Introduction: Falls among the elderly had reached epidemic proportions and will only continue to increase as the population ages. In fact the CDC estimates there will be 89 million older adults by 2050 aged 65 and older. One out three older adults falls each year and less than half tell their primary care provider about the fall. Falls are the leading cause of both fatal and non-fatal injury for older adults age 65 and above. Our health system is not immune from this trend and needed to create a process in which we could identify the older adults who were at risk for falls within our primary care setting and provide the necessary interventions. The primary care sites did not have an evidence based tool to establish fall risk among its older adult's patients.

Methods: Grant funds were secured to help implement the CDC's STEADI toolkit within five primary care pilot sites. An internal team consisting of a Nurse Practitioner and an Injury Prevention Coordinator worked collaboratively with an EPIC builder to create a functional electronic medical record that mirrored the STEDI toolkit ensuring that the integrity of the algorithm was intact and user friendly for the primary care office. All pilot sites were trained on the STEADI toolkits as well as the electronic version of the toolkit. The five sites then implemented use of the EMR with the STEADI toolkit built in to conduct fall risk assessments among their patient population.

Results: Many lessons have been learned from the pilot sites and the data is continuing to be collected at this time, Mostly importantly, we took an EMR that did not have a viable tool for fall risk assessments in the primary care setting and were able to use an evidenced based tool to establish fall risk among older adults for a span of 6 months. Less than 10% of the primary care offices even conduct fall risk assessments so we were able to increase the total patients screened. Data will be available at time of conference but not by this deadline.

Discussion: Garnering systems level support to implement the STEADI toolkit with a primary care setting is highly recommended for any level of buy in and support within primary care settings. The STEADI toolkit can be daunting for most primary care providers as evidenced by its lack of use universally around the nation. With our stratification of the toolkit we were able to find a happy medium between the MD and the ancillary staff to ensure that older adults were screened for their fall risk and then given the appropriate recommend interventions based on their fall risk. Our process is not complete to date, as we are looking forward to reviewing our patients fall risk status when they are re-evaluated within a year of being screened. Our method of implementation could be replicated among other trauma centers.