

## Falls Screening

In a chart review of 180 primary care patients in DH's internal medicine ambulatory-care practice, 85% of patients  $\geq 65$  were screened for fall risk and 38% screened positive.<sup>1</sup> ONLY 22% of those who screened positive had falls risk noted in the provider record. In the ED, only 18% of patients  $\geq 65$  were screened, but 80% of those screened positive<sup>1</sup>.

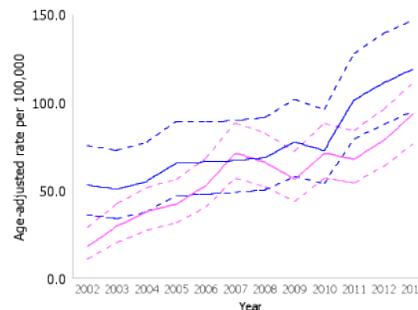
## HOW ARE FALLS OCCURRING?

New Hampshire EMS has begun to track trends regarding when and how falls occur in our region.

- 55% of all calls received in 2014 for patients aged  $\geq 65$  involved a "Fall Victim" and 83% listed "Fall" as the mechanism of injury<sup>6</sup>.
- 57% of fall victims were female, and 43% were male.<sup>6</sup>
- 8% of falls patients aged  $\geq 65$  sustained a head injury, 7% injured a lower extremity and 3% injured an upper extremity<sup>6</sup>.
- 64% of calls for patients aged  $\geq 65$  were to a home<sup>6</sup>, and for 88% of these calls, falls were the mechanism of injury<sup>6</sup>.

## HOW DO FALLS AFFECT OUR REGION?

- New Hampshire's population is one of the oldest in the nation, and by 2030 it will have the second largest proportion of people aged  $\geq 85$ .<sup>1</sup>
- Fall related deaths are significantly higher in the Lebanon hospital service area than in the rest of the state.<sup>2</sup>
- However, the rate of Emergency Department (ED) visits for falls related injuries was the lowest of the state in the Lebanon hospital service area.<sup>2</sup>
- Women's rates of fall related injuries and death exceed men's in all age categories, with rates of injury and death increasing sharply with age for both genders.<sup>2</sup>



*At left: Falls related death rates have more than doubled in NH in the past decade.*

## SUCCESSSES

1 of 3 authorized TJQMBB Master Trainers in the country is available to train new instructors at community locations in the Upper Valley.<sup>1</sup>

The MOB drop-out rate decreased by 40%<sup>1</sup> following the decision to make pre-program phone calls to verify it was a good fit for participants' needs.

## CHALLENGES

There is no reliable chain of referral between the ED, PCPs and programs for patients who screen positive for falls risk.

There is currently only 1 TJQMBB program in the Upper Valley, at DHMC, and MOB classes are also only available in the Lebanon area.<sup>1</sup>

MOB relies on Lay Leaders to run the class, and has had difficulties retaining

## IN THE UPPER VALLEY

### *Tai Ji Quan: Moving for Better Balance*

This program reduced fall risk in 15% of participants across New Hampshire<sup>2</sup>, and 96% of participants believe the program will help them avoid future falls<sup>2</sup>. The program's founder has shown TJQMBB has the potential to reduce falls by 55%.<sup>5</sup>

### *Matter of Balance (MOB)*

MOB aims to increase activity and reduce fear of falling among older adults, and is offered at the Dartmouth-Hitchcock Aging Resource Center<sup>1</sup> and the Lebanon Senior Center.

## Inside the Costs of Falls

- In 2005-2009, a typical ED visit for a fall related injury cost \$1,959 per patient and for an inpatient stay, the cost per patient was \$25,047.<sup>5</sup>
- In 2009, inpatient hospitalizations due to falls cost a total of \$81.7 million dollars.<sup>5</sup>
- In 2012, 30% of people who were seen in the ED for a fall suffered another fall injury that returned them to the hospital, an increase from 25% in 2009.<sup>4</sup>

