

## FALL RISK ASSESSMENT PROJECT

✦ **Health PEI**

✦ **The CAN Health Network**

### Details

#### Location:

The 6-month project was held at the Health PEI space at The Sherwood Business Centre in Charlottetown, PEI.

#### Hardware:

This project involved the use of a 4 tile Stepscan pedway. The pedway was lined on both sides by 1ft wide inactive tiles to accommodate persons with assistive devices such as walkers and canes. Each end of the pedway was finished with a heavy-duty rubber ramp.

#### Software:

The software used was the Stepscan Medical Software Version 2.6.9.

#### Target:

This project was open to the public (self-referral) and targeted persons who believe they are at higher than normal fall risk and people with diabetes.

#### Sample Size:

At the 6-month mark 137 people had completed at least 1 assessment, 49 had completed a second assessment and 12 had completed a third assessment. 56 people were seen by an LPN for preventative foot care for diabetic foot ulcers.

#### Travel Clinics:

The Stepscan system is portable and allowed travel clinics to be held in O'Leary, Montague and Summerside.

#### Results Summary:

As can be seen to the right, the results were positive. Health PEI is in the RFP process for the buyout of the Stepscan system and has requested a quote for a second Stepscan system.

From July 2022 to December 2022 Stepscan and the Prince Edward Island health authority (Health PEI) in partnership with The CAN Health Network, conducted a six month project that used both the Stepscan System and traditional paper based methods side by side to conduct fall risk assessments and screening for diabetic foot ulcers. The Stepscan System and the traditional methods (Berg Balance, ABC Scale, Timed Up and Go) were compared in detail with the following objectives:

1. Reduce assessment time for fall risk.
2. Improve the quality of fall risk profile and risk stratification.
3. Improve proactive care of persons identified at high risk for a fall.
4. Improvement in clinical measures.
5. Decrease the incidence of new falls.
6. Decrease the development of new foot ulcers.
7. Decrease the number of hospital admissions for diabetic foot ulcers.

### Key Results

1. Stepscan is 28% faster than traditional (Berg, TUG, 30 sec STS) not including ABC time.
2. Stepscan correlated with traditional assessment methods and proved more sensitive to change in some of the most relevant fall risk predictors.
3. 41% of the people were seen by an LPN for preventative foot care. Feedback has been positive.
4. No statistically significant improvement in clinical indicators; this is a measure of the intervention process and not the Stepscan assessment tool.
5. History of falls in the past 2 months was reported at 0.39 falls per participant at baseline. After 2 months of the program, fall rate fell to 0.28 falls per person in patients who had been reassessed, a reduction of 28%.
6. Of 49 persons with re-assessment: Pre intervention 8% with open wound; Post intervention 4%
7. There were 0 hospital admissions for DFU pre and post intervention for this cohort.