UCSF Medical Center- Falls Prevention Program Clinician Survey

The purpose of this study is to collect information about the processes and effectiveness of the recent UCSF Clinical Falls Risk Assessment and Intervention Protocol (*i.e., STEADI [for PT, this includes 4-Stage Balance, Sit to Stand, Gait Speed and 6-clicks; for RNs, this includes STRATIFY]*) applied to at-risk adults 65 years and older who are hospitalized in an inpatient environment for 48 hours or longer but are within 18 hours of hospital discharge. Your participation in this important initiative is greatly appreciated.

DEMOGRAPHICS:

Please provide some information about you...						
Age	☐ < 30	☐ 30-39	☐ 40-49	☐ 50-64	☐ 65+	
What sex were you assigned at birth, on your original birth certificate?	☐ Female	☐ Male				
Years in clinical practice	☐ < 5	☐ 5-9	☐ 10-14	☐ 15-19	☐ 20 +	
Professional preparation/role	☐ MD	☐ NP	☐ PA	☐ RN	☐ PT	☐ Other
Degrees held [check all that apply]	☐ AD	☐ BA/BS	☐ MA/MS/MPH	☐ MD	☐ Doctorate	☐ Other
Daily number of patients you care for that are assessed for fall risk	☐ < 3	☐ 3-5	☐ 6-10	☐ 10 +		

Primary Unit/Department/Service/Location: _____

On average, how much time do <u>you</u> spend <u>per patient at each visit</u> performing each of the following activities?	Time (minutes)	Not my role
Assess for falls risk using STRATIFY	____ min	☐
Perform a functional outcome measure to determine fall risk	____ min	☐
Conduct a medication review	____ min	☐

Develop a Fall Risk Intervention Plan	____ min	☐
Provide education to patient/family/caregivers about reducing fall risk	____ min	☐
Refer to inpatient physical therapy	____ min	☐
Refer to outpatient physical therapy or a community-based fall prevention program	____ min	☐
Communication with outpatient primary care provider regarding falls risk	____ min	☐
Communication with discharge facility regarding falls risk	____ min	☐
Referrals to specialists (i.e. podiatrists, ophthalmologists) at discharge to address fall risk factors	____ min	☐
Other fall risk assessment or fall intervention (please specify):	____ min	☐

Indicate your level of agreement or disagreement with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not My Role
The training that I received adequately prepared me to conduct Clinical Falls Risk Assessments with older adults.	☐	☐	☐	☐	☐
Performing Clinical Falls Risk Assessments with older adults is a high priority for me in my clinical practice.	☐	☐	☐	☐	☐
The time required to perform the Clinical Falls Risk Assessments and Intervention protocol with older adults is reasonable and efficient.	☐	☐	☐	☐	☐
I believe that conducting Clinical Falls Risk Assessments and developing an Intervention protocol for those at risk results in … … Fewer falls and fall-related injuries for my patients. … Lower overall costs for my healthcare organization.	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
The screen layout in the electronic health record (EHR) makes documenting a Clinical Fall Risk Assessment and Intervention protocol… … Quick … Easy … Complex … Time-consuming	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
The discharge medication review process is an effective tool to assist me in identifying medications that increase fall risk in older adults at discharge.	☐	☐	☐	☐	☐
The Clinical Falls Risk Assessment and Intervention protocol (that includes STEADI, STRATIFY, etc.) …					
… provides quick and easy ways to identify patients who are at risk for falls	☐	☐	☐	☐	☐
… makes it easier for me to refer a patient for the appropriate evaluation (i.e., PT, Ophthalmologist, Podiatrist, exercise therapy, etc.)	☐	☐	☐	☐	☐
… complicates steps in my clinical workflow	☐	☐	☐	☐	☐

Indicate your level of agreement or disagreement with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not My Role
… provides effective methods to help reduce falls after discharge	☐	☐	☐	☐	☐
… contributes significantly to improving overall quality of care and health outcomes	☐	☐	☐	☐	☐
… provides useful and effective patient/family falls risk educational guidance/materials at discharge	☐	☐	☐	☐	☐
…hinders communication and collaboration with other disciplines	☐	☐	☐	☐	☐

What elements of the Clinical Falls Risk Assessment and Intervention protocol are the most and least useful?

Most Useful:

-
-
-

Least Useful:

-
-
-

on protocol?

How can the Clinical Falls Risk Assessment and Intervention protocol be improved? (Please provide a brief text response below.)

Any other thoughts regarding falls and fall assessment/intervention that you want to share with the team? (Please provide a brief text response below.)