Preparing the next generation of PAs for age-friendly healthcare to prevent falls

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Disclosure

Benjamin J Smith

- No financial disclosures

Lisa Granville

- No financial disclosures

HRSA Acknowledgement and Disclaimer Statement

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $883,180 with 0.1 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Objectives

At the conclusion of this session, participants will be able to:

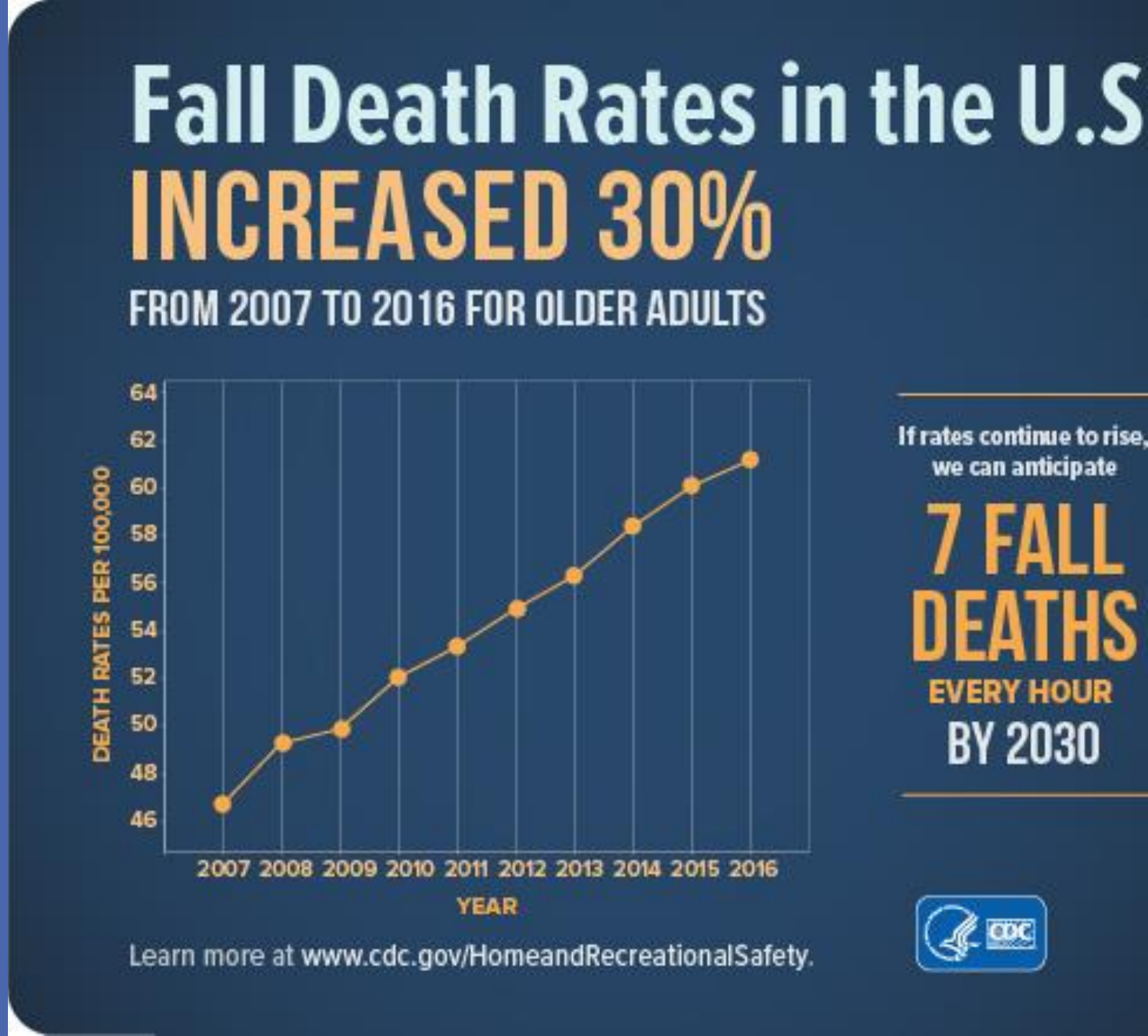
- recognize the morbidity and mortality associated with falls in adults 65 years and older.
- identify the importance of screening tools when evaluating falls risk.

Background and Purpose

- Falls often occur doing Basic Activities of Daily Living
- 36,000 deaths caused by falls in adults 65 years of age and older (2020)
- 3 million emergency department visits by older adults after a fall (2020)
- $50 billion in medical costs for annually for older adults as a result of falls
  - ~75% covered by Medicare and Medicaid
- Falling once is greatest predictor of falling again
- 20% of falls in older adults result in serious injury
  - 800,000 hospitalizations/year
    - Musculoskeletal
    - Head injuries
  - Fear of falling

Background and Purpose

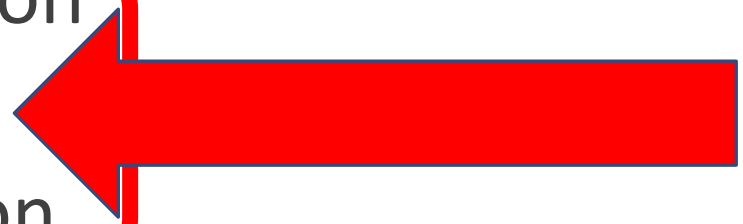
https://www.cdc.gov/falls/facts.html



Background and Purpose

Age Friendly Health Systems

- 4Ms (or 5Ms)
  - What Matters
  - Medication
  - Mobility
  - Mentation
  - Multicomplexity



Description and methodology

- Florida State University School of Physician Assistant Practice Call Back Days
  - Geriatrics session
- Facilitated case-based session focused on mobility
  - History-taking
  - Falls screening
  - Gait recognition
  - Differential diagnosis formulation
  - Treatment plan development
- Retrospective pre- and post-assessment of knowledge, skills, and confidence in Mobility care
  - Quantitative (1-5 Likert scale, 1 (low) to 5 (high))
  - Quantitative descriptions of plans for enhanced clinical practice

Gait Assessment

Tinetti ME. Performance-oriented assessment of mobility problems in elderly patients. J Am Geriatr Soc. 1986 Feb;34(2):119-26.

- Initiation
  - Normal
  - Hesitant start
- Stance
  - Normal
  - Widened/Broad-based
- Balance
  - Normal
  - Unstable
- Posture
  - Normal (Upright)
  - Stooped
  - Kyphotic
- Arm swing
  - Normal
  - Decreased
  - Asymmetric
- Stride length
  - Normal (>2x foot length)
  - Short-stepped
- Step height
  - Normal
  - Decreased
  - Exaggerated
- Speed
  - Normal
  - Slow
  - Other (ex. Fenestrated)
- Turn
  - Stable
  - Unstable
  - En-bloc
- Other Observations

Results

- 56 of 57 (98%) learners completed the post-session survey
- Skill > confidence > knowledge overall before and after ratings
- Knowledge > confidence > skill change post educational activity
- In every category, improvement after training was reported

Results

Domain	Construct	2022 BEFORE (mean)	2022 AFTER (mean)	2022 delta
Knowledge	Fall Prevention Guidelines	2.02	3.40	1.38
Knowledge	Prevalence of Falls	3.48	4.34	0.86
Knowledge	Components of Falls Risk Assessment	3.52	4.45	0.93
Knowledge	Treatments to Prevent Falls	3.64	4.55	0.91
Skill	Administer Get Up and Go Test	3.73	4.50	0.77
Skill	Identify Fall Risk Contributors	3.75	4.63	0.88
Skill	Prescribe Falls Reduction Plan	3.57	4.49	0.92
Confidence	Screen Patient Fall Risk	3.57	4.50	0.93
Confidence	Interpret Get Up and Go Test	3.49	4.42	0.93
Confidence	Evaluate Patient with Falls History	3.54	4.39	0.85
Confidence	Describe Gait Abnormalities	3.09	4.29	1.20
Confidence	Prescribe Falls Treatment Plan	3.40	4.36	0.96
Competence	**Overall**	3.47	4.44	0.97

Results (use two decimal points)

Domain	Average BEFORE	Average AFTER	2022 delta
Knowledge	3.165	4.185	1.02
Skill	3.683	4.540	0.857
Confidence	3.418	4.392	0.974
Competence	3.422	4.372	0.95

Results

- **Learner plans for enhanced Mobility care practice**
  - Gait assessment (n=17)
  - Fall risk assessment (n=14)
    - Get Up and Go test (n=6)
    - SPLATT falls history (n=2)
  - Vision testing (n=4)
  - Home safety evaluation (n=4)
  - Improved gait descriptions (n=3)
  - Medication review (n=1)

Results

- Limitations
  - Self-assessment by learners of knowledge, skill and confidence,
    - Addressed by post assessment, pre-self assessment
    - Faculty facilitators gauged competency during activity
  - Small n, one class, one institution
  - Intentions for practice do not always equate for actual practice

Discussion and conclusions

- Maintaining mobility positively contributes to good health for persons in the geriatrics phase of the lifespan
- After focused mobility training, PA learners identify practical tools for clinical practice related to mobility

Opportunities

- Evaluate falls risk assessment applied in clinical practice
- Evaluate other 4M learning opportunities in PA student learners
- Develop additional 4Ms CME activities for all learners
- Adopt multi-institutional approaches

Contact Information for Sharable Resources

For more information about our GWEP Resources

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