

Survey of Falls-Screening Practices Among Primary Care Providers in an Outpatient Setting

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PURPOSE: Falls are a common and serious problem in older adults. Falling is associated with significant mortality, morbidity, reduced functioning, and premature nursing home admissions¹. Current practice guidelines recommend screening elderly patients for falls.^{1,2} However, primary care clinicians' awareness of and adherence to such guidelines in the outpatient setting are unknown. To this end, we have conducted a survey of primary care providers to assess whether they are currently screening older patients for falls in the outpatient setting. In addition, we will identify existing barriers to screening for falls.

METHODS: The survey (see attached) has been conducted in two large, academic, urban primary care practices; one associated with the Department of Family and Community Medicine and the other, with the Division of Internal Medicine. The survey was administered during existing educational conference sessions. We have evaluated responses from residents, fellows, nurse practitioners, and attending physicians.

RESULTS: The survey was administered in February 2009 and analyzed in March 2009. We obtained 56 surveys. Responses from the Department of Family Medicine included 26 attendings, 18 residents, 5 fellows, and 2 nurse-practitioners. Responses from the Department of Internal Medicine included 4 attendings and 1 nurse-practitioner. Sixty-four (64%) of all providers do not routinely screen for falls in their elderly patients. The top three reasons (out of 7 reasons) providers do not screen for falls are "I do not feel that there is enough time in a visit" (60%), "I am not aware of how to screen for falls" (32%), and "I am unsure how to manage patients once I have identified that they have fallen" (28%). Many providers felt they would be more likely to screen for falls if they had a brief screening tool available, if they received more education about the risk factors that contribute to falls, and if they were made aware of effective, available interventions once they have identified patients at risk for falls.

IMPLICATIONS FOR FUTURE RESEARCH: The data collected from this survey has helped to identify current falls screening rates and some of the existing barriers to falls screening.

Further, the survey will be instrumental in the future design of quality improvement projects to enhance falls screening rates, as well as with the development of interventions for those at high risk for falling.

References:

American Geriatrics Society, British Geriatrics Society, and American Academy of Orthopaedic Surgeons Panel on Falls Prevention, Guideline for the Prevention of Falls in Older Persons, JAGS, 2001; 49: 664-672.

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