# **What is STEADI?**

**St**opping **E**lderly **A**ccidents, **D**eaths & **I**njuries is a set of tools and educational materials developed by the Centers for Disease Control and Prevention (CDC) to help providers:

* Identify patients at low, moderate, and high risk for a fall
* Identify modifiable risk factors; and
* Offer effective interventions

Researchers at CDC’s Injury Center have created STEADI expressly for you—health care providers who treat older adults who are at risk of falling or who may have fallen in the past.

As a health care provider, you are already aware that falls are a serious threat to the health and well-being of your older patients. More than one in four people aged 65 and older falls each year, and over 2.8 million are treated in emergency departments annually for fall injuries. You play an important role in caring for older adults and you can help reduce these devastating injuries. STEADI contains resources and tools that will help make fall prevention an integral part of your clinical practice.

STEADI includes a simple algorithm adapted from the American and British Geriatric Societies’ Clinical Practice Guideline. STEADI includes basic information about falls, case studies, conversation starters, and standardized gait and balance assessment tests (with instructional videos). In addition, there are educational handouts about fall prevention specifically designed for patients and their friends and family.

Online materials can be found at [https://www.cdc.gov/steadi/.](https://www.cdc.gov/steadi/)

# **What is the STEADI Clinical Decision Support Tool for Centricity?**

The CDC, American College of Preventive Medicine (ACPM), a team of physicians, researchers, and PatientLink worked together to design and build a fall risk clinical decision support (CDS) tool. This tool will step Centricity users through the STEADI algorithm to help you incorporate fall risk assessment and fall prevention into your clinical practice - and enhance your efforts to help older adults stay healthy and independent.

## **Contents of the Kit**

The kit contains two encounter forms which can be used separately and will be fully explained in this document:

* A four tab encounter form: “Fall Risk Intervention-STEADI”.
* A single tab encounter form: “Fall Risk Medication Review” (subset of the STEADI EF above)

## **Basic Design**

* As you progress through the form, recommended “Next Steps” are highlighted in yellow.
* Blue buttons with yellow text will bring you to online resources.
* Reference and help buttons are located throughout the form.
* When specific Centers for Medicare and Medicaid Services (CMS) and Physician Quality Reporting System (PQRS) measures have been met, a message will be displayed on the form to indicate the appropriate observation terms have been documented for reporting needs.
* If desired, the document text can be condensed by clicking “Show condensed text” in the upper left of tab 1.

## **The ‘Fall Risk Intervention-STEADI’ encounter form contains the following high level elements:**

* Tab 1 documents the patient’s fall risk self-assessment/screening which auto generates the patient fall risk score based on the patient’s answers.
* Tab 2 allows you to document gait, strength, and balance; postural hypotension; vision; and mobility assessment results. The form will auto generate the patient’s fall risk based on the combined results of tab 1 and tab 2.
* Tab 3 will identify any high risk medications on the patient’s chart and provide documentation methods.
* Tab 4 allows you to document a focused physical, referrals, whether educational materials were given to the patient, and the patient’s care plan.

## **Tab 1: Fall Screen:**

This tab allows you to document the results of the patient fall risk self-assessment tool based on the STEADI Stay Independent brochure, available online at [www.cdc.gov/steadi](http://www.cdc.gov/steadi).

The form will auto score and display the patient’s fall risk, then highlight next steps in yellow.

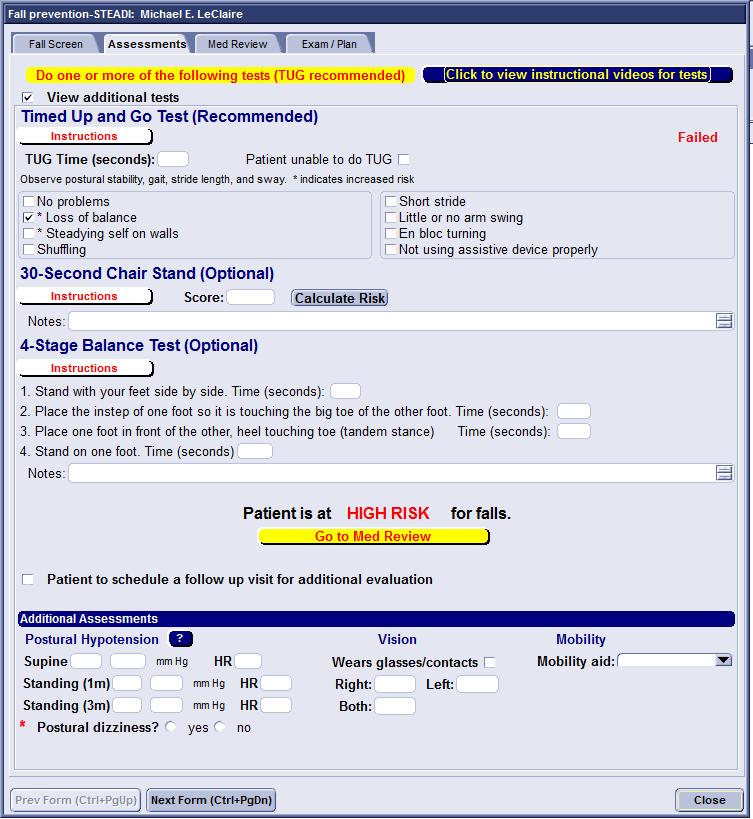
Note: Users of PatientLink software can automate the self-assessment data entry. For questions concerning this process, please contact [Sales@MyPatientLink.com](mailto:Sales@MyPatientLink.com) or [Debi@MyPatientLink.com](mailto:Debi@MyPatientLink.com).



## **Tab 2: Assessments:**

This tab allows you to document gait, strength, and balance; postural hypotension; vision; and mobility assessment results. A fall risk (moderate or high) will be calculated based on the result of these test(s) and the fall screen on the previous tab.

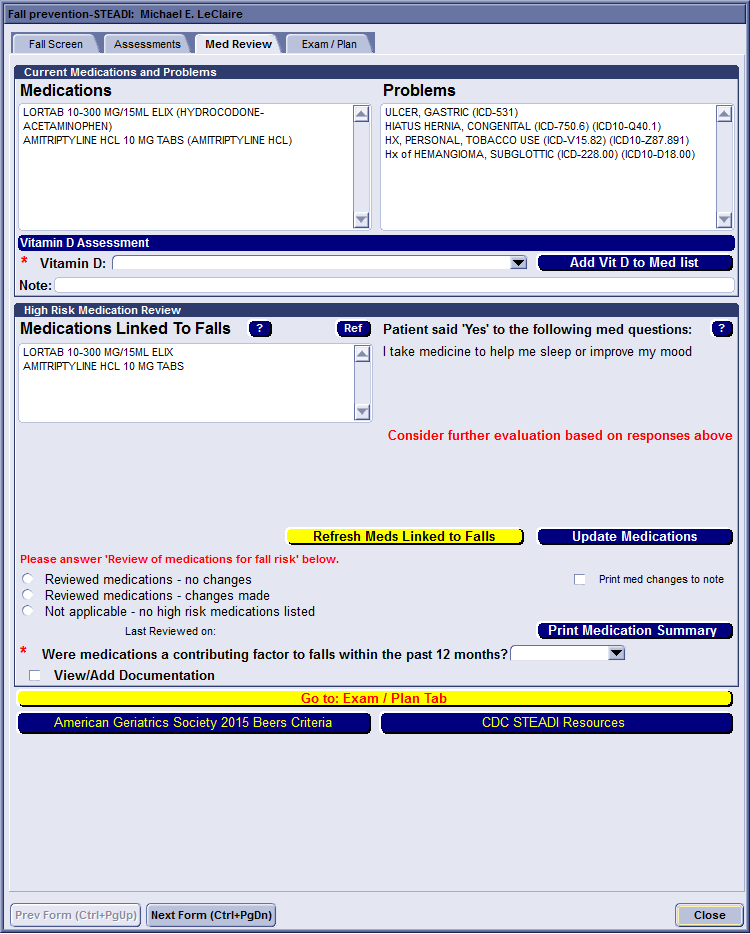
* Instructional videos are available to view by pressing the button in the upper right.
* Written instructions for each test are viewable by pressing the white button below the test name



## **Tab 3: Med Review:**

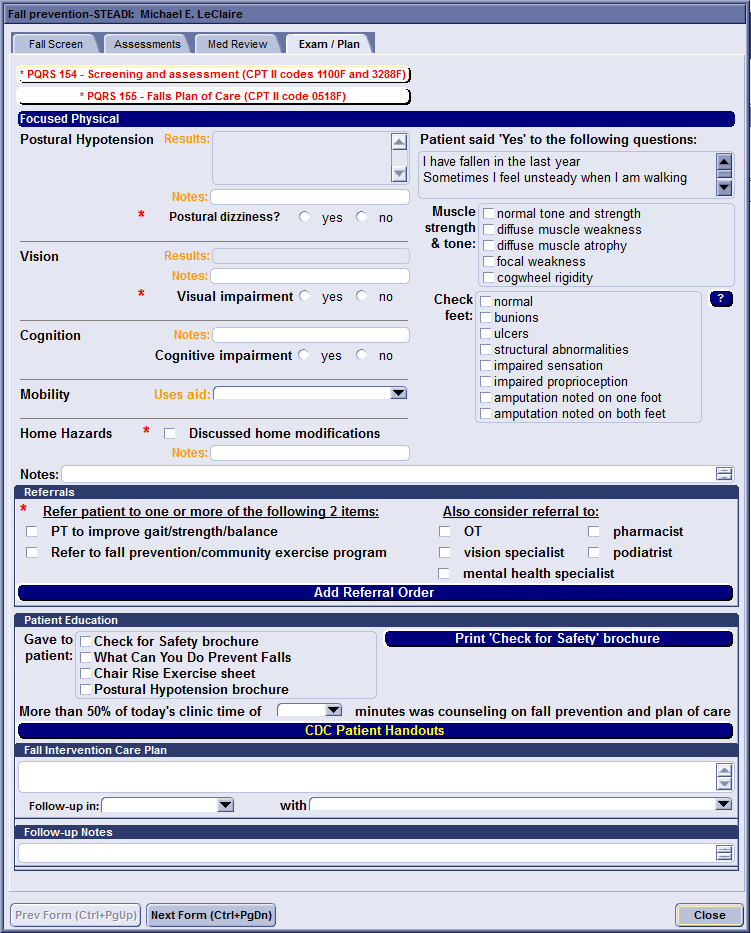
This tab makes it easier to stop, switch, or reduce medications that put your patients at increased risk of falling. High risk medications - listed in the center of the form under **Medications Linked to Falls** - are identified based on the Beers List medications with the strongest evidence for increased risk of falling. The classes include anticonvulsants, antidepressants, antipsychotics, benzodiazepines, opioids, and sedatives-hypnotics.

The patient’s complete list of current medications and problems are listed at the top of the form to assist the physician with decision making when considering modify medications.



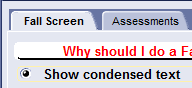
## **Tab 4: Exam / Plan:**

This tab lists the results entered from tab 2 and provides areas to document a focused physical, referrals, patient education, and care plan.



## **Chart Note:**

On tab 1, clicking “Show condensed text” will show a condensed text translation



This is an example of a condensed chart note:

**Fall Prevention**

**Patient Self-Assessment Today's score:** 5 **Risk Level: Increased Risk**

**Fall History**

**Number of falls in past year:** 2 **Sustained a fall injury?** yes

**Circumstances of fall:** fall note

**Gait, Strength, Balance Test**

**Timed Up and Go Test Time:** 10 seconds **Result:** Pass

**Observation:** Little or no arm swing, Not using assistive device properly

**30-Second Chair Stand Notes:** 30-second note

**4-Stage Balance Test Result:** Failed **Notes:** note for 4-stage

**Medication Review**

Patient currently taking at least 800 IU Vitamin D

Reviewed medications - changes made

Removed medication of ALPRAZOLAM ER 0.5 MG XR24H-TAB (ALPRAZOLAM)

**Medications were a contributing factor to falls within the past 12 months.**

**Reason to retain medication:** FANAPT 10 MG TABS; Refer to specialist/pharmacist

**Focused Physical**

**Postural Hypotension Results:** Supine: **100**/**90** Stand (1 min): **200**/**80** Stand (3 min): **300**/**70**

Postural dizziness? **yes**

**Vision Results:** R **20/20**; L **30/30**; Both **40/40** Notes: vision note

Visual impairment: **yes**

**Cognition:** Impairment: **no**

**Mobility aid:** cane

**Muscle Strength & Tone:** diffuse muscle weakness, diffuse muscle atrophy

**Feet:** bunions, ulcers, impaired proprioception

**Referrals**

**Referred patient to:** PT to improve gait/strength/balance, Refer to fall prevention/community exercise program, OT, vision specialist,

**Patient Education**

Discussed home modifications Notes: Discussed adding more lighting to the hallway.

**Gave to patient:** Check for Safety brochure, Chair Rise Exercise sheet

**More than 50% of today's total clinic time of 10 minutes was on counseling the patient/family face to face to go over the care plan with regards to fall prevention and plan of care.**

**Fall Intervention Care Plan**

**Follow-up in:** 1 week with office visit

This is an example of a full chart note (without “condensed” chosen):

**Fall Prevention**

**Patient Self-Assessment Today's score:** 5 **Risk Level: Increased Risk**

**I have fallen in the past year: Yes**

Sometimes I feel unsteady when I am walking: No

I am worried about falling: No

I use or have been advised to use a cane or walker to get around safely: No

**I steady myself holding onto furniture when walking at home: Yes**

**I need to push with my hands to stand up from a chair: Yes**

**I have trouble stepping up onto a curb: Yes**

**I often have to rush to the toilet: Yes**

**I have lost some feeling in my feet: Yes**

**I take medicine that sometimes makes me feel light-headed or more tired than usual: Yes**

I take medicine to help me sleep or improve my mood: No

I often feel sad or depressed: No

**Fall History**

**Number of falls in past year:** 2 **Sustained a fall injury?** yes

**Circumstances of fall:** fall note

**Gate, Strength, Balance Test**

**Timed Up and Go Test Time:** 10 seconds **Result:** Pass

**Observation:** , Little or no arm swing, Not using assistive device properly

**30-Second Chair Stand Notes:** 30-second note

**4-Stage Balance Test Result:** Failed **Notes:** note for 4-stage

1. Stand with your feet side by side. Time (seconds): **1**

2. Place the instep of one foot so it is touching the big toe of the other foot. Time (seconds): **2**

3. Place one foot in front of the other, heel touching toe. Time (seconds): **3**

4. Stand on one foot. Time (seconds): **4**

**Medication Review**

Patient currently taking at least 800 IU Vitamin D

Reviewed medications - changes made

Removed medication of ALPRAZOLAM ER 0.5 MG XR24H-TAB (ALPRAZOLAM)

**Medications were a contributing factor to falls within the past 12 months.**

**Reason to retain medication:** FANAPT 10 MG TABS; Refer to specialist/pharmacist; fan note

**Focused Physical**

**Postural Hypotension Results:** Supine: **100**/**90** Stand (1 min): **200**/**80** Stand (3 min): **300**/**70**

Notes: post note

Postural dizziness? **yes**

**Vision Results:** R **20/20**; L **30/30**; Both **40/40** Notes: vision note

Visual impairment: **yes**

**Cognition:** Impairment: **no** Notes: cog note

**Mobility aid:** cane

**Muscle Strength & Tone:** diffuse muscle weakness, diffuse muscle atrophy

**Feet:** bunions, ulcers, impaired proprioception

**Referrals**

**Referred patient to:** PT to improve gait/strength/balance, Refer to fall prevention/community exercise program, OT, vision specialist

**Patient Education**

Discussed home modifications Notes: Discussed adding more lighting to the hallway.

**Gave to patient:** Check for Safety brochure, Chair Rise Exercise sheet

**More than 50% of today's total clinic time of 10 minutes was on counseling the patient/family face to face to go over the care plan with regards to fall prevention and plan of care.**

**Fall Intervention Care Plan**

**Follow-up in:** 1 week with office visit

Questions

*Debi Willis, PatientLink Enterprises:* [*Debi@MyPatientLink.com*](mailto:Debi@MyPatientLink.com)

**PLEASE NOTE: This toolkit is being given at no charge. All responsibility and liability for use resides with the user.**

**Though I will be happy to answer general questions, technical support is not part of this free product.**