

Safety Summit 2025

Journey to Zero Harm



March 12, 2025

PeaceHealth Safety Summit: Community Fall Prevention

Peace
Health



Presenter

Jim Cole, M.A., FP-C

Injury Prevention Coordinator/Trauma Educator

**Sacred Heart Medical Center at RiverBend
ACS Level II Trauma Center**

I have no disclosures



PeaceHealth

The plague

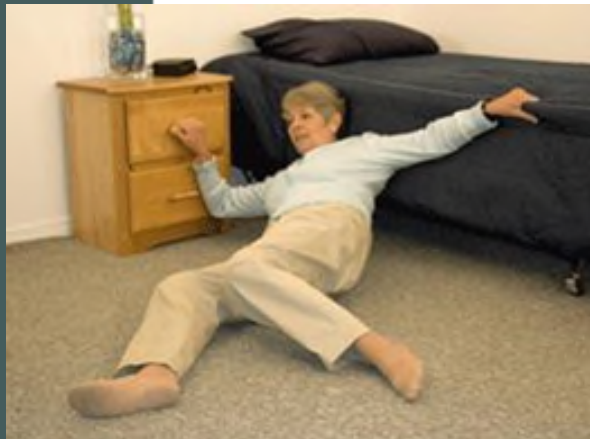
Falls

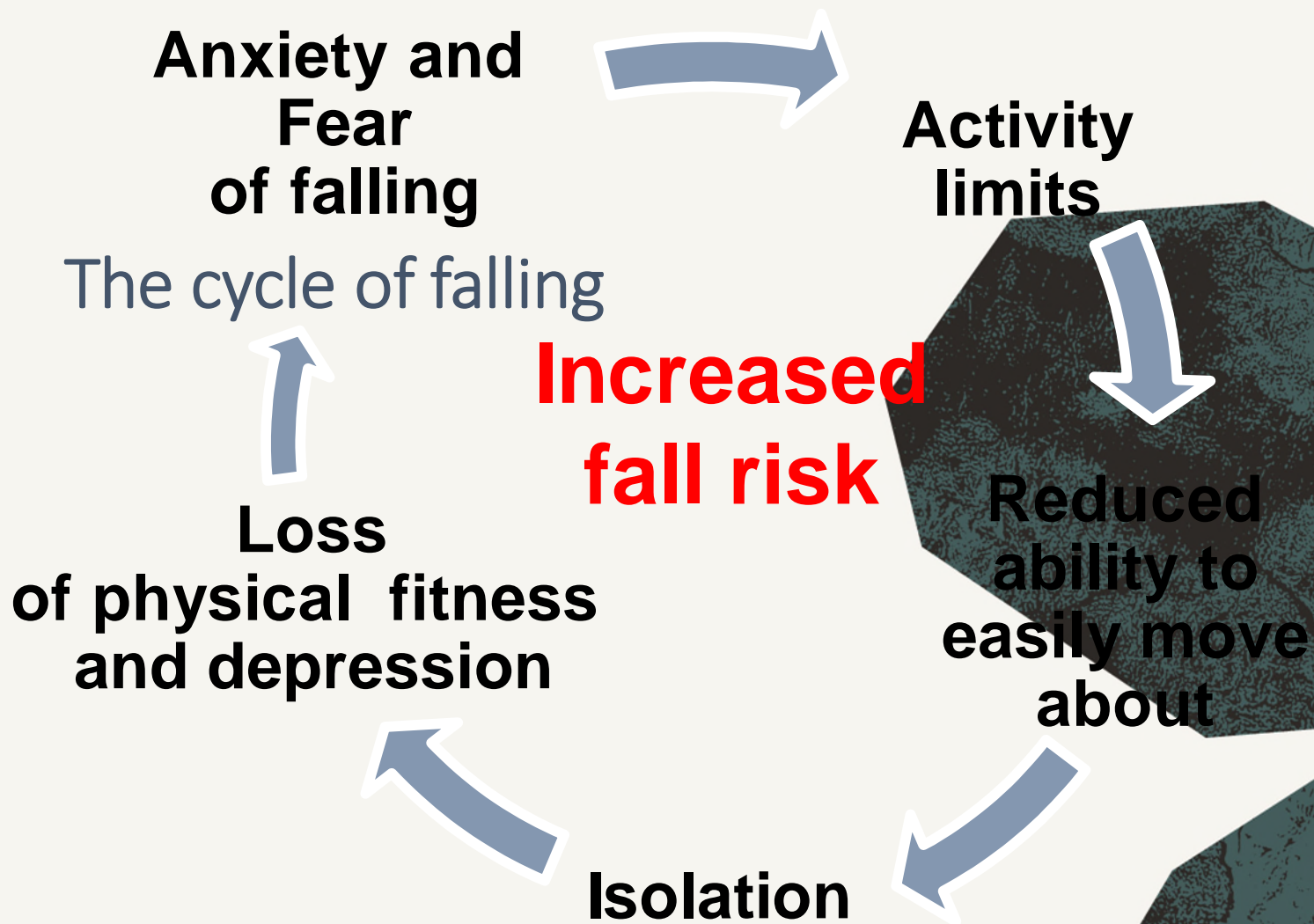


- Most trauma admissions are from a fall mechanism
- The risk of falling and sustaining an injury increases with age
- Falls in the elderly population are associated with increased morbidity, increased mortality, decline in function and premature admission to long term care facilities
- 20-30% of people over the age of 65 fall each year, increasing to about 50% for those 80 years and older.
- Approximately 50% of individuals in long-term care setting fall yearly
- 60% of those with a history of fall in the previous year will have a subsequent fall

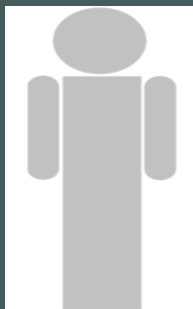
What is a fall?

- A fall does not always mean falling to the ground.
- It always involves an unexpected change in your position.





1 out of 4 adults
aged 65 years and
older falls each year.



A Crisis that no one wants
to talk about

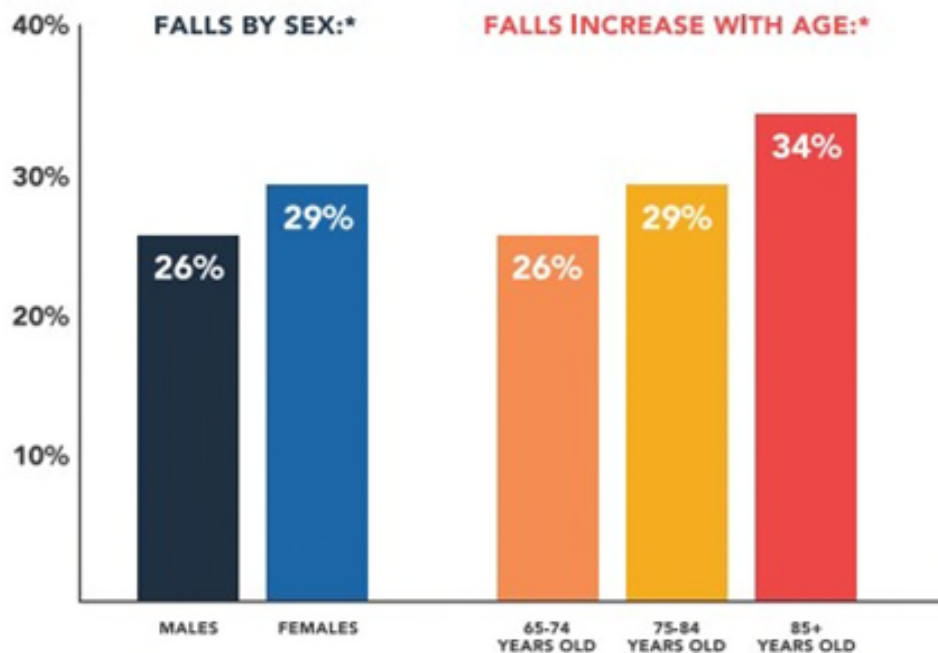
**Less than half talk to their healthcare
provider about it.**



Falls by demographics

All adults, aged 65 and over, are at risk for a fall.

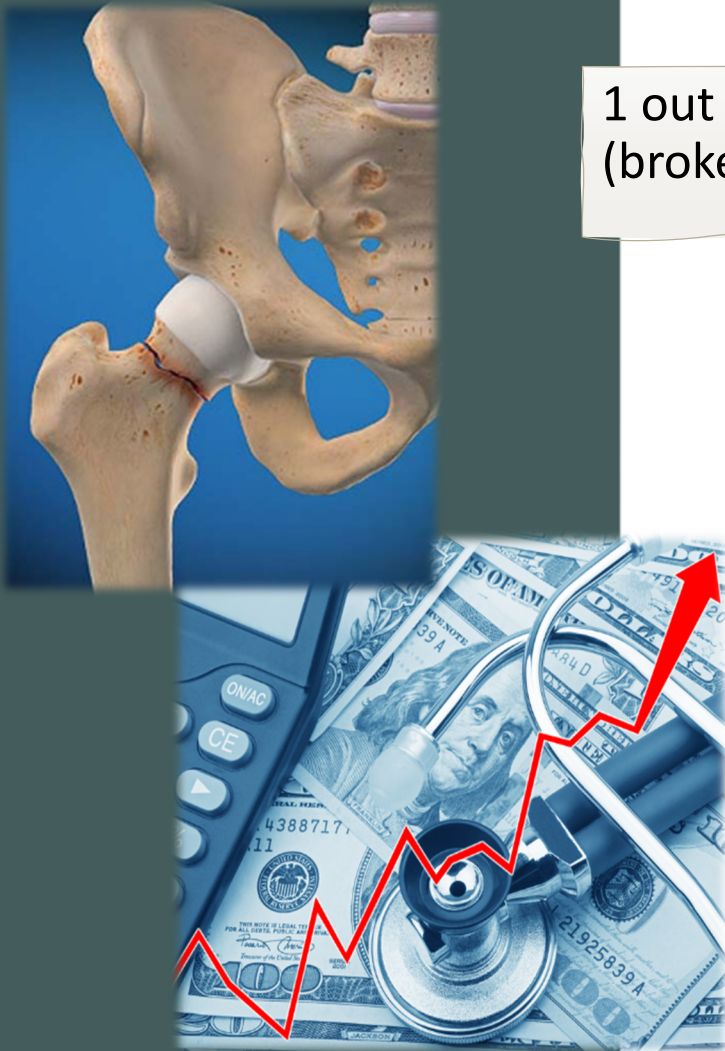
Older adults more likely to fall include females, those 85 and older



*Percent of older adults who reported a fall

Cost and Injuries Related to Falls

1 out of 5 falls end up in a serious injury (broken bones/head injury).



Total medical costs from falls exceed **\$75 billion annually.**

Common Risk Factors



Balance and Gait Problems



Decreased Strength and
Flexibility



Low Levels of Vitamin D



Impaired Hearing

Common Risk Factors continued



Dizziness



Altered Mental Status



Use of Multiple
Medications



Alcohol Use

Common Risk Factors continued



Impaired Vision



Chronic and/or Acute
Illness



Recent Falls



Environmental
Hazards



Before-During-After

Falls prevention must be addressed BEFORE, DURING, and AFTER a visit to a PeaceHealth facility to adequately address the growing risks and cost of falls in our communities.

But how?

Safe Inside

Inpatient falls prevention is a well-established culture within PeaceHealth.

Serious effort and resources are directed to prevent inpatient accidents and injuries.

Core metrics are monitored daily to keep patients safe.

“PeaceHealth is committed to providing the care our patients depend on. We've taken many steps to keep you safe when you visit our medical centers and clinics.”

[-Patient & Visitor Information |
PeaceHealth](#)

**THIS FOCUS AND EFFORT MUST
CONTINUE AND BE ENHANCED TO
ENSURE THE CONTINUED SAFETY
AND WELL-BEING OF OUR
PATIENTS, FAMILIES, AND
CAREGIVERS WITHIN
PEACEHEALTH.**

Out in the world

A person is 10X more likely to fall after a hospital admission.

WHAT?

- A person who falls is 10 times more likely to fall after a hospital admission.
- Patients who fall have a higher risk profile than those who do not fall.
- Men are more likely to experience multiple falls than women.

Why?

- Weakened state
- Ongoing issues perpetuate
- Increased pain = decreased mobility
- Medication effects/ side effects
- Inexperience with assistive devices
- Returning to a fall-risk living situation
- Lack of assistance at home

Clinical Practice Guideline: Prevention of Falls in Older Persons

1. History of falls (in the last year) frequency and circumstances?
2. Are they experience difficulties with walking or balance?
3. If they report recurrent falls in the past year, or report difficulties in walking or balance they should have a multifactorial fall risk assessment.
4. If presenting with a single fall they should be evaluated for gait and balance.

The Multifactorial Fall Risk Assessment Consists of Four Categories

Focused
History

Physical
Examination

Functional
Assessment

Environmental
Assessment

Strength and Balance Tests

1. Get Up and Go test

Observing the patient rising from a standard arm chair , walking 10 feet across the room , turning around , walking back to the chair and sitting back down (12 seconds)

Identifies deficits in leg strength, balance , vestibular dysfunction and gait

2. Berg Balance test

Ability to withstand a nudge on the sternum, ability to reach up, bend down and extend the back and neck

Measures postural stability

If in doubt

Consider testing the following patients

This includes people with:

Parkinson disease.

Osteoarthritis.

Limb loss or amputation.

Inner ear (vestibular) problems.

Multiple sclerosis.

Traumatic brain injuries.

Spinal cord injuries.

Lung disease.

Progressive dementia.

Alzheimer disease.

Intellectual disabilities.

Intervention

Target the risk factors as per the multifactorial assessment. Such as modification of home environment , withdrawal of psychoactive medications , management of postural hypotension

Exercise program incorporating balance , gait and strength training. *Exercise both reduces risk of falls and prevents injuries related to falls*

Education complementing and addressing issues specific to intervention being provided , tailored to individual cognitive function and language

Referral

Oregon Research
Institute

NIH Clinical Trial

65+
Online Zoom
No cost



Call 855-434-1548
healthyaging@ori.org

www.ori.org

A Remotely Delivered Tai
Ji Quan Intervention to
Reduce Incidence of Falls
in High Risk Community-
Dwelling Older Adults |
ORI

Intervention Continued...

Scrutinize
polypharmacy

Address vision

Vitamin D
supplement

Low heel height
and high surface
contact area shoes
reduce risk of falls

Minimize
psychoactive, sleep
medications and
antipsychotics

Be sure the patient is ready to return home.

Before you discharge...

- Hester Davis Fall Risk Review
- Does patient know they are at risk
- Have sentinel issues been addressed
- Are modifications to living situation needed
- Has patient been strength and balance tested
- Medication reviewed for AGS BEERS criteria
- Are assistive devices needed
- Vitamin D supplementation addressed
- Vision adequate
- Evaluation for PT/OT
- Recommendation for activity or referral for Tai Chi or other evidence-based fall prevention activity



What About Before?



IP Model



Evaluation

Education

Engagement

Evaluation

Lead with data

Understand data

Contribute to data

Local Registries

PeaceHealth Metrics/Trauma Registry

<https://www.eugene-or.gov/3321/Data>

State Registries

<https://oregoninjurydata.shinyapps.io/injury>

National Registries

<https://wisqars.cdc.gov/>

Specific Registries

<https://www.theviolenceproject.org/>



Top Three Mechanisms

Falling

- Ground level

- Falls from a Height

Motor Vehicle Crashes

- Car/motorcycle

- Pedestrian/Bicycle/ATV

Education

Home/Driver Safety

[AARP HomeFit Guide](#)

AARP Car-Fit

AARP Smart Driver

Drunk Driver Simulation

CDC Older Adult Fall Prevention

[STEADI - Older Adult Fall Prevention |](#)

[STEADI - Older Adult Fall Prevention |](#)
[CDC](#)

Community Injury Prevention Programs

<https://www.nfpa.org/Education-and-Research/Home-Fire-Safety/Older-adults/Steps-to-Safety>

Education

Trauma Education

Stop the Bleed/ STB Instructor

ATLS

RTTDC

PHTLS

ED Trauma Training

Nurse Residency and CE

Trauma Grand Rounds

Engagement

Community Outreach

Fall Prevention Tabling Events

Community Events (County Fairs)

Trauma Nurses Talk Tough

Driver Diversion Programs (court ordered)

Provide CE for outside clinicians

Allow PeaceHealth facilities to host wellness and community fairs

Host older adult education and services provided by AARP and other trusted organizations

Use teachable moments

Publish regular article on injury prevention topics

Engagement

EMS/Public Safety

Protocol Development

<https://www.eugene-or.gov/DocumentCenter/View/76664/Protocols-2024>

EMS Partnerships

[Mobile Integrated Healthcare](#)

EMS/Fire collaborations

Public Safety Education

Tactical EMS

Stop the Bleed

EMS CE Programs

Engagement

Community

Social Media/Media engagement

Living Facility Outreach

AARP Programs

Regional Fall Prevention Coalition

Safe Kids Coalition

Senior Centers and Community Centers

Older Adult Collaborations

State Injury Prevention Coalition

Safe States Alliance

Injury Free Coalition

Safe Kids Coalition

American Trauma Society

American College of Surgeons

Make Injury Prevention a Priority

Do not tire of doing good
Know your local data
Start with something small
Network and collaborate
You can make a difference



PeaceHealth

Questions

Jim Cole, MA, FP-C
jcole3@peacehealth.org

www.peacehealth.org/ems

SCAN ME



Thanks for Participating