

**Title of Intervention:** Falls Home Intervention Team

**Intervention Strategies:** Environments and Policies, Individual Education

**Purpose of the Intervention:** To reduce the number of falls of older adults

**Population:** Hospitalized older adults

**Setting:** University-affiliated geriatric hospital and participants' homes in southern Germany; health care facility-based, home-based

**Partners:** None mentioned

**Intervention Description:**

- Environments and Policies: One home visit was made during the hospital stay to evaluate the participant's home and to prescribe technical aids, when necessary. To identify home hazards, a standardized home safety checklist was used.
- Individual Education: After discharge from the hospital, at least one further home visit was performed to inform participants about the possible fall risks in their home, to give advice on possible changes of the home environment, to facilitate any necessary home modifications and to teach participants in the use of technical and mobility aids, when necessary.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Team members
- Training: Not mentioned
- Technology: Not mentioned
- Space: Participants' homes
- Budget: Not mentioned
- Intervention: Hazard checklist
- Evaluation: Diaries, assessment tools

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures:
  - During the hospital stay, participants completed a comprehensive geriatric assessment that consisted of activities of daily living, using the Barthel Index and the Lawton-Brodsky Questionnaire. Cognition and mood were measured using the Mini Mental State Examination and the Geriatric Depression Scale. Mobility was tested using the Performance Oriented Mobility Assessment and the timed up-and-go test. Vision, manual skills and cognitive capacity were measured with the Timed Test of Money Counting. Vision was also tested using a Jaeger eyesight card. Participants were asked about falls occurring during the previous 12 months.
  - Participants were contacted monthly by telephone to gather information on falls, fall-related injuries and their circumstances by an interviewer.
  - Over the monitoring period, participants additionally received a diary for recording falls and injuries that included the same question asked during the telephone interview.
  - Home visits were made for all participants and additional information about rate of physiotherapy, medication and re-hospitalization was gathered from the participants' general practitioners.

**Outcomes:**

- Short Term Impact: The most commonly recommended home modifications were elevation of toilet seat, use of a rollator and fixing grab bars in the bathroom.

- Long Term Impact: There was a lower fall rate for the intervention group than for the control group, but the proportion of frequent fallers did not significantly differ between the groups. Participants who made at least one of the recommended changes experienced a significant reduction in the rate of falls.

**Maintenance:** Not mentioned

**Lessons Learned:** A home intervention based on assessment of environmental hazards, necessary home modifications and the use of technical and mobility aids is effective in frail older adults with a high risk of repeated falls.

**Citation(s):**

Nikolaus, T. and M. Bach (2003). "Preventing falls in community-dwelling frail older people using a home intervention team (HIT): results from the randomized Falls-HIT trial." J Am Geriatr Soc 51(3): 300-5.