

Implementation of a Telpharmacist-Led Program to Identify and Assess Hospitalized Patients at High-Risk for Medication-Related Falls:

Campbell C¹, Totton J, Newman P¹, Schwade Arujo D¹, Dhaliwall S¹, McDonald K¹

¹North West Telepharmacy Solutions

BACKGROUND

- Falls are the leading cause of injury-related hospitalizations among Canadian seniors.
- They reduce patient independence and quality of life and increase caregiver burden, long-term care admissions and health care costs
- Medications are a highly modifiable contributor to fall risk
- Pharmacists are well positioned to identify high-risk patients and conduct assessments to reduce medication-related falls
- Gap:** Falls prevention strategies are challenging in underserved facilities
- Opportunity:** Remote pharmacist identification and assessment of patients at high risk of medication-related falls.

ACTION

Development and Implementation of a Multi-Site Remote Pharmacist-Led Falls-Risk Identification and Assessment Model for Underserved Hospitals

Program Design and Clinical Leadership

Specialized Telepharmacist Working Group

- Established a dedicated, multi-site group of hospital telepharmacists with expertise in falls risk to design a pragmatic, scalable remote practice model

Risk-Based Patient Identification

Targeted, High-Value Care Across Sites

- Developed a standardized, risk-based patient prioritization framework to identify hospitalized patients most likely to benefit from pharmacist falls risk assessments across multiple sites

Workflow-Integrated Clinical Tools

Embedded Within Existing Telepharmacy Infrastructure

- Implemented validated falls risk screening and assessment tools applicable to inpatient practice
- Developed a standardized documentation template to support clear, reproducible clinical assessments and recommendations

Education and Practice Adoption

Change Management

- Telepharmacist continuing education sessions focused on application of tools, and communication of recommendations

Standardization and Practice Reliability

Standard Work Policy

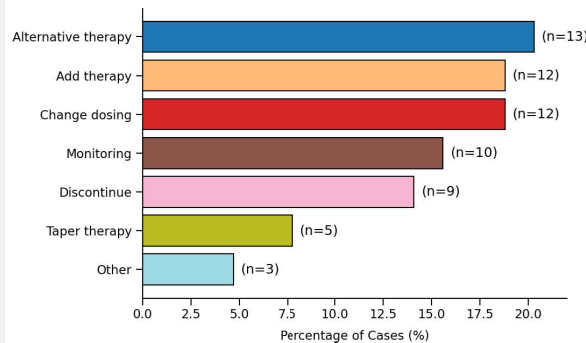
- Expectations for patient selection, falls risk assessment process, documentation standards and recommendation communication.

EVALUATION

Program Overview



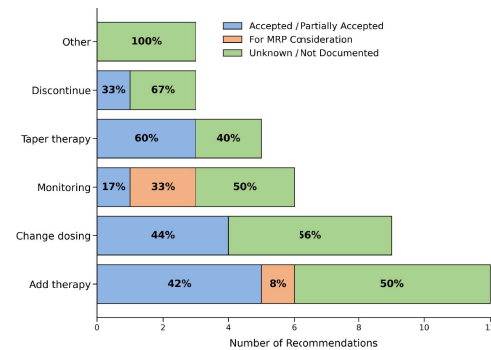
Figure 1: Distribution of recommendations by type (n=64)



Patient Characteristics

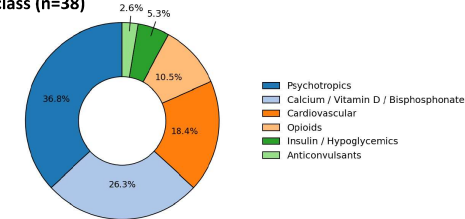
Characteristic	Median (IQR)
Patient age (years)	85 (84 – 89)
Number of medications (count)	15 (11 – 21)
Recommendations per patient	3 (2 – 3)
Consultation time (minutes)	37.5 (26.3 – 60.0)

Figure 2: Distribution of recommendation outcomes by type (n=38)



EVALUATION

Figure 3: Distribution of recommendations by medication class (n=38)



KEY POINTS

- Medications are a modifiable contributor to fall risk in seniors
- A standardized telepharmacist-led model enabled remote falls risk assessment in underserved hospitals using existing telepharmacy infrastructure
- Telepharmacists identified meaningful medication-related risks and generated actionable recommendations
- Telepharmacy supports a scalable approach to pharmacist involvement in falls prevention where on-site resources are limited

CONCLUSION

Telepharmacy extends pharmacist involvement in falls prevention by addressing gaps in medication-related risk assessment capacity in underserved hospitals

DISCLOSURES

All authors employed by Northwest Telepharmacy Solutions

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