Assessing the effectiveness of the Fall Risk Assessment Tool (FRAT) v.2 in a high-risk geriatric population living in the community

BACKGROUND & SIGNIFICANCE

- Approximately 2.5 million elderly adults are treated in the emergency department for fall injuries each year resulting in direct medical costs of about 34 billion dollars annually.
- Falling once doubles the risk of falling again.
- Falls cause significant disability, hospitalization, loss of independence, and diminished quality of life.
- Falls are the most common cause of injury in the elderly population although they are highly preventable.
- A number of fall risk assessment tools (Morse Fall Scale, STRATIFY, Timed Up, Go Test) are being used today by health care professionals but they may not be clinically meaningful for patients who are already at high risk of falling.

AIM

To assess the effectiveness of the Fall Risk Assessment Tool (FRAT) v.2 to predict the number and severity of falls in a population of older adults with a high baseline fall risk.

METHOD

The study was conducted at Harbor Health Services, Inc. located in Mattapan, MA and involved patients enrolled in a Program of All-Inclusive Care for the Elderly (PACE). An interdisciplinary team (IDT) of medical, rehabilitation, social services, pharmacy, and dietary professionals created a second version of the FRAT.

Inclusion Criteria: population enrolled in the PACE program for at least 6 months, residing in a community setting (home, assisted living facility, or senior housing) and assessed by the IDT between July and August 2015.

Exclusion Criteria: PACE participants living in a skilled nursing facility or long-term care facility.

DATA & RESULTS

Assessment: Among the patients who did not fall in the previous 6 months, additional data were collected according to the FRAT V.2.

Outcome: Number of Falls

There were a total of 35 unique falls during the six months following initial FRAT v.2 assessment.

The fall rate per member per month was 0.11.

Outcome: Severity of Falls

Fall severity was determined by the Quality Assurance nurse based on National PACE Association standards.

From total of 35 falls, 1 was found to be unknown in severity.

74% of the falls resulted in no injury or only minor injury.

Table 2: Severity of Falls

<table>
<thead>
<tr>
<th>Total Falls (n=35)</th>
<th># of Falls</th>
<th>% of Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1: No injury</td>
<td>18</td>
<td>51.43</td>
</tr>
<tr>
<td>F2: Minor injury</td>
<td>8</td>
<td>22.86</td>
</tr>
<tr>
<td>F3: Moderate injury</td>
<td>6</td>
<td>17.14</td>
</tr>
<tr>
<td>F4: Major injury</td>
<td>2</td>
<td>5.71</td>
</tr>
</tbody>
</table>

CONCLUSION

Baseline analysis of FRAT v.2 is now complete and phase 2 analysis will commence to predict the correlation of 6-month risk and the severity of falls in this high-risk geriatric population.

REFERENCES


IRB review was not required, however project was approved by the Quality Assurance and Performance Improvement committee at the clinic site.