Addressing Treatment for Fall Risk Patients in Cardiopulmonary Rehabilitation

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Addressing Treatment for Fall Risk Patients in Cardiopulmonary Rehabilitation

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INTRODUCTION
• The incidence of falls is of great concern in older adults and U.S. health care costs for fall injuries are significant.
• 1 in 4 older adults over age 65 fall each year and many of these falls are preventable.
• Falls reduce the confidence, activity level, independence and quality of life for older adults.
• Many cardiac and pulmonary rehabilitation programs often do not include fall risk treatment as part of their approach to patient care.

OBJECTIVE/PURPOSE
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METHODS
• Data was collected by chart review for 9 months (Oct. 2018–June 2019).
• Collected data included:
  • Total number of positive fall risk patients per month per site.
  • Number of patients who were correctly assigned core/balance exercises in the initial exercise prescription.
  • Pre and post-program TUG scores.
  • Due to a fair occurrence of program dropouts, a repeat TUG test was added at each 30 day individual treatment plan review.
  • Percent change of TUG test scores was calculated to reflect benefit of treatment.

RESULTS
• 241 total patients were identified as fall positive fall risk throughout the 3 sites.
• Pre/post or reassessment data was successfully collected on 75 patients.
• Only patients with pre/post/reassessment TUG data or pre/post/ reassessment GQL data were included in calculations.
• 85% of patients showed improvement in TUG performance post-program or at reassessment.
• At reassessment, 15% of patients improved TUG scores from the high risk to the low risk category for falls (TUG score < 14 seconds).
• No high risk fall patients requested referral to physical therapy for balance or gait training.
• Staff compliance in assigning balance treatments improved from an average of 52% in the first 3 months to 95% in the subsequent 6 months.

OVERALL RESULTS
• Scores improved by an average of 17%.
• Individual improvements ranged from 1% to 83%.

QUALITY OF LIFE SCORES
• Scores improved by an average of 10%.
• Individual improvements ranged from 2% to 62%.

CONSIDERATIONS/LESSONS LEARNED
• Because balance assessment had not been a routine part of cardiopulmonary rehabilitation, staff initially had difficulty remembering to include the TUG test in their patient assessments.
• There was no way to tell the impact of a patient's collaborative program on improved TUG and GQL scores.
• Only 31% of data was eligible to calculate the project's results due to program dropout rates of 25-50% for this population, clinician's failure to conduct a post program TUG test, and patients not completing the program by the end of June 2018.
• Adding TUG reassessment at each 30 day ITP review:
  • The exercises provided a helpful, purposeful break for deconditioned patients who needed to rest between cardiovascular modes.

REFERENCES

SITE SPECIFIC RESULTS

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<th>SITE</th>
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