to get a physical therapy appointment (time to third available), and 3) no show rate in physical therapy.

## RISKS/BARRIERS

We expect that our biggest challenges will relate to obtaining the data we need from Epic@UNC. We currently have no way of tracking data on falls risk screening location, TUG scores, etc. We also are not able to "flag" patients who are identified as being at high risk for falls and those who receive a physical therapy referral because of their high risk status.

## STAKEHOLDERS

Key stakeholders are patients and their families; physicians, medical assistants, and other medical staff at Family Medicine Center; physical therapists and staff at Family Medicine Center, UNC Center for Rehabilitation Care, and University Physical and Occupational Therapy. We have an interprofessional and multidisciplinary team, and we will involve staff at all 3 clinical locations. We will seek feedback from patients and families (via interview and/or questionnaire) about their experiences with falls risk screening and intervention.

# Falls Risk Management in Primary Care

rev. 07/30/2016

<b>SCOPE</b>	
<b>In Scope:</b>	<b>Out of Scope:</b>
Patients 65 years and older on Medicare who are seen at UNC's FMC (and referred for physical therapy at FMC, UNC Center for Rehabilitation Care, and University Physical and Occupational Therapy).	Non Medicare patients.
<b>SCHEDULE</b>	
<p>Yellow belt training completed for process owners and project coordinator (May 2016). IRB application submitted and project determined to be exempt (not human subjects research) (July 2016). Purple Belt training completed, including use of an A3 process to define scope, complete current state and target state process map analysis, define gaps, and identify a solutions approach (July – September 2016). Detailed implementation strategy developed (according to the previously developed A3) and data collection begun (September – November 2016). Implementation begun on a small scale, data collection ongoing (December 2016 – January 2017). Implementation at all project sites, data collection ongoing (February – March 2017). Improvement monitoring (data collection ongoing), with root cause analysis if targets are not met (April – May 2017). Development of action plan (once target goals achieved for 2 months) (June 2017).</p>	
<b>PROJECT TEAM</b>	
<b>Team Member</b>	<b>Project Role (<i>sponsor, lead, SME, coordinator, etc.</i>)</b>
Barbara Adcock-Mohr, Mark Gwynne	Blue Belt Sponsors
Vicki Mercer, Karen Halpert	Process Owners
Becky Dodge	Black Belt Coach
Gabrielle Scronce	Yellow Belt Project Coordinator
Michael McMorris, Tricia Agnoli	Clinic Directors
Tiffany Shubert	Subject Matter Expert (falls prevention, Otago)