Creating a Work-Around to Implement Fall Risk Screening For Older Adults Using Appointment Notes
Case Study - University of Utah, Sugar House Health Center Primary Care

Intervention: An Interdisciplinary team of clinicians at the University of Utah's Sugar House Health Center Primary Care created a quality improvement (QI) initiative around workflows specific to the unique needs of older adults, including screening for opioid-related risks. The team chose to focus this project on fall risk. The QI goal was to identify the patients at highest risk for an adverse event (i.e., fall) before a hospital event occurred. The QI team planned to create a questionnaire embedded in their electronic health record (EHR) system to be completed by patients before their visit to trigger the workflow. However, the office that handles updates to the EHR (including embedded questionnaires) was backlogged. Instead, the QI team implemented a manual process of adding appointment notes to flag upcoming appointments for eligible patients and reminding the clinician to complete a fall-risk assessment with the patient.

PRACTICE SNAPSHOT: University of Utah, Sugarhouse Clinic Sugar House Health Center Primary Care

► A hospital-affiliated residency and community clinic within the University of Utah system
► Clinicians: 45 MDs/DOs, 5 PAs, 2 NPs, 5 LPNs[1]
► Number of patients: 41,000
► Quality Improvement team: The (PA) QI lead was supported by a PhD clinical psychologist to implement this project. Each resident at the clinic is required to complete a QI project.
► Electronic Health Records system: Epic
► Percent of older adult patients (60+): 40%

Implementing the Quality Improvement Project:

► The QI lead reviewed patients with upcoming appointments and created an appointment note for older adult patients on long-term opioid therapy (LTOT).
► The appointment note prompted clinicians to use a three-question version of the Stopping Elderly Accidents, Deaths & Injuries (STEADI)[2] fall-risk assessment tool that was already built into the Epic EHR.
► The QI team conducted an educational session on opioids and older adults for clinical staff, with between 70 and 100 attendees.

In addition, the QI lead at Sugar House Health Center Primary Care:

► Submitted a request to the EHR team to create an embedded questionnaire that patients fill out ahead of the visit to replace the manual screening process.
► Identified the need for an updated reminder in Epic to automatically prompt clinicians to complete the STEADI fall-risk screen when appropriate.

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1   MD = Medical Doctor; DO = Doctor of Osteopathic Medicine; PA = Physician Assistant; NP = Nurse Practitioner; LPN = Licensed Practical Nurse.
2   The STEADI algorithm for fall risk screening, assessment, and intervention is a tool developed by CDC for clinicians to help reduce fall risk among older adult patients.

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🛠️ Quality Improvement Tools Implemented

▶ The QI team at Sugar House Health Center Primary Care used an existing 3-question STEADI fall-risk assessment screening tool that was integrated into the EHR.

▶ They created a manual process for adding appointment notes to alert clinicians of upcoming visits with eligible patients to complete the STEADI screener.

QI Metrics: To track implementation progress, the QI team monitored screening rates of older adults with opioid-related risks/fall risk as their QI metric.

The Sugar House team defined a 3 month pre-intervention period and a 9 month period to test the intervention. Over the course of this entire 12-month period, the use of the screening tool increased from 11% to 25% of eligible patients following the initiation of the QI project and education for clinical staff about the risks of opioids in older adults.

Sugar House Clinic Screening Rates of Older Adults with Opioid-related Risks/Fall Risk

Quarter	Patient screening rate (%)
Q1	11
Q2	24.8
Q3	28
Q4	25
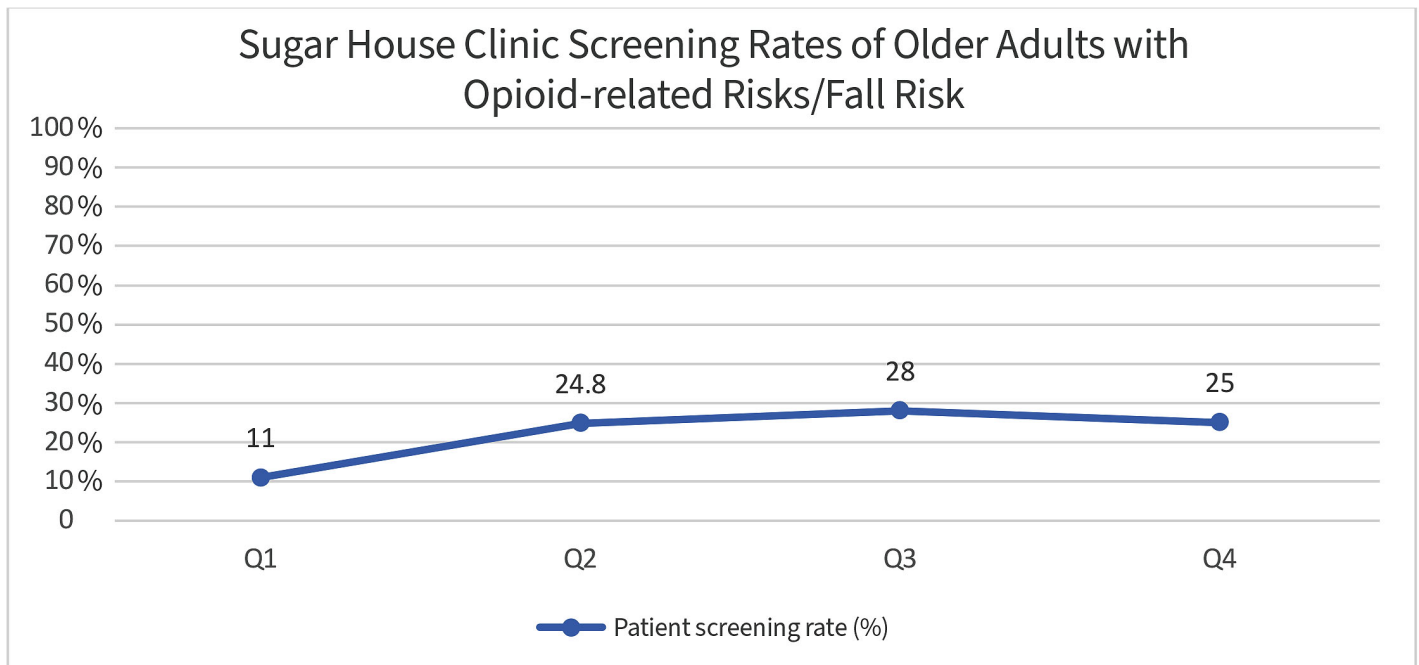
Barriers to Implementation: The QI team faced implementation barriers, including limited staff capacity during the COVID-19 emergency. Other barriers included:

▶ **Lengthy approval process for automation.** Sugar House Health Center Primary Care is part of a large, centralized organization and changes need to be approved at multiple levels. The request to introduce the embedded patient questionnaire to screen for other opioid-related risks has been awaiting development for over a year.

▶ **Low priority issue.** QI team staff viewed this project as one with low priority because the population of older patient on opioids is relatively small compared to other patient populations (just over 200 patients). The QI team also had multiple ongoing QI projects focused on larger populations of patients, making it difficult to maintain momentum on this effort.

▶ **Hard to remember.** During a busy day, from one visit to the next, it was hard for clinicians to remember to do the fall-risk screening. Even with an appointment note, competing priorities during a patient visit may mean the screening does not happen.

Facilitators to Implementation:

► **Screener was simple to use.** Three questions from STEADI tool were built into Epic. When the QI project started, staff found the tool accessible and straightforward to use when prompted by the QI lead to screen an eligible patient.

► **Screener was easy to adopt.** The QI team limited this QI intervention to the three screening questions for ease of adoption, even though the STEADI tool is a longer questionnaire.

► **Eligible patients flagged.** The QI lead took responsibility for flagging patients eligible for screening, making sure the responsibility did not fall on other clinicians.

► **QI culture.** An existing QI culture at Sugar House Health Center Primary Care helped staff adopt the new process with ease.

Lessons Learned from Sugar House Health Center Primary Care:

► **Find workaround solutions** to test the value of an intervention when running up against organizational barriers, such as using a manual screening flag instead of an automated EHR prompt.

► **Name a champion** who can keep up the momentum and drive the work. In this case, the QI lead played that role.

► **Keep strategies as streamlined and efficient as possible**, with the least amount of effort asked of clinicians and staff. For example, a full STEADI fall risk assessment might require up to 20 minutes, which is not feasible in a typical primary care clinic. Using the short version of the tool was a more practical approach.

Next Steps:

To make these changes permanent, Sugar House Health Center Primary Care is focusing on the following step:

► **Automate the process.** The QI team plans to pursue embedding the patient questionnaire or a series of questions within chronic pain note templates that would automatically prompt the fall-risk screening workflow.

A New Resource for Primary Care Practice

The Agency for Healthcare Research and Quality published the Opioid Use in Older Adults Compendium, developed by Abt Associates through the *Identifying and Testing Strategies for Management of Opioid Use and Misuse in Older Adults in Primary Care Practices* contract # HHSP233201500013I.

The Compendium was developed through a three-stage process:

(1) an environmental scan and literature review that identified knowledge gaps, tools, and resources,

(2) input from experts in quality improvement, geriatrics, and pain management, and

(3) testing of the Compendium strategies by primary care practices that participated in the AHRQ Learning Collaboratives.