

CATCH RURAL Falls

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

**Applying Patient Education to
Fall Prevention**

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Educational Objectives

Understand how to educate patients about fall prevention during primary care visits

- Describe how patient education supports each stage of the **CDC STEADI framework**.
- Use the **Teach-Back and Show-Me methods** to confirm patient understanding of fall prevention recommendations.
- **Incorporate care partners** into fall prevention education when appropriate.
- Integrate **evidence-based fall prevention educational resources** into patient-centered fall prevention care.
- Integrate **best-practice patient education techniques** during common fall prevention conversations in primary care.



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 $\rightarrow$ 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?"

SCREEN

ASSESS

INTERVENE

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
- 30-Second Chair Stand
- Balance Test

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 vision acuity

Common assessment tools:

- 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)

Medications 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

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

STEADI Patient Education

- Feet and Footwear for Older Adults
- Family Caregivers – Protecting from Falling
- Home Fall Prevention Checklist
- Fall Prevention
- Postural Hypotension
- Chair Rise Exercise
- Medications and Risk of Falls
 - Specific to types of medications (antihistamines vs opioids)

Less Effective
Hand patient brochure

More Effective
Review brochure together
Highlight 2 key actions

Postural Hypotension
What it is & How to Manage it

Postural hypotension—or orthostatic hypotension—is when your blood pressure drops when you go from lying down to sitting up, or from sitting to standing.

When your blood pressure drops, less blood can go to your organs and muscles. This can make you more likely to fall.

For information about fall prevention, visit steadi.cdc.gov

For more information about hypotension, visit www.mayoclinic.org or www.steadi.cdc.gov

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

STEADI
Stopping Elderly Accidents, Deaths & Injuries

2017

What are the symptoms?
Although many people with postural hypotension have no symptoms, others do.

These symptoms can differ from person to person, and may include:

- Dizziness or lightheadedness
- Feeling about to faint, passing out, or falling
- Headaches, blurry or tunnel vision
- Feeling vague or muddled
- Feeling pressure across the back of your shoulders or neck
- Feeling nauseous, or hot and clammy
- Weakness or fatigue

When might symptoms happen?

- When standing or sitting up suddenly
- In the morning when blood pressure is naturally lower
- After a large meal or alcohol
- During exercise
- When straining on the toilet
- When you are ill
- If you become anxious or panicky

What causes postural hypotension?
Postural hypotension can be caused by or linked to:

- High blood pressure
- Diabetes, heart failure, atherosclerosis, or hardening of the arteries
- Taking some diuretics, antidepressants, or medicines to lower blood pressure
- Neurological conditions like Parkinson's disease and some types of dementia
- Dehydration
- Vitamin B12 deficiency or anemia
- Alcoholism
- Prolonged bed rest

What can I do to manage my postural hypotension?

- Tell your healthcare provider about any symptoms.
- Ask if any of your medicines should be reduced or stopped.
- Get out of bed slowly. First sit up, sit on the side of the bed, then stand up.
- Take your time when changing position, such as when getting up from a chair.
- Try to sit down when washing, showering, dressing, or working in the kitchen.
- Exercise gently before getting up (move your feet up and down and clench and unclench your hands) or after standing (march in place).
- Make sure you have something to hold on to when you stand up.
- Do not walk if you feel dizzy.
- Drink 6-8 glasses of water or low-calorie drinks each day—unless you have been told to limit your fluid intake.
- Avoid taking very hot baths or showers.
- Try sleeping with extra pillows to raise your head.



Moving from Information to Action

Less Effective

"Remove tripping hazards."

"Exercise more."

"Use your walker."

More Effective

"Which room in your house worries you most?"

"What type of activity do you enjoy?"

"What would make using your walker easier?"



Teach-Back: Confirm Understanding

A communication strategy to confirm you explained information clearly.

How to use it:

- **Explain-** share 1-2 key points using plain language
- **Ask-** have patient explain or show you what they will do
- **Clarify-** re-explain anything that was misunderstood
- **Check again-** repeat as needed

Instead of:

- "Do you understand?" or "Does that make sense?"

Say:

- "I want to make sure I explained this clearly. What are the two things you're going to do to lower your fall risk?"

Teach-back method tools:

- Use the "Show-Me" method
- "Chunk and Check"



Teach-Back Method in Action

If understanding is incomplete...

🔄 Rephrase the message

🔄 Provide a simpler explanation

🔄 Ask the patient to teach it back again

Example: If the patient does not mention medication side effects, follow up with:

- "What should you do if you start feeling dizzy or unsteady after taking the medication?"



Teach Back & Show Me Examples

Avoid:

- "Do you understand?"
- "Does that make sense?"



Try Instead:

- **"We've gone over a lot of information, and I want to make sure I explained things clearly. Tell me, what do you think are the three most important things to know about your fall risk?"**
- "When you get home, what will you tell your partner about today's discussion about falling?"
- "I want to make sure I've done my job well and explained things clearly. If you will tell me back the plan we've made about lowering your chance of falling, I'll type it up and send it home with you."
- "What type of exercise or activity are you planning to start or continue to help prevent falls? Can you show me how to do that exercise?"

Family and Care Partner Engagement

- Include care partners in education when possible
- Use care partner-specific resources
- Reinforce recommendations across settings

Teach-back works with care partners too!

- What changes will you help your family member make at home?
- What fall warning signs will you watch for?
- What is the plan if a fall occurs?
- How will you support the recommendations discussed today?



Evidenced-Based Resources

- [AHRQ Health Literacy Universal Precautions Toolkit, 3rd ed](#)
 - Evidence-based tools to build health-literate practices
- [The Patient Education Materials Assessment Tool \(PEMAT\)](#)
 - Tool to assess understandability & actionability of materials

Understandability

Item #	Item	Response Options	Rating
Topic: Content			
1	The material makes its purpose completely evident.	Disagree=0, Agree=1	
2	The material does not include information or content that distracts from its purpose.	Disagree=0, Agree=1	
Topic: Word Choice & Style			
3	The material uses common, everyday language.	Disagree=0, Agree=1	
4	Medical terms are used only to familiarize audience with the terms. When used, medical terms are defined.	Disagree=0, Agree=1	
5	The material uses the active voice.	Disagree=0, Agree=1	
Topic: Use of Numbers			
6	Numbers appearing in the material are clear and easy to understand.	Disagree=0, Agree=1, No numbers=N/A	
7	The material does not expect the user to perform calculations.	Disagree=0, Agree=1	
Topic: Organization			
8	The material breaks or "chunks" information into short sections.	Disagree=0, Agree=1, Very short material=N/A	
9	The material's sections have informative headers.	Disagree=0, Agree=1,	

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Actionability

Item #	Item	Response Options	Rating
20	The material clearly identifies at least one action the user can take.	Disagree=0, Agree=1	
21	The material addresses the user directly when describing actions.	Disagree=0, Agree=1	
22	The material breaks down any action into manageable, explicit steps.	Disagree=0, Agree=1	
23	The material provides a tangible tool (e.g., menu planners, checklists) whenever it could help the user take action.	Disagree=0, Agree=1	
24	The material provides simple instructions or examples of how to perform calculations.	Disagree=0, Agree=1, No calculations=NA	
25	The material explains how to use the charts, graphs, tables, or diagrams to take actions.	Disagree=0, Agree=1, No charts, graphs, tables, or diagrams=N/A	
26	The material uses visual aids whenever they could make it easier to act on the instructions.	Disagree=0, Agree=1	

Total Points: _____

Total Possible Points: _____

Actionability Score (%): _____

(Total Points / Total Possible Points x 100)



Readability Scoring System

- [Readability Scoring System](#)

- Free resource to assess reading difficulty
- Calculates scores using 8 evidence-based formulas!

READABILITY SCORING SYSTEM **PLUS** [?]

[\(Click here to use the previous version\)](#)

Enter at least 200 words of text:

Score: ☒ Full Text [?] or ☐ Samples [?]

Convert to Plain Text

↶ ↷

Balance is a critical component of functional mobility and successful participation in activities of daily living. It is required for a wide range of routine activities, including walking, transitioning from sitting to standing, dressing, bending to retrieve an object or pick up a child, and reaching overhead to place household items on shelves. Impairments in balance can negatively affect an individual's ability to safely and independently perform daily activities and may contribute to an increased risk of falls. Balance deficits may also result in fear of falling, which can further restrict activity and participation.

Regular exercise and physical activity can improve balance and reduce physiological systems involved in postural control. Balance is not coordinated interaction of several systems. Three primary components are:

Sensory systems, including the visual, vestibular, and somatosensory movement, and relationship to the surrounding environment.

Central nervous system processing allows the brain to integrate and initiate appropriate response to changes in body position or the environment.

Musculoskeletal systems provide the joint mobility, muscle strength, and appropriate postural responses and maintain stability during both static and dynamic activities.

(ARLCalc) INFO.

AVERAGE READING LEVEL CONSENSUS

The average public reading level in the U.S. is 8th grade. Based on 8 formula(s), your text scored the following:

Score: **15.03** [= grade level] Read more

U.S. Grade Level: **College Graduate**

Reading Level: **Extremely Difficult**

Age Range: **23+**

Calculate Text Readability



Role Play

What strategies did you hear?

- Patient goal identification (remaining independent)
- Plain language
- Limited education to 2 points
- Teach-back
- Re-teach when understanding was incomplete
- Caregiver involvement
- Included a specific, actionable next step



Summary: Review of Objectives

- Discussed how education is integrated throughout the STEADI process.
- Used the Teach-Back method to confirm patient understanding.
- Introduced evidence-based resources.
- Discussed importance of including care partners.



References and Resources

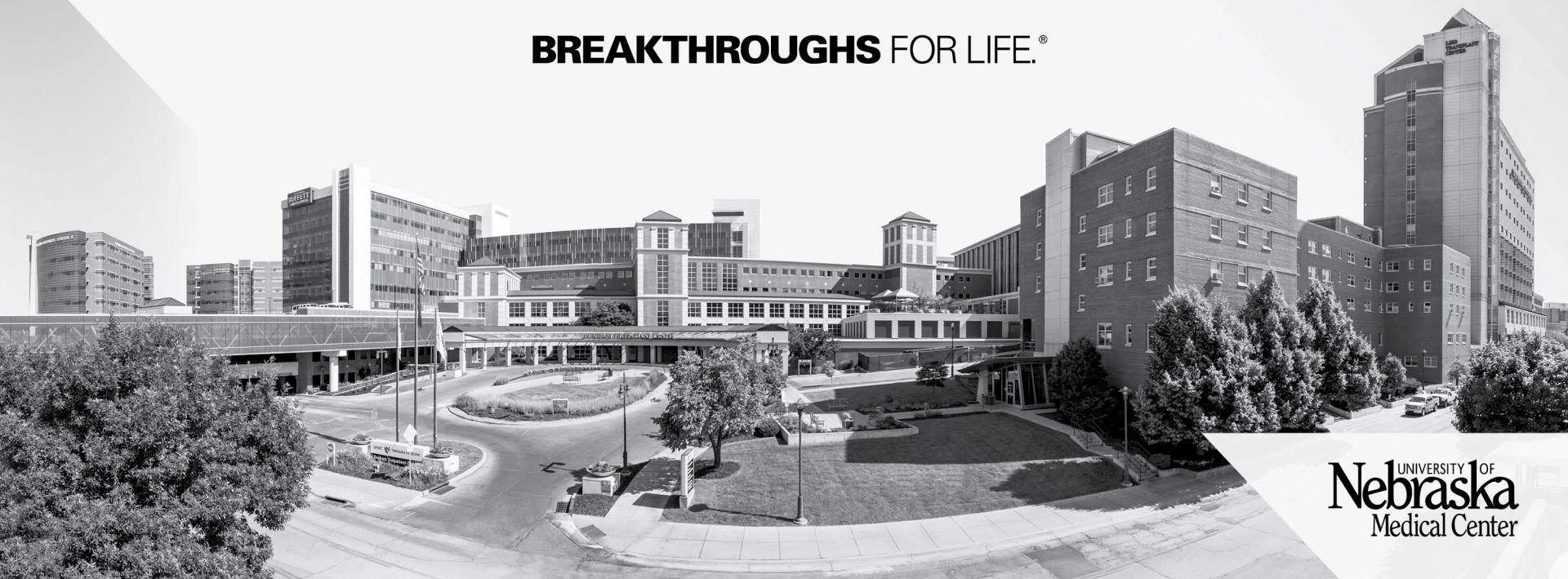
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- [Free Web-Based Readability Checker](#)





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