The Use of Gait Belts to Minimize Falls in Long-Term Care Facility Residents

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Structured Abstract

LOCAL PROBLEM

The incidence of falls among the long-term care (LTC) facility residents continues to be a major factor. Falls are accredited with increased disability, significant long-term health complications, and increased costs of care in relation to treatment, caretaking, and reimbursement for related injuries in the aging person. In a small skilled nursing facility in Long Island, New York, monthly fall reports indicate an average of seven falls per month. With most falls occurring in older adult residents, a plan to reduce the number of falls in this vulnerable population is desired.

PROJECT PURPOSE

The purpose of this project is to introduce the use of gait belts for ambulatory residents of a LTC facility to reduce the incidence of falls.

THEORETICAL FRAMEWORK

This project is guided by the Iowa Model Revised: Evidenced-Based Practice to Promote Excellence in Health Care. The framework will serve as a planning guide for improving clinical practices using evidence-based research (EBR). Originally created in the early 1990's to help nurses in the implementation of EBR patient care improvement initiatives, the updated and re-published model addresses triggering issues that serve as a catalyst for desired change. The revised model consists of seven steps with three major decision points integrated within the guideline. The seven steps and decision points include: (a) Identifying triggering issues/opportunities, (b) stating the question or purpose, (1) is the topic a priority, (c) forming a team, (d) assembling and synthesizing the body of evidence, (2) is there sufficient evidence, (e) designing and piloting the practice change, (3) is change appropriate for adoption in practice, (f) integrating and sustaining the practice change, and (g) disseminate results (Iowa Model Collaborative, 2017). Continuing to serve as a standard in the decision-making process, critical thinking, and desired planned change, the revised model will work efficiently for this organization.

METHODOLOGY

This project is guided by a theoretical framework based on implementing a desired change in clinical settings for an at-risk population. The population of the proposed project is the LTC facility's staff providing care services to patients at risk for falls. Framework triggers are the identified problem of falls and the necessary steps needed for facilitating the desired change. The seven steps and decision points for this project include: (a) identifying a high incidence of falls as an opportunity for change; Using available evidence, a fall prevention algorithm was created to present approaches for evaluating fall-risk patients. (b) questioning if the use of an evidenced based algorithm and use of gait belts will reduce the number of falls in the LTC setting; Based on the evidence and created algorithm, the use of gait belts for fall prevention was deemed an appropriate device for LTC facility residents. (1) identifying the topic of preventing falls with gait belt use as a priority in healthcare, (c) forming a team with facility staff, (d) synthesizing the

evidence currently available, (2) determining there is sufficient evidence available to base the desired change on, (e) designing and piloting the practice change, (3) determining if the use of gait belts are appropriate for adoption in this organization's daily practice, (f) integrating and sustaining the use of gait belts; Identified evidence for instruction on gait belt use is made available to facility contacts for planned project implementation, and (g) disseminating results after a one month implementation period. Staff participation will be integral to implementing the falls prevention project.

IMPLEMENTATION PROCESS
The monthly falls committee incidence reports from the previous two months will be reviewed prior to implementation. Research findings will be presented to relevant, amenable staff and facility contacts. All available staff will be asked to complete a voluntary pre-implementation survey that will serve as informed consent for staff willingness to participate in this quality improvement project. Following a planned project format, participating staff will be provided detailed education resources on the implementation process. Staff will be guided through training on gait belt use for fall prevention using evidenced based education and online resources with supplementary videos for clarity. One month will be given for fall prevention with gait belt use implementation.

EVALUATIVE PLAN
Staff will be given a voluntary post-implementation survey after a one-month time period. Fall incidence data reports one-month prior to the project's implementation period and one-month post implementation will be obtained from the fall committee. Falls reports will be reviewed and evaluated to determine if project implementation has affected the rate of falls in the LTC facility. Pre-and Post-implementation surveys will be used to assess the effectiveness of this project.

IMPLICATIONS FOR PRACTICE
Evidence suggests that the use of gait belts have potential to prevent falls as well as decrease potential injuries that may result from a fall. Implementation of the fall prevention strategy presented with this project may affect an institutions existing fall prevention plan. Establishing consistent gait belt use in the LTC setting can modify nursing care practices in maintaining safety for fall risk patients. Results of this planned project can significantly impact care for the LTC resident at risk for falling.

Keywords: gait belt, fall prevention, long-term care facility

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