

# THE R.A.C.E. TO PREVENT FALLS

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## Background

40-50% of people aged 75 and over living in the community fall each year with 30% of these falls resulting in injuries that reduce mobility and independence. Adherence to home safety recommendations has been shown to be just over 50%. The Rapid Access of Care and Evaluation (R.A.C.E.) program was developed to assess and address risks which may predispose geriatric patient to falls.

## Aims

- 1) Identify the primary types of falls prevention and falls management interventions provided by R.A.C.E. allied health professionals and medical staff, and
- 2) identify barriers that impede patient/care uptake and adherence to falls prevention and falls management recommendations.

## Methods

Data were extracted from the medical records of 15 geriatric patients aged 70+ with repeat fall presentations on R.A.C.E. Data was manually coded and analysed for themes.

## Results

4 primary types of interventions emerged: Falls educations, Home exercise programs, Home modifications, Equipment prescriptions, Referrals to external agencies.

7 primary barriers to the uptake of recommendations emerged: decreased functional status, impaired cognitive function, lack of readiness for change, level of education and health literacy, limited social supports, limited financial resources, and limited provision of culturally appropriate and responsive interventions. Inadequate follow-up of allied health professional and medical staff recommendations by patients and/or their carers was frequently noted on the patients second presentation.

## Conclusions

The inadequate uptake, follow-up and adherence to falls prevention and falls management interventions highlights the complexities involved in providing a 'just right' level of fall management for geriatric patients. The development of client-centred and culturally sensitive falls prevention and management strategies must remain a primary focus of improving patient outcomes on post-acute community-based care services like R.A.C.E.

## Successful interventions facilitate:

Reflection

Accessibility

Collaboration

Engagement

