



Home Care Visits Can Assist in Fall Prevention Practices for Older Patients

According to a review recently reprinted in the *Cochrane Database of Systematic Reviews*, approximately 30% of people over 65 years of age living in the community fall each year. This puts the elderly population, especially outpatients, at increased risk of rehospitalization.

“Around 10% of falls result in a fracture; fall-associated fractures in older people are a significant source of morbidity and mortality,” the review authors state. Preventing these falls at home can reduce hospitalization rates for elderly patients. Because falls can also have psychological consequences (e.g., fear of falling), this can lead to self-restricted activity by the patient through avoiding physical activity and social interaction. Additionally, “[f]alling puts a strain on the [patient’s] family and is an independent predictor of admission to a nursing home.”

EFFECTIVE PREVENTION STRATEGIES

The reviewers covered trials of fall prevention that had an inclusion criterion of 60 years of age or older. The trial participants were living at a residence that did not provide residential health-related care or rehabilitative services. Overall, the review examined 159 trials with 79,193 participants.

Data were compared against control groups in each study that did not have a fall prevention intervention implemented. Out of the trials surveyed, the reviewers reported the following conclusions:

- Multi-component group exercise reduced rate of falls (rate ratio [RaR] 0.71; 95% confidence interval [CI] 0.63 to 0.82) and risk of falling (risk ratio [RR] 0.85; 95%

CI 0.76 to 0.96) as did multi-component home-based exercise (RaR 0.68; 95% CI 0.58 to 0.80 and RR 0.78; 95% CI 0.64 to 0.94)

- Multi-factorial interventions that include individual risk assessment reduced rate of falls (RaR 0.76; 95% CI 0.67 to 0.86) but not risk of falling (RR 0.93; 95% CI 0.57 to 0.87)
- Home safety assessment and modification interventions reduced both rate of falls (RaR 0.81; 95% CI 0.68 to 0.97) and risk of falling (RR 0.88; 95% CI 0.80 to 0.96), and “appear to be more effective when delivered by an occupational therapist”
- Gradual withdrawal of psychotropic medication reduced rate of falls (RaR 0.34; 95% CI 0.16 to 0.73) but not risk of falling

Overall, exercise programs and home safety modifications proved most effective in fall prevention. Physical and occupational therapists on the home health care team can help implement these interventions to ensure homebound patients are best equipped to avoid falls and risk of falling.

To determine which patients are most in need of these interventions, the review authors recommend physicians ask patients, “In the past month, have you had any fall including a slip or trip in which you lost your balance and landed on the floor or ground?” Determining which patients are most at risk can assist home health teams in putting best fall prevention strategies into practice.

Source: Gillespie LD, Robertson MC, et al. *Interventions for preventing falls in older people living in the community*. Cochrane Database of Syst Rev 2012;(9): CD007146. DOI: 10.1002/14651858.CD007146.pub3.

“Interventions to improve home safety appear to be effective, especially in people at higher risk of falling and when carried out by an occupational therapist.”

—Lesley D. Gillespie, et al,
Cochrane Bone, Joint, and Trauma
Group, Cochrane Database of
Systematic Reviews

CMS Website Eases Transition for Health Care Practices into ICD-10 Compliance

In an effort to assist medical practices into ICD-10 compliance by the deadline on October 1, 2015, the Centers for Medicare and Medicaid Services (CMS) has launched a website designed to guide physicians through implementing the required changes.

ICD-10 will be replacing the ICD-9 code sets that are currently used to report medical diagnoses and inpatient procedures. "The transition to ICD-10 is occurring because ICD-9 procedures limited data about patients' medical conditions and hospital inpatient procedures," states a CMS pamphlet linked on the website. "ICD-9 is 30 years old, has outdated terms, and is inconsistent with the current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full."

The new ICD-10 coding system has two parts. The first, ICD-10-CM, is for diagnosis coding in all U.S. health care settings. The second, ICD-10-PCS, is for inpatient procedure coding in hospital settings only. **This change will affect everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), not just practices that submit Medicare/Medicaid claims.** After the October 1 deadline, claims with ICD-9 codes cannot be paid. Even organizations that are not governed by HIPAA should be aware that their ICD-9 coding may become obsolete.

WEBSITE RESOURCES

The website includes links to compliance resources such as Medscape Education video modules that provide guidance for ICD-10. Continuing medical education (CME) and nursing continuing education (CE) credits are available to those who complete the modules.

For small physician practices, the CMS ICD-10 webpage links to a special site that is geared specifically toward addressing their needs during the coding transition. This website, www.Roadto10.org, explains how these small practices will benefit from the change: "From proper observation and documentation to improved clinical documentation, progress notes, operative reports, and histories, the benefits of ICD-10 begin with enhanced clinical documentation enabling physicians to better capture patient visit details and lead to better care coordination and health outcomes."

Providers can find links to the list of ICD-10 codes on the website sidebar. The website also recommends that providers contact their "payers and trading partners to request a copy of the crosswalk mapping tool they are utilizing to ensure its accuracy."

Although the American Health Information Management Association (AHIMA) recommends that ICD-10 training (documentation training for physicians, physician assistants, and nurses; coding training for medical and administrative staff) begin no later than six to nine months before the compliance deadline, the CMS ICD-10 website is designed to be a valuable tool to make training simple and the transition smooth. Providers can also sign up for email updates to receive the latest ICD-10 news and resources.

For additional information, visit www.cms.gov/ICD10.

Source: ICD-10. Centers for Medicare and Medicaid Services website. www.cms.gov/ICD10. Updated 21 April 2015. Accessed 25 May 2015.



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