



Integrating a new intervention into existing organizational structures is a challenging process for administrators and staff. The well-worn pathways of communication and workflow are difficult to change, even when a new or upgraded intervention offers great promise to improve lives of older adults.

Technical Assistance Brief #1 discussed implementing an integrated fall prevention program at the participant level. Here the discussion continues by describing methods that administrators and staff can use to embed a new fall prevention component into an existing organizational context.

Successful integration occurs when participants and caregivers experience the engagement and transition across various fall prevention components as a seamless system of care. At the very least, organizations can accomplish this by creating a single point of entry into fall prevention components. For example, participants first have a fall risk assessment and then are linked to the home modifications and medical risk components. The gold standard for integrated service delivery is the “no wrong door” approach - participants enter a system of care through any one component and then are linked to all other available components.

Working with Organizational Flow to Integrate Fall Prevention Components

Administrators and staff can create communication and workflow pathways at the organizational level that support integration of the fall prevention components. Below are suggestions on how to integrate fall prevention components into an existing organizational structure.

1. Choose a new fall prevention component or expansion of an existing fall prevention component to implement.
2. Specify how the new component(s) fits into the existing programmatic structure
3. Create a flowchart of core processes for the new or expanded fall prevention components (i.e., assessment, direct linkage, intervention service provider)
4. Map out the organizational structure and players who will be involved in implementing the core process of each component
5. Use existing and new organizational connections to facilitate implementation:
 - a. Identify natural connections for direct linkages between fall prevention components based on the organization’s existing communication and/or workflow pathway (e.g., home evaluation will be included in agency’s regular home visit process).
 - b. Identify where new communication or workflow pathways must occur to facilitate implementation and direct linkages.
 - c. Strategies to promote integration at the organizational level:
 - i. Create a project task force with representatives from each fall prevention component. The task force could communicate at scheduled staff meetings or through teleconferences.
 - ii. Appoint one staff member to monitor all assessments and linkages to components, and to follow up with participants.
 - iii. Use the organization’s information technology systems to track assessments, linkages, and participant follow-up to services.



Figure 1 below offers a graphic description of the integration process.

Top Layer – Three Fall Prevention Program Components

- Fall Risk Assessment in center as a core component
- Home Assessment
- Medical Risk Assessment

Middle Layer – Participant & caregivers as focus of ongoing assessment process

Bottom Layer – Intervention and/or direct linkage strategy of the three components

Bi-directional Arrows

- Arrows from Components to Participant/caregivers – solid as this is a predetermined pathway based on what organizations choose to include in their fall prevention programs
- Arrows within Components (solid dark arrows) – indicate the integration pathway within the components
- Arrows from Participant/caregiver to intervention and/or linkage broken line arrows is based on needs assessment of participant and caregivers at top layer

Figure 1: Integrating Fall Prevention Components for At-Risk Older Adults

