POPCLINIC: ID# 99585

Title:

Educating and Engaging Elders in the Sure Steps® Fall Prevention Program

Karin Lori Ciance, DNP
School of Professional Studies, Anna Maria College, Paxton, MA, USA

ACCEPTED

Session Title:

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November)

Slot:

CLIN PST2: Monday, 18 November 2019: 8:00 AM-8:45 AM

Abstract Describes:

Completed Work/Project

Applicable Category:

Clinical

Keywords:

elderly, fall prevention and fear of falling

References:

CDC, (2016). Falls among older adults: An overview. Retrieved

  from: www.cdc.gov under Injury, Violence and Safety.

Lee, A., Kuo-Wei, L., & Khang, P. (2013). Preventing falls in the Geriatric Population.

  The Permanente Journal, 17(4), 37-39.

Lee, S., Lee, C., Ory, M., Won, J., Towne, S., Wang, S., & Forjuoh, S. (2018). Fear of Outdoor

  Falling Among Community-Dwelling Middle-Aged and Older Adults: The Role of

  Neighborhood Environments. *The Gerontologist, 58*, 1065–1074. Retrieved from:

https://doi.org/10.1093/geront/gnx123

Lusardi, M., Fritz, S., Middleton, A., Allison, L., Wingwood, M., Phillips, E., Criss, M., Verma,

S., Osborne, J., & Chui, K. (2017). Determining risks of falls in Community Dwelling

older adults: A systematic review and meta-analysis using posttest probability.

Journal of Geriatric Physical Therapy, *40*(1), 1-36.

Nies, M.A., & McEwen, M. (2015). *Community/Public health nursing: Promoting the health of*

populations (6th ed.). St. Louis, MO: Elsevier.

Saccomano, S., & Ferrara, L. (2015). Fall prevention in older adults. *The Nurse Practitioner,*

40(6), 40-47.

Stanhope, M., & Lancaster, J. (2016). *Public health nursing: Population-centered healthcare in*

the community. (9th ed) St. Louis, MO: Elsevier.

Tinetti, M., Richman, D., & Powell, L. (1990). Falls efficacy as a

measure of fear of falling. *Journal of Gerontology*, *45*(6),

239-243.

WHO, (2018). Falls, Retrieved from: www.who.int/news

Abstract Summary:

This poster presentation will describe the effects of the Sure Steps® Falls Prevention Program on the incidence of falls for adults aged 65 years and older living in their homes.

Content Outline:

Introduction

In the United States, every second of the day an adult aged 65 years and older falls. Among this group, each year one in three adults has a fall resulting in a higher risk for mortality. The Centers for Disease Control and Prevention estimates that at least 25,000 older adults in the US die as a result of falls (CDC, 2016). The World Health Organization (WHO) estimates globally, 646,000 individuals die from falls each year (WHO, 2018).

Subjects

A convenience sample of adults aged 65 and older were utilized to participate in the program who met inclusion criteria.

Description of Methodology

The program consisted of: Phase 1: the nurses reviewed with the participants' a medication log, a symptom log, and the guidebook. Physical therapists obtained a Falls Efficacy Scale (FES) score, providing individualized education related to balance and exercise routines. Phase 2: Follow-up telephone surveys were conducted on a monthly basis for one year, consisting of ten questions while reviewing the Falls Efficacy Scale assessment (Tinnetti, Richman & Powell, 1990).

A person who falls and sustains a fracture may become afraid of falling again and thus will limit his or her activities (Nies & McEwen, 2015). Seventy percent of these falls occur in the home and are the leading cause of fatal and non-fatal injuries to older people in the United States. Given the devastating effects falls have on patients and the increased burden on family members, screening and assessment for fall risk are paramount priorities. With each fall that is prevented, the patient, their family members, the health care team, and the health care system all benefit (Lee, Kuo-Wei & Khang, 2013).

Conclusion

All participants' adhering to the exercise routine that made the recommended home modifications either had an improved FES score or remained the same. No falls were reported over the one year time frame. The program decreased the fall risk for the sample group while increasing their overall confidence with their ability to prevent a fall.

Topic Selection:

Clinical Poster Session 2 (Monday/Tuesday, 18 & 19 November) (26148)

Abstract Text:

Purpose of Study: The purpose of this pilot study was to determine the effects of reducing the incidence of falls for adults aged sixty-five years and older living in their homes.

Rationale and Significance: One of the major public health concerns of older adults is falls. Falls are defined as an unintentional loss of balance that results in a position change and contact with the ground (Sacccomano & Ferrara, 2015). In the United States, every second of the day an adult aged 65 years and older falls. Among this group, each year one in three adults has a fall resulting in a higher risk for mortality. The Centers for Disease Control and Prevention estimates that at least 25,000 older adults in the US die as a result of falls (CDC, 2016). The World Health Organization (WHO) estimates globally, 646,000 individuals die from falls each year (WHO, 2018). Many of the physiological changes that normally occur with aging, as well as a variety of chronic illnesses, can affect balance and make falls more prevalent. Medications such as blood pressure pills, heart medicines, diuretics, and tranquilizers may increase the risk of falling. Osteoporosis, a disease that causes a gradual loss of bone tissue or bone density, makes bones more susceptible to fracture. A person who falls and sustains a fracture may become afraid of falling again and thus will limit his or her activities (Nies & McEwen, 2015). Seventy percent of these falls occur in the home and are the leading cause of fatal and non-fatal injuries to older people in the United States. A thorough nursing assessment can identify factors placing a community-dwelling elder at risk for falls. The assessment should include functional impairments, medications, and environmental factors that increase fall risk. Early assessment and intervention can prevent a fall and

decrease development of additional medical problems and disability (Stanhope & Lancaster, 2016). Fear of falling is a substantial barrier to walking and has been associated with increased fall risks (Lee et al. 2018). Falls and their consequences are significant concerns for older adults, caregivers, and health care providers. Identification of fall risk is crucial for appropriate referral to preventive interventions. Falls are multifactorial; no single measure is an accurate diagnostic tool (Lusardi et al. 2017). Given the devastating effects falls have on patients and the increased burden on family members, screening and assessment for fall risk are paramount priorities. With each fall that is prevented, the patient, their family members, the health care team, and the health care system all benefit (Lee, Kuo-Wei & Khang, 2013). Falls affect the quality of life for elders, increase healthcare system expenditures, and place a burden on nursing care.

Description of Methodology: Phase 1: Nurses reviewed with the participants' a medication log, a symptom log, and the guidebook. Physical therapists obtained a Falls Efficacy Scale (FES) score, providing individualized education related to balance and exercise routines. Phase 2: Follow-up telephone surveys were conducted on a monthly basis for one year, consisting of ten questions while reviewing the Falls Efficacy Scale assessment (Tinnetti, Richman & Powell, 1990).

Subjects: Ten adults aged 65 years and older living in the community receiving services from the Visiting Nurses Association (VNA) were enrolled. A convenience sample was utilized from the participants who met inclusion criteria.

Findings: No falls were reported by participants who received monthly telephone follow-up surveys over the one year time frame. All participants' adhering to the exercise routine that made the recommended home modifications either had an improved FES score or remained the same.

Conclusions: The program decreased the fall risk for the sample group while increasing their overall confidence with their ability to prevent a fall. Based on the implications of this pilot study, staff received training on the program at four additional office sites of the VNA. The program has the ability to prevent falls and enable elders to lead more productive lives should future studies correlate with finding adoption by all agencies is possible.

Recommendations for Future Study: Further study with a larger sample size and comparison group is warranted to determine the larger scale effects of the program. This could identify causal relationships and whether patient education; the combination of the individualized strength and balance exercise routine; coupled with the medication and symptom log reduced the incidence of falls. Connecting clients with the program and collaborating with other visiting nurses and home care agencies could act as a catalyst, to provide more detailed definitive data on program outcomes across the United States and around the world.