INTRODUCTION

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

- Each year, 1 in 3 adults aged ≥65 experience a fall, and people who fall once are 2 to 3 times more likely to fall again (CDC, 2018).
- Every second of the day an adult aged ≥65 years and older falls.
- Globally, 446,890 deaths of falls each year (WHO, 2018).
- Effective strategies to prevent falls have been identified but are underutilized (Tinetti et al., 2008).
- 2018 cost for falls: $33 billion.
- 70% of all falls can be prevented (Brenoff, 2012).
- Fear of falling is associated with increased fall rates (Lee et al., 2013).
- 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 aged ≥65 years, there is 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%.
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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

The program decreased the fall risk for the sample group.

- Falls and accidents reduce "just happen" and many can be prevented.
- This project provided adults ≥65 living in their home a safe 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.

RESULTS AND DISCUSSION

- In (40) Average age 76
- A convenience sample was used among 18 adults aged ≥65 living in the community.
- Medical history may include conditions that are static but also may change over time, such as: heart disease, diabetes, arthritis, Parkinson’s disease, pneumonia, depression.
- May have history of prior fall with no or minor injury.
- Disability, mobility issues, medications, or side effects.
- Works well with or without an assistive device, but may have difficulty or is cautious.
- Does not usually have home intradent assistance of another person.
- Does not have a caregiving environment.
- This allows for 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 conducted 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 each family of the first visit by the physical therapist.

- Phase 2: a posttest evaluation 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.

Data Analysis

- Frequencies and percentages were conducted with the FES and quantitative data.
- Pearson’s were used to compare the mean from the pre and post survey.
- A content analysis was conducted which included the responses from the open ended questions on the telephone survey.

FINDINGS

- Ninety five percents by participants who received individual telephone follow-up surveys ever since the day they started.
- The participants who made the recommended home modifications either had or improved FES score or remained the same.

RESEARCH QUESTION

The sure steps® program decreased the fall risk for the sample group.

- Falls and accidents reduce ‘just happen’ and many can be prevented.
- This project provided adults ≥65 living in their home a safe 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

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 bathrooms and in the home.
- Adjusting the height of the bed for easy access and off.
- Install grab bars near toilet and tub.
- Install handrails on both sides of the bath.

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 nurse and home care agencies would be a similar project, to provide more detailed deficits in the program outcomes across the United States and around the world.

REFERENCES