



The evolution of a community-wide interprofessional fall prevention partnership: Fall prevention as a vehicle for community and university collaboration and interprofessional education



Nancy Fell ^{a, *}, Amanda Clark ^a, Joanie Jackson ^a, Carleena Angwin ^b, Ione Farrar ^b, Candace Bishop ^a, Heather Stanfield ^a

^a University of Tennessee at Chattanooga, USA

^b Chattanooga-Hamilton County Health Department, Chattanooga, TN, USA

ARTICLE INFO

Article history:

Received 4 November 2016

Accepted 27 May 2017

Keywords:

Community health
Interprofessional
Fall prevention
Professional education

ABSTRACT

Background: Despite a focus on interprofessional (IP) approaches to healthcare, many providers, researchers and community programs continue to operate in silos. This is not only inefficient and costly, but also inconducive to knowledge translation.

Purpose: To describe how fall prevention was the vehicle for developing a focused community-wide interprofessional partnership.

Method: Two HRSA grants supported university faculty in establishing IP training standards within nursing, physical therapy, and occupational therapy curricula. Fall risk assessment/prevention emerged as the IP focus. In parallel, the local health department invested resources in an evidence-based fall prevention program. From these efforts, a community partnership formed and expanded.

Discussion: The application integrates the CDC's STEADI program with MaineHealth/Boston University's A Matter of Balance program for fall risk evaluation and prevention. Data regarding students' and providers' knowledge of an IP approach to fall risk assessment/prevention are presented. Perceived barriers are also explored, and lessons learned in the partnership building are illustrated.

Conclusions: The framework presented may be helpful to other communities/programs focused on developing interprofessional approaches to evidence-based chronic condition management.

© 2017 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

The United States' (U.S.) Centers for Disease Control and Prevention (CDC) estimates that one-third of Americans aged 65 and over fall each year, contributing to \$31 billion in direct medical costs; an individual fall-related injury hospitalization cost averages more than \$30,000.¹ For this 65 and over age group, falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions; every 13 s, an older adult is treated in the emergency room for a fall and every 20 min, an older adult dies from a fall.¹ As the U.S. population ages, the problem is expected to increase dramatically. Medical professionals and public leaders continue to grapple with how to best positively

impact older adults' quality of life and decrease fall incidence in the community. Evidence based guidelines are available to facilitate fall prevention program development for community-dwelling older adults to include: programs that are multifaceted with interprofessional (IP) fall risk and identification screening with medication and vision assessment; comprehensive exercise programs that include strengthening, balance, and/or endurance training for a minimum of 12 weeks; and home hazard assessment with modifications.^{2,3}

In 2012, fall-related visits to Hamilton County, Tennessee emergency departments were more than double that for all other injury-related emergency visits combined.⁴ Twenty-six percent of the annual emergency department fall visits consisted of older adults, yet accounted for 74.6% of fall-related hospitalizations.⁴ In the Chattanooga, Tennessee community, an IP fall prevention partnership emerged through the identified local public health challenge to decrease fall incidence, an interprofessional forum exploring barriers to as well as resources and opportunities for fall

* Corresponding author. Physical Therapy, #3253, University of Tennessee at Chattanooga, 615 McCallie Ave., Chattanooga, TN 37403, USA.

E-mail address: Nancy-Fell@utc.edu (N. Fell).

prevention, two university-based interprofessional education grants, and a bit of serendipity. Community groups, healthcare professionals, and educators were making progress toward increased fall prevention, but practicing in institutional silos. The need for IP fall prevention collaboration in education and practice became the common ground for a rich partnership between the local health department, university, and many additional stakeholders. The purpose of this paper is to describe the development and evolution of a community-wide fall prevention program that was led by an IP partnership of local community leaders, including those from the university, health department, and an area office on aging and disability.

2. Methods

Fall prevention activities began in two distinct organizational initiatives: the local health department and university. Unintentionally, these parallel initiatives intersected to create a mutually beneficial and productive IP community partnership.

2.1. Health department: fall prevention training and an interprofessional fall prevention forum

2.1.1. Fall prevention training

Before the development of the IP community partnership, the health department was supporting the training of two staff in MaineHealth's Matter of Balance (MOB), an evidence-based fall prevention program developed by Boston University.⁵ These leaders returned from training and initiated a community-wide focus on fall prevention through MOB coach training. Subsequently, the health department hosted a fall prevention forum in response to the Matter of Balance training and a falls prevention awareness day event at an area Lowe's Home Improvement store.

2.1.2. Interprofessional fall prevention forum

Twenty-five community stakeholders, representing public health, education, emergency response, healthcare, and community recreation, participated in the fall prevention forum's two-hour interactive meeting. Using a nominal group technique,⁶ the participants' discussion focused on 4 questions:

1. "What gaps or barriers do you see in reducing or preventing falls in the older adult population?"
2. "What can we do as a community to better meet these needs?"
3. "Whom else should we bring to the table?"
4. "Based on our conversation today, what are some of the recommended next steps?"

In response to this discussion, forum participants identified a need for better coordination and collaboration among medical providers and older adult service providers. Specifically, education is needed to improve providers' knowledge of available resources and to facilitate IP communication, referrals and co-management to facilitate IP communication. Furthermore, participants also cited the need to better market available fall education/prevention/exercise services to providers, community groups, and older adults as limited access to balance screening and/or medical services such as eye care and rehabilitation were cited as barriers to preventing falls in the community.

2.2. University: interprofessional education and practice grant-funded activities

Recognizing that today's students will drive the future of healthcare delivery, it is essential that professional educational

programs teach the importance of IP patient management and how it is practically accomplished in a complex marketplace.^{7,8} Thus, in parallel to the health department's activities, the local university was engaged in two 3-year IP education and practice projects that were funded by the Health Resources and Services Administration (HRSA). These projects were focused on bringing together nursing, nutrition, social work, athletic training, occupational therapy, and physical therapy professional programs. University faculty established IP training standards within the nursing, physical therapy, and occupational therapy curricula. The grants focused on IP curriculum development among graduate programs and the application of current best practice guidelines to clinical experience. One of the activities initiated by the grants involved the faculty team coordinating bi-annual IP health fairs in two high-risk neighborhoods with community-dwelling seniors and two community-sponsored minority health fairs at a local senior community center. These events involved professional students in athletic training, nursing, nutrition, physical therapy, and social work engaging in a variety of screenings, including blood pressure, lower extremity strength, bone density, and functional balance. In addition to the provision of screenings, students participated in structured IP team-building activities designed to encourage strong communication skills and appreciation of one another's professional expertise. Through these community events, fall risk assessment and prevention emerged as an essential IP collaborative focus.

To meet this need, the university IP faculty team developed 10 internet-mediated IP educational modules: two of which focused on impacting student knowledge of the core competencies from the Interprofessional Education Collaborative (IPEC)⁹ and two others that focused on fall risk assessment and prevention. The first core competency focused module introduced students and professionals to the concept of IP collaboration, created awareness of the need for IP collaboration, and compared IP collaboration and compartmentalized care from the perspective of the older adult patient. Over the 3-year grants' development and implementation timelines, a total of 529 individuals viewed this module and completed an accompanying knowledge evaluation. Three hundred eighty-nine individuals also completed the second core competency focused module; wherein, the objectives were to familiarize the students and professionals with IPEC's core competencies of IP collaborative practice and provide a template for behavior in those who wish to adopt the IP model of care. A smaller subset of individuals completed the fall risk assessment and prevention modules which focused on describing the impact of falls on the elderly, identifying the intrinsic and extrinsic risk factors associated with falls, applying the Centers for Disease Control and Prevention's STEADI program¹⁰ for preventing falls in older adults, and identifying interprofessional resources to support decreasing an elderly person's fall risk.

3. Results

Independent health department and university initiatives clarified the need for expansion beyond institutional silos. Ultimately, these groups reached out to community stakeholders and collaborated to host a Fall Prevention Summit.

3.1. Fall Prevention Summit

The Fall Prevention Summit brought together professionals and students in healthcare, social services, community planning, emergency management services, senior living, and other sectors to learn about fall prevention and gain a better understanding of the programs and agencies that impact and serve local older adults.

Download English Version:

<https://daneshyari.com/en/article/5569412>

Download Persian Version:

<https://daneshyari.com/article/5569412>

[Daneshyari.com](https://daneshyari.com)