

CATCH RURAL Falls

***Coordinated Action Toward
Community Health: RedUce
Risk And Limit Falls***

**Assessment and Intervention
for Home Safety Concerns**

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Introductions and Contact Information

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Educational Objectives

- Assess home safety concerns as part of a thorough assessment of fall risk
- Identify appropriate interventions when home safety concerns are identified as a fall risk factor



Steps for Fall Risk Management Recommended by the Centers for Disease Control Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Initiative

- The identification of patients at increased risk of falling to determine if additional in-depth assessment of risk factors is needed

**Fall Risk
Screening**



- The identification of specific risk factors to guide intervention
- *In other words, why is your patient at risk for falling?*

**Fall Risk
Assessment**



- Addressing modifiable risk factors through medical management or referral to other health care professionals or resources

**Fall Risk
Intervention**



Centers for Disease Control Algorithm for Fall Risk Screening, Assessment, and Intervention



STEADI Algorithm

STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

START HERE

1 SCREEN for fall risk yearly, or any time patient presents with an acute fall.

Available Fall Risk Screening Tools:

• **Stay Independent: a 12-question tool** [at risk if score ≥ 4]
 - **Important:** If score < 4 , ask if patient fell in the past year (If **YES** → patient is at risk)

• **Three key questions** for patients [at risk if **YES** to any question]
 - Feels unsteady when standing or walking?
 - Worries about falling?
 - Has fallen in past year?
 » If **YES** ask, "How many times?" "Were you injured?"

SCREENED NOT AT RISK

PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
 - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

SCREENED AT RISK

2 ASSESS patient's modifiable risk factors and fall history.

Common ways to assess fall risk factors are listed below:

Evaluate gait, strength, & balance

Common assessments:

- Timed Up & Go
- 4-Stage Balance Test
- 30-Second Chair Stand

Identify medications that increase fall risk (e.g., Beers Criteria)

Ask about potential home hazards (e.g., throw rugs, slippery tub floor)

Measure orthostatic blood pressure (Lying and standing positions)

Check visual acuity

Common assessment tool:
 • Snellen eye test

Assess feet/footwear

Assess vitamin D Intake

Identify comorbidities

(e.g., depression, osteoporosis)

3 INTERVENE to reduce identified risk factors using effective strategies.

Reduce identified fall risk

- Discuss patient and provider health goals
 - Develop an individualized patient care plan (see below)
- Below are common interventions used to reduce fall risk:

Poor gait, strength, & balance observed

- Refer for physical therapy
- Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)

Medication(s) likely to increase fall risk

- Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk

Home hazards likely

- Refer to occupational therapist to evaluate home safety

Orthostatic hypotension observed

- Stop, switch, or reduce the dose of medications that increase fall risk
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

Visual impairment observed

- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

Feet/footwear issues identified

- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

Vitamin D deficiency observed or likely

- Recommend daily vitamin D supplement

Comorbidities documented

- Optimize treatment of conditions identified
- Be mindful of medications that increase fall risk

FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)



Centers for Disease Control and Prevention
 National Center for Injury Prevention and Control

What to do in the Clinic: Assessment for Home Safety Concerns

Home Safety Discussion



- Ask about common hazards such as clutter, loose rugs, stairs, and poor lighting.
- Encourage patients to describe challenges or near-falls at home to identify potential risks.

Guided Tools

- Use standardized checklists to identify environmental risks.
- These can be provided for home use or discussed collaboratively during clinic visits.



Environmental and Lifestyle Factors

- Review household setup, including frequently used areas, furniture arrangement, and accessibility of essential items.
- Ask about footwear choices, use of mobility aids, and frequency of hazardous activities (e.g., climbing stools, carrying laundry on stairs).
- Discuss daily routines, energy level, and habits that may influence home safety (e.g., rushing to answer the phone, limited lighting at night).



What to do in the Clinic: Intervention for Home Safety Concerns



Patient & Caregiver Education

- Teach strategies to reduce common home hazards (e.g., clutter, cords, poor lighting).
- Encourage safe routines and open discussion of near-falls or safety challenges.

Safety Checklists

- Provide and train patients to use standardized home safety checklists.
- Review results together to identify priority areas for improvement.



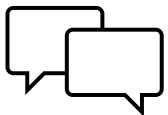
Environmental Modifications



- Recommend simple, cost-effective changes (e.g., grab bars, non-slip mats, improved lighting).
- Guide patients in accessing community or financial resources for home modifications. [Area Agencies on Aging](#) may be helpful for this.

Motivational Interviewing

- Use this communication strategy to empower patients to engage in positive behavior changes – including changes to their home environment and routine to reduce fall risk



Referral to Therapy Services

- Refer to occupational therapy for comprehensive evaluation of home safety, fall risk, and functional mobility within the home environment.
- Refer to physical therapy for assessment of balance, strength, and mobility as well as training to improve safe transfers and movement within the home.



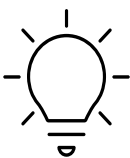
Examples of Guided Tools/Safety Checklists for Assessment and Intervention

- [Check for Safety: A Home Fall Prevention Checklist for Older Adults](#)
 - From the Centers for Disease Control (CDC)
 - Helps older adults inspect various areas within their home for common dangers and offers suggestions on how to reduce risks .
- [How to Prevent Falls with Home Safety Modifications](#)
 - From the National Council on Aging (NCOA)
 - Focuses on simple, low-cost fixes and provides a checklist of modifications, an infographic, and additional resources
- [HomeFit Guide](#)
 - From the American Association of Retired Persons (AARP)
 - Help individuals learn how make their homes more comfortable, safe, and accessible as they age via print materials available in multiple languages and videos for specific rooms in the home



What to do within the Home: Assessment for Home Safety Concerns

What Does Occupational Therapy (OT) Entail?



- Patients and/or caregivers can use a home safety handout or checklist in collaboration with an OT to help identify potential hazards.
- Comprehensive assessment of the home environment.
- Evaluation of lighting, flooring, furniture arrangement, bathroom safety, and accessibility.
- Consideration of the patient's abilities, routines, and goals.

How Can OT Help?

- Identify safety risks and barriers to independence.
- Provide individualized recommendations for safe participation in basic activities of daily living (ADLs) and more complex instrumental activities of daily living (IADLs).
- Collaborate with patients and caregivers to promote confidence and safety at home.



What to do within the Home: Intervention for Home Safety Concerns

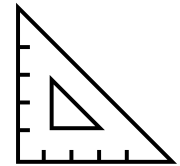
What the Patient or Caregiver Can Do



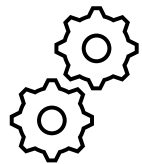
- Keep walkways and stairs free of clutter.
- Use nighttime lighting to improve visibility in common areas.
- Clean spills immediately to prevent slipping.
- Make minor adjustments (e.g., rearranging furniture, securing loose rugs).

What May Require a Skilled Professional

- Install grab bars, stair handrails, or non-slip flooring as needed.
- Adjust counter heights or add threshold ramps for accessibility.



What OT Can Do or Facilitate

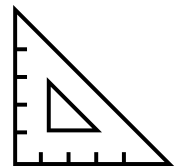


- Assess the home environment for safety and accessibility.
- Assess routines and the influence of routines on home safety.
- Recommend modifications or adaptive equipment based on patient needs.
- Collaborate with patients, caregivers, and professionals to ensure safe implementation.



Summary: Review of Objectives

- Assess home safety concerns as part of a thorough assessment of fall risk
- Identify appropriate interventions when home safety concerns are identified as a fall risk factor



References and Resources

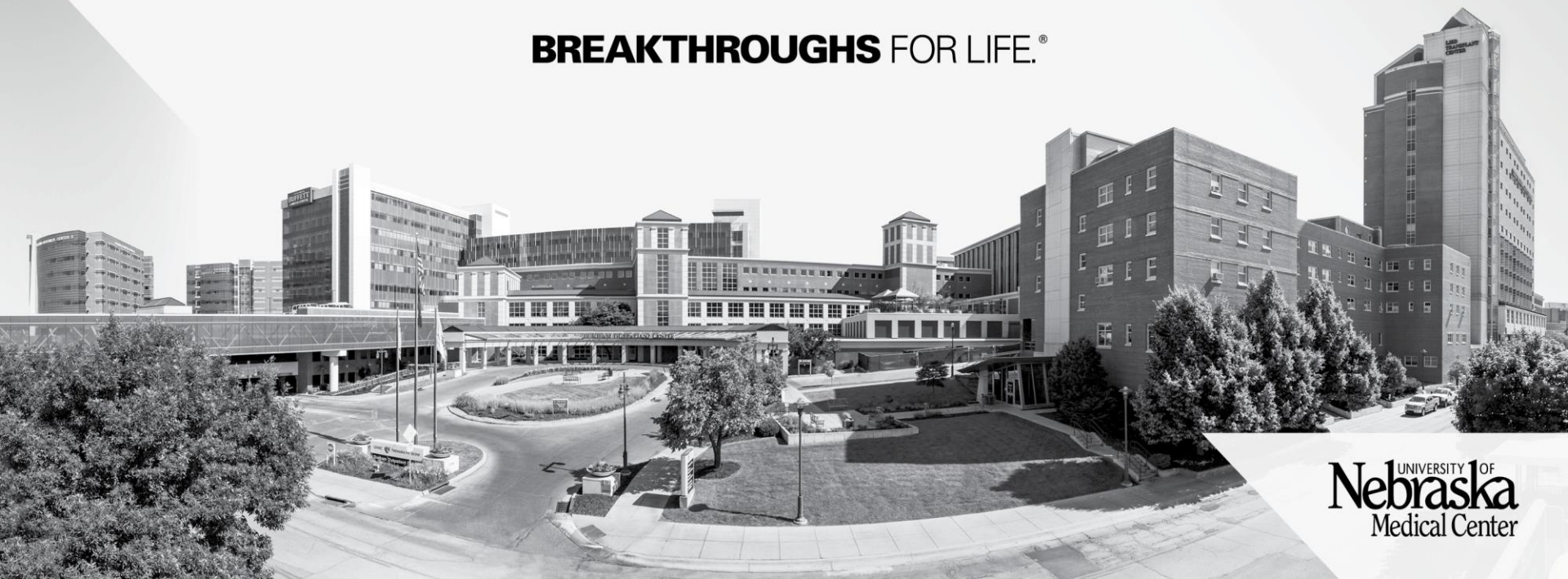
- [Center for Disease Control \(CDC\) Stopping Elderly Accidents, Deaths, and Injuries \(STEADI\) Home Page](#)
- [CDC STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention](#)
- [CDC STEADI Coordinated Care Plan to Prevent Older Adult Falls](#)
- [CDC Check for Safety: A Home Fall Prevention Checklist for Older Adults](#)
- [HomeFit Guide – American Association of Retired Persons](#)
- [Home Safety Checklist – American Academy of Orthopaedic Surgeons](#)
- [How to Prevent Falls with Home Safety Modifications – National Council on Aging](#)
- [Worksheet: Home Safety Checklist – National Institute on Aging](#)





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