Technical Assistance Brief #1

Implementing Fall Prevention Components with Participants in Community Programs

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Based on research, the Archstone Foundation and Fall Prevention Center of Excellence recommend inclusions of three components in a comprehensive falls prevention program:

- Physical activity, including balance and mobility training;
- Risk assessment and medication management; and
- Environmental modifications in the home.

Fall prevention programs are most effective when these components are systematically integrated as a package of services for at-risk older adults.

So how can programs implement these components so that participants access the right intervention for the right need at the right time? This brief answers that question by describing a case management approach implemented at the participant level. This approach can help staff and program administrators in partnership with participants and their families to work together towards achieving fall prevention goals (regardless of the intensity of the intervention).

Implementation at the Participant Level

Implementation of any new or upgraded intervention component at the participant level can follow a basic case management approach, which includes the following processes.

Assessment of Participant Needs

- Assess fall risk to recommend an appropriate fall prevention plan.
- Assess physical functioning, home environment, and/or medical risk.

Treatment Planning

- Develop a reasonable and feasible plan of treatment with participant and family.
- Include plan to:
  - Connection with internal fall prevention resources; and
  - Direct linkage to outside provider for further assessment and intervention.

Example: Participants assessed by lead organization and determined to need a physical activity program held on-site, home modifications provided by outside vendor, and medical assessment by primary health care provider.

Linkage to Components

This is a critical step as participants are directly linked to fall prevention components based on the treatment plan. Regardless of the linkage, it is not sufficient to provide the participant and/or family with referral information and hope they take the initiative to connect to services

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- Direct linkage - assisting participants and/or family to connect with the components through clear communication channels (e.g., face-to-face contact, phone contact, email, and/or an agenda item at team meetings, etc.).
- Intra-organizational linkages – need communication pathway between the referring person (e.g., physical therapist who completes the risk assessment and treatment plan) and those who will act on referral (e.g., service provider who will complete the home assessment and make recommendations).
- Inter-organizational linkages – need communication pathway established prior to providing information to the participant and/or family.
    - Can range from a long-standing relationship or a first-time cold call.
    - Prior to linkage, must clarify organization's service availability, extent of services, and eligibility requirements.

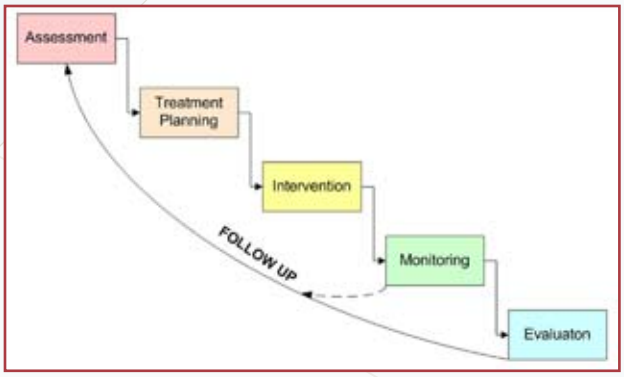
Monitoring

- Is the treatment plan actually being implemented as intended?
- Does the treatment plan need revising due to new and/or changed needs?
- Monitoring can be informal or formal:
    - Informal - open discussion with participant/family, informal meetings such as team meetings, and case review if available.
    - Formal - re-assessment of participant needs based on original measures.

Evaluation

- Considers overall success of the fall prevention program to achieve measurable improvement in participant's daily functioning and fall reduction.
- Participant level – focuses on individual goal attainment and satisfaction.
- Program level – focuses on effectiveness of the integrated fall prevention components to reduce falls and improve well-being for all participants.

Figure 1: Case Management Process Adapted from Moxley (1989)



Engagement and follow through on these five processes can be accomplished by a single staff member within the organization who coordinates the participant's fall prevention care, or by a team of providers who accept responsibility for all parts of the case management process. It is critical for program administrators to help clarify who or what team will accept these various roles (e.g., staff members may envision their role as assessment and implementation, but not monitoring and evaluation).