



BALTIMORE CITY HEALTH DEPARTMENT

REGULATIONS FOR THE SURVEILLANCE OF FALLS

August 2016

Supersedes all prior versions

ADMINISTRATION
1001 EAST FAYETTE STREET
BALTIMORE, MARYLAND 21202

I. PREAMBLE

Every year, older adults in Baltimore City suffer over 4,000 serious falls that require a visit in the emergency department or an inpatient hospitalization. These falls frequently lead to death, disability, or loss of independence. Even those who partially recover may find themselves trapped in a cycle of decline. Nationally, falls among older adults are recognized as a major public health challenge. According to the Centers for Disease Control and Prevention, falls are the leading cause of injury death among older adults, exceeding motor vehicle accidents, poisonings, and fires put together.¹

Many falls by older adults are preventable. It has been estimated that improved nutrition, home modification, social engagement, and other community interventions can prevent a large proportion of falls.² Special programs targeted to high risk seniors have prevented approximately one-third of falls.³ These efforts complement effective individual interventions, such as medication review, strength and balance exercise programs, and yearly vision screening.⁴

To prevent injuries and suffering and to promote independence of older adults in Baltimore, the city together with many community partners have launched the B’FRIEND initiative. B’FRIEND stands for Baltimore Falls Reduction Initiative Engaging Neighborhoods and Data. Through B’FRIEND, public and private agencies that support older adults are working together to reduce falls that require inpatient hospitalization or emergency department care by one third in three years in Baltimore City. Initial funding for the B’FRIEND effort has been provided by the Robert Wood Johnson Foundation.

A key aspect of B’FRIEND is the use of data to better understand serious falls by older adults in order to design innovative prevention efforts, implement them in the right places, and monitor their effectiveness. The best and timeliest source of data about serious falls among older adults are records of emergency department visits and hospital admissions that are available through the state’s designated health information exchange.

With this regulation, the Health Department, as part of the B’FRIEND initiative, is specifying the authority to request that the state’s designated health information exchange use Protected Health Information, as defined in the Privacy Rule (“PHI”), lawfully available to it, to

¹ Centers for Disease Control and Prevention. Important Facts about Falls. 20 January 2016. Available online at <http://www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html>.

² Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, Lamb SE. Interventions for preventing falls in older people living in the community. *Cochrane Database Syst Rev.* 2012 Sep 12;9:CD007146.

³ Tinetti ME, Baker DI, McAvay G, Claus EB, Garrett P, Gottschalk M, Koch ML, Trainor K, Horwitz RI. A multifactorial intervention to reduce the risk of falling among elderly people living in the community. *N Engl J Med.* 1994 Sep 29;331(13):821-7.

⁴ Gielen AC, McDonald EM, Shields W. Unintentional home injuries across the life span: problems and solutions. *Annu Rev Public Health.* 2015 Mar 18;36:231-53.

perform the two types of analyses set forth below and to provide the resulting analysis, which may include Protected Health Information, to the Health Department:

- 1) Analyses to better understand serious falls among older adults in Baltimore, including geographic patterns and other risk factors. These analyses may then be used to advise partners and internal programs (through the use of aggregate, anonymized data sharing) in order to locate exercise programs, housing improvements, pharmacy-based education, health education, and other programs in specific areas of Baltimore where falls occur. The Health Department will not release any confidential or identifiable information related to these analyses.
- 2) Analyses to identify individuals who have suffered a serious fall or are determined to be at high risk for a fall in order to offer the individuals specific services to prevent serious falls. Only Health Department outreach workers will offer the services to older adults who are identified as able to benefit through these analyses. These services could include housing improvements, physical therapy, exercise programs, referrals to medical care, referrals to nutrition programs, referrals to hubs of services for older adults in the city, engagement with programs affiliated with senior centers, and review of medications. Older adults will be able to choose to accept or refuse any services offered.

The Health Department is committed to openness and transparency in key efforts to reduce suffering and improve health in the city. This regulation was posted for public comment as a proposal on July 1st. We received 8 comments from city residents, and community organizations. All commenters supported the regulation, and several made specific suggestions. As a result of these comments, the final regulations include referrals to occupation therapy.

The Health Department will post an update on this effort on a quarterly basis, on the Department's website.

II. AUTHORITY.

The health commissioner has the authority, for public health purposes, to request the following surveillance and analyses be provided by the state's designated health information exchange, using data and methodologies reasonably and lawfully available to it based on Baltimore City Health Code (HE) § 2-104, and § 2-106.

III. SCOPE

This regulation applies to surveillance and analysis of falls leading to emergency department visits or inpatient hospitalizations among older adults in Baltimore City, and to analyses to identify older adults who are residents of Baltimore City who have suffered a serious fall or are determined to be at high risk for a fall, under HE § 2-104.

III. SURVEILLANCE AND ANALYSIS OF FALLS

(a) Surveillance and analysis of falls leading to emergency department visits or inpatient hospitalizations among older adults in Baltimore City, based on an accepted protocol for falls identification, may include:

- (1) geographic patterns;
- (2) non-identifiable statistical analyses to identify risk factors for falls among older adults in Baltimore, based on data available to the health information exchange or the Health Department.

(b) The Health Department may use this surveillance and analysis for the following purposes:

- (1) To locate services such as exercise programs;
- (2) To evaluate the effectiveness of fall reduction initiatives;
- (3) To focus housing improvements;
- (4) To locate pharmacy-based education and interventions to reduce falls; or
- (5) To inform health education efforts to empower people to prevent falls.

(c) These analyses may include specific addresses and other identifying information to the extent needed to best accomplish the intended purpose above.

(d) Analyses to identify older adults who are residents of Baltimore who have suffered a serious fall, or are determined to be at high risk for a fall, may be used for outreach by the Health Department to offer the following services to older adults who are identified as likely to benefit:

- (1) Referrals for housing improvements;

- (2) Referrals to physical therapy;
- (3) Referrals to occupational therapy;
- (4) Referrals for exercise programs;
- (5) Referrals to medical care;
- (6) Referrals to nutrition programs;
- (7) Referrals to hubs of services for older adults in the city;
- (8) Referrals to programs affiliated with senior centers; or
- (9) Referrals for medication review

(e) Older adults who are contacted through outreach by the Health Department shall be able to accept or refuse any services offered.

(f) The Health Department shall post quarterly updates on the aggregate results of key analysis and outreach efforts on the Department's website.

IV. PRIVACY

(a) The Health Department may not release any confidential or identifiable information related to this surveillance and analysis.

The above Regulations for the Surveillance of Falls are hereby adopted:

Approved: Leana Wen 8/5/16
 Leana S. Wen, M.D., M.Sc. Date
 Commissioner of Health

Effective date when filed with the Department of Legislative Reference: 8.5.16

Received on behalf of the Department of Legislative Reference by: J. Wen