SITE G

Program Name: King County EMS

GENERAL PROGRAM DESCRIPTION

1. How long has your program been in operation? 1998
    a. How many individuals have been served from program inception? 100
    b. How many on average do you serve on a monthly basis? varies year to year

2. How many Full-time Equivalents (FTEs) are allocated to the program? run by 10 fire depts, no real FTE's per se

3. Who is served by your program? (*Check all that apply)*
    a. ☒ Elders
    b. ☒ Medicare Recipients
    c. ☐ Dually Eligible (Medicare and Medicaid)
    d. ☐ Catchment area population
    e. ☒ Other: 65 and older, low income fallen or at high risk of falling

4. How do you target individuals eligible to receive benefits under this program? (*Check all that apply*)
    a. ☐ Self-referred
    b. ☒ Referral from MD
    c. ☒ Outreach by program staff
    d. ☒ Other: referrals by other agencies dealing with older folks, from fire dept run sheets, and community presentations

5. Is your intervention or program targeted at people with certain characteristics that deem them at "high risk" for falling? ☐ No ☒ Yes
        a. If **Yes**, how do you define "high risk?" (*Check all that apply)*
            i. ☒ age; specify: 65+
            ii. ☐ gender; specify:
            iii. ☒ history of falling,
            iv. ☒ Other: referred by other agencies and FD/EMS responding to 911 calls for falls, f/u by program
        b. If **No**, then how are program participants identified?

6. Do you use standardized tools or assessment forms in your program?
    ☐ No ☒ Yes

7. Are you able to provide us with a copy of these tools/forms? ☐ No ☒ Yes

8. Does your fall prevention program include one or more of the following Components? (*For each Component, specify whether or not it is included as part of your program's Assessment. If Yes, then tell us how it is addressed as an Intervention*).

Component	Part of Assessment	Intervention
Activities of Daily Living (ADLs)	☐ Yes ☒ No	1. ☐ Suggestions about finding help to care for yourself 2. ☐ Referral to Physician 3. ☐ Referral to Home Care Agency 4. ☐ Other
Instrumental Activities of Daily Living (IADLs)	☐ Yes ☒ No	1. ☐ Suggestions about finding help to do these tasks 2. ☐ Referral to Physician 3. ☐ Referral to Home Care Agency 4. ☐ Other
Cognitive Status	☒ Yes ☐ No	1. ☐ Referral to Physician 2. ☐ Referral to Home Care Agency 3. ☒ Other: if they have skilled personnel
Fear of Falling	☒ Yes ☐ No	1. ☐ Referral to Physician 2. ☐ Referral to Counselor/Therapist 3. ☒ Other: refer to senior services
Medical History Review	☒ Yes ☐ No	1. ☐ Referral to Physician 2. ☐ Other
Medication Review	☒ Yes ☐ No	1. ☐ Referral to Physician 2. ☒ Other: review by Fire Dept
Home Safety	☒ Yes ☐ No	1. ☒ Suggestions 2. ☒ Doing actual modification(s) 3. ☐ Paying for actual modification(s) 4. ☐ Other
Exercise	☒ Yes ☐ No	1. ☒ We make suggestions and encourage exercise 2. ☒ Pamphlets 3. ☐ Video Exercise Programs 4. ☐ Scheduled program in a group setting; Type: Program Duration: ; Frequency of Exercise: 5. ☐ Individualized exercise program; Type: ; Program Duration: ; Frequency of Exercise:
Balance	☐ Yes ☒ No	1. ☐ We make suggestions and encourage balance-related exercises 2. Type of training: 3. Program Duration:

Gait	☒ Yes ☐ No	1. ☐ We make suggestion and encourage gait-related exercises 2. ☒ Training in proper use of ambulatory aides 3. ☐ Other:

9. Do you send a report of your findings and recommendations after you visit the program participant? ☒ No ☐ Yes
   a. If **Yes**, to whom are findings and recommendations reported? (*Check all that apply).*
      i. ☐ Program participant
      ii. ☐ Participant's Primary Care Physician (PCP)
      iii. ☐ Participant's next of kin
      iv. ☐ Other:

10. Who is involved in the program, either for Assessment or Intervention? (*Check all that apply).*
    a. ☐ Administrative Staff
    b. ☐ Nurse
    c. ☐ Social Worker
    d. ☒ Physical therapist
    e. ☐ Medical Doctor
    f. ☒ Emergency Response Unit (EMTs)
    g. ☒ Fire Department
    h. ☐ Volunteers
    i. ☒ Other: public fire educator

OPERATIONAL ISSUES

1. Do you provide educational materials to the program participant?
   ☐ No ☒ Yes
   a. If **Yes**, what do you provide? brochures, checklist, medical information, etc.

2. Do you supply any sort of "gift" or kit with information, supplies or equipment as part of the program? ☐ No ☒ Yes
   a. If **Yes**, what do you provide? fall safety devices, tub bar, wall grab bar, toilet seat risers/frames, bed assist bar, hand held showers, shower stool, transfer bench, etc.

3. If you discover that the program participant could benefit from equipment that might be covered by Medicare or Medicaid, how is this handled?

4. Do you run into any language barriers with the program participants you serve?
   ☐ No ☒ Yes
   a. If **Yes**, how is it handled? sometimes-to the best of our ability

5. In an operational sense, what do you view as the biggest challenge with implementing your program? at the beginning, getting clients to participate, but now it's getting enough funds to comver the expense of the safety devices-budget has been cut from about $58K to $5K per year

6. What feedback do you get from the program participants you serve? Great program! never expected to get things for free

7. What feedback do you get from the people actually performing the intervention or pieces of the intervention? From agencies who refer clients to the program, they wish we could do more clients, they all think it's one of a kind! Intervention people all like the program, a well worth program to keep even if funds dry up

FUNDING REQUIREMENTS

1. How is your program currently funded? Mainly from Central Region EMS and Trauma Care Council, private foundations and donations

2. Have you applied for and/or received any additional funding? ☐ No ☒ Yes
   a. If **Yes**, from which types of organization(s)?
      i. ☒ Governmental agency or body
      ii. ☒ Private institution
      iii. ☐ Private donations
      iv. ☐ Other:

3. Does the program pay for the cost associated with implementing the interventions or recommendations (e.g. home modifications, pill boxes, exercise programs, etc)? ☐ No ☒ Yes
   a. If **Yes**, what is paid for under the program? all fall safety devices
   b. What is the average cost of a typical intervention? $78

4. Does the program participant pay for any part of the intervention?
   ☒ No ☐ Yes
   a. If **Yes, w**hat does the program participant pay for?
   b. What is the typical out of pocket cost?

5. If you took the total costs associated with the program, including the assessment and intervention costs, what would you say the annual per participant costs would be?

$

6. How does this cost breakdown by each component of the intervention?
    a. Internal program staff cost: $
    b. Field staff cost: $
    c. Printed Materials and Mailing: $
    d. Home Modifications: $
    e. Exercise Program: $
    f. Other: cost: $

OUTCOMES MEASUREMENT

1. Do you follow up with the program participants? ☐ No ☒ Yes
    a. If **Yes**, how often? every 3 months
    b. What method(s) do you use to follow up? prestamped post card
    c. What do you find when you follow up? Have they fallen, if yes, where? Did yo call 911, go to ER? Stay overnight in hospital? See your doctor at clinic or office? Did you sustain fracture? What? What caused the fall?

2. Are you measuring program participants' compliance with the recommendations put forth? ☒ No ☐ Yes
    a. If **Yes**, how do you measure this?
    b. What do you find?

3. Do you track program outcomes? ☐ No ☒ Yes
    a. If **Yes**, what specifically do you track? (*Check all that apply)*
        i. ☒ Changes in number of falls
        ii. ☒ Changes in number of repeat falls
        iii. ☐ Changes in number of injurious falls
        iv. ☐ Change in fear of falling
        v. ☐ Change in Emergency Room visits
        vi. ☐ Change in use of outpatient services (Doctor's visits, physical therapy, etc)
        vii. ☐ Change in use of inpatient services
        viii. ☐ Change in Medications
        ix. ☐ Participation in an Exercise program
        x. ☒ Other: calling 911

4. Do you track the program's impact on dollars spent by either the program participant or other funding source like Medicare or Medicaid? ☒ No ☐ Yes

5. Do you have a way of measuring whether the investment in the program is justified by the benefits it yields the program participants? ☐ No ☒ Yes
   a. If **Yes**, what have you found? Results and Summary as of 9/2003

A total of 979 persons have participated in the Falls Factor Program, Participants were on average 78 years ofld with the majority (72%) being female. Three-quarters had experienced a fall in the prior year. Among those who had fallen in the prior year, 38% had call 911 as a consequence of the fall.

Participants were followed for up to a year after enrolling in the Falls Factor Program. Average follow-up was 9 months. During follow-up, 7% of participants died and 32% experienced a fall, producing an estimated 6 month fall rate of 21% and a 1 year fall rate of 43%. (For those with complete follow up for 1 year (56%) the annual fall rate was 37%). Among those who experienced a fall, 33% required 911 assistance and 31% required emergency room evaluation. Among those who had fallen during the year prior to enrollment (the group at highest risk), the calculated 6 month fall rate was 26% and the 1 year fall rate was 52%.

In summary, the Falls Factor Program has involved fire agencies from across King County and served nearly 1000 residents. The program has been well-received by the different fire agencies and participants. Persons enrolling in the program were on average quite old and were typically at high risk of fall and injury based on their prior history. The fall rate was considerably lower than published reports from population based cohorts of persons aged 65 years old and greater. In published reports, the 6 month risk of falls was 67% for persons who had fallen previously compared to 26% in this cohort with a prior fall in the past year.

This analysis has limitations. Given the design (cohort that all receives the Falls Factor Program with no control group), it doesn not prove that the Falls Factor Program reduces the risk of falls, though results support that the program may reduce the risk of recurrent falls.

GENERAL OBSERVATIONS

1. What do you view as the single most important element of <u>your</u> program?
   reduction of re-occurring falls

2. If you could add one element/component to the program to make it more effective, what would it be? Additional $$

3. What is the single most important element to assuring programmatic success?
   Referrals from other agencies

4. What is the single most important barrier to success? Participant's death

5. Do you have any thing else you would like to share with us?

SUGGESTIONS FOR KEY COMPONENTS

If you were designing a new Fall Prevention program from “scratch” what would it look like?