



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

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## INTRODUCTION

Falls are a major threat to the health and independence of older adults.

- Each year, 1 in 3 adults >=65 experiences a fall, and people who fall once are 2 to 3 times more likely to fall again (CDC, 2016).
- Every second of the day an adult aged 65 years and older falls.
- Globally 646,000 individuals die from falls each year (WHO, 2018).
- Effective strategies to prevent falls have been identified but are underutilized (Tinetti et al., 2008).
- 2018 cost for falls= \$34 billion.
- 50% of all falls can be prevented (Brenoff, 2012).
- Fear of falling, as been associated with increased fall risks (Lee, et al. 2018)
- Early assessment and intervention can prevent a fall and decrease development of additional medical problems and disability. (Stanhope & Lancaster, 2016)

## PURPOSE

To determine the effects of reducing the incidence of falls for adults aged sixty five years and older living in their homes.

## PROBLEM STATEMENT

Among adults >= 65 years there was a lack of awareness and education regarding fall prevention strategies.

- VNA reported 19 cases of falls in 1 month.
- The fall rates were 20% higher than the state and national benchmark of 1.54%.
- These data supported the need to improve the fall prevention program at the agency.

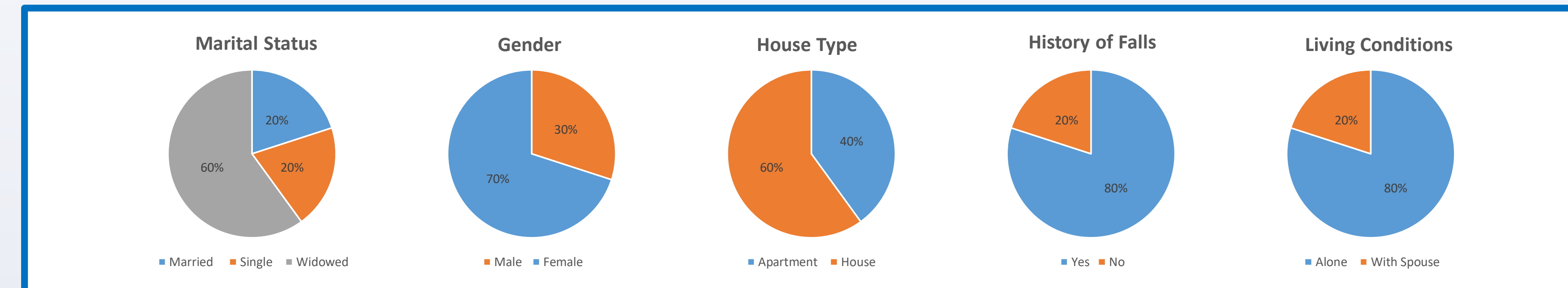


## PICOT QUESTION

- P: Adults >= 65 living in their homes
- I: Education on fall prevention strategies
- C: No education on fall prevention strategies
- O: Lower incidence of falls
- T: Within 6 weeks



## METHODOLOGY



N= (10) Average age 76

- A convenience sample was used among 10 adults >=65 living in the community.
- Medical history may include conditions that are stable but affect mobility, such as: heart disease, diabetes, arthritis, Parkinson's disease, pain, osteoporosis, depression.
- May have history of prior fall with or without injury.
- May be taking any medication(s) that increases fall risk such as: benzodiazepines, antidepressants, sedatives, antihypertensives, analgesics, and diuretics.
- Walks with or without an assistive device, but may have difficulty or is unsteady.
- Does not usually leave home without assistance of another person.
- Does not have a cognitive impairment.
- Needs to be an active participant in the program (Sure Steps®, 2012).

### Instrument -The Falls Efficacy Scale

Tinetti, Richman, and Powell (1990) developed "the Falls Efficacy Scale (FES), an instrument to measure fear of falling, based on the operational definition of this fear as 'low perceived self-efficacy at avoiding falls during essential, nonhazardous activities of daily living.' (Tinetti, Richman & Powell, 1990, p.239).

### Design

This was a quantitative pilot study using a pre and post survey design enrolled in the program for six weeks.

- **Phase 1**, each participant filled out a FES at the beginning and upon completion of the program in their home. The FES was included in the patient's Sure Steps® Guidebook, which was given to them on the first visit by the physical therapist.
- **Phase 2**, conducted the follow-up telephone survey from the participants who had completed six weeks in the Sure Steps Fall Prevention Program. A total of four questions were asked: (a) Have you fallen, (b) Have you been doing the exercises, (c) The FES questions, and (d) What is your long term goal? In addition, during Phase 2 I asked the patient to fill out a new FES. This was the qualitative data collection Phase 2 of the project.

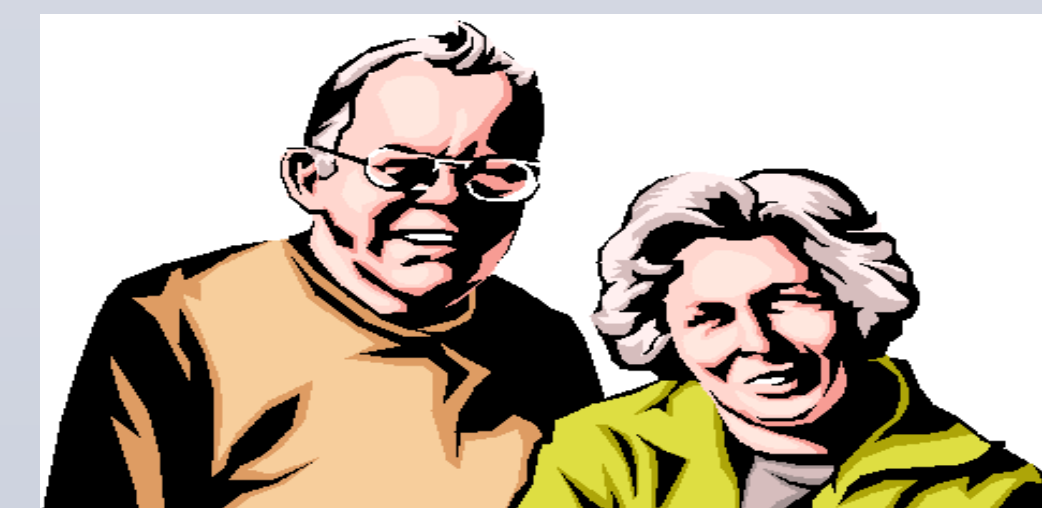
## RESULTS AND DISCUSSION

### Data Analysis

- Frequencies and percentages were conducted with the FES and quantitative data.
- Paired t-tests were used to compare the scores from the pre survey and post survey.
- A content analysis was conducted which included the responses from the open ended questions on the telephone survey.

## FINDINGS

- No falls were reported by participants who received monthly telephone follow-up surveys over the one year timeframe.
- All participants who made the recommended home modifications either had an improved FES score or remained the same.



## CONCLUSIONS

Leaves are supposed to fall. People aren't.

- The program decreased the fall risk for the sample group.
- Falls and accidents seldom "just happen" and many can be prevented.
- This project provided adults >=65 living in their home a safer environmental atmosphere and an ongoing exercise program.
- VNA staff received training at four additional office sites.
- Reducing falls, decreases the burden on the healthcare delivery system.

## IMPLICATIONS FOR NURSE EDUCATORS

These results can be directly translated into evidence-based practice. This program could be replicated for anyone with a:

- Disability, mobility issue, Parkinson's disease, pain, sensory deficits
- Osteoporosis, arthritis, abnormal cognition, oxygen deficits
- A history of heart disease, diabetes, peripheral neuropathy



It is essential to educate nursing students about fall prevention strategies; For example:

- Wearing proper footwear, either nonskid socks or shoes.
- Removing any environmental hazards that someone could trip over.
- Proper use of lighting in hallways and on stairs.
- Adjust the height of the bed for easy access on and off.
- Install grab bars near toilet and tub.
- Install handrails on both sides of stairs.

This Sure Steps® resource guide could be created in other languages to be utilized internationally.

## FUTURE STUDY

Connecting clients with the program and collaborating with other visiting nurses and homecare agencies could act as a catalyst, to provide more detailed definitive data on programs outcomes across the United States and around the world.

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