

ABSTRACT

Falls among older people happen frequently and are detrimental to society and the healthcare system ⁽¹⁾. According to the WHO, falls are the second leading cause of accidental deaths worldwide ⁽²⁾. This project aims to provide an educational tool to help decrease falls in patients over sixty-five years of age. The benefits of the education tool are providing the patient with information regarding their medications and diagnosis that contribute to falls risks and giving clear instructions to the patient about where they should be seen to get appropriate medical care. Primary care nurses will review the tool with patients at annual primary care provider appointments. With increased knowledge about medications and risk factors related to falls risk, patients over sixty-five will seek early treatment to prevent disability or death.

PICO QUESTION

What are the effects of falls risk education in adults over 65 seen in the urgent care over 6 months?

LITERATURE REVIEW

A literature review provided four themes to decrease falls risk in the elderly.

- Identifying patients who are at-risk for falls. STEADI is a falls guide developed by the CDC. Although this is an excellent algorithm, there is a gap in which algorithm is best to use ⁽³⁾.
- Exercise therapy is a motivating factor to help reduce falls and is statistically significant at 95% CI ⁽⁴⁾.
- Multifactorial programs include exercise, multi-disciplinary care, medication review, and education. This may vary based on individual variables ^(3,5).
- A medication review evaluates the patient's medications to improve health. As the body ages, increased body fat and decreased liver and kidney function cause increased side effects ⁽⁶⁾.

Falls Risk Education



Figure 1

Lisa Bagley, BSN, RN, MSN Student

PROJECT METHODOLOGY

Falls in the elderly are considered one of the top causes of injuries that lead to emergency department (ED) visits, possible mobility problems, and even death ⁽⁷⁾. Unfortunately, patients who have sustained a fall often present to urgent care facilities that are not capable of providing definitive care. Patients are re-directed to ED's which increases the time from injury onset to treatment. This increases the risk for morbidity, mortality and elevates the cost burden for the patient while requiring redundant use of limited resources in the medical system ⁽²⁾. A project was designed for primary care provider nurses to educate and empower patients over 65 to decrease their falls risk.

Plan and Development

- PowerPoint presentation to primary care providers (PCP) nurses at staff meeting. Can also provide an email of the PowerPoint presentation to nurses that cannot attend.
- There will be a large poster display of the educational tool during the meeting for nurses to become more familiar with.
- Ask volunteers to participate in a mock scenario to feel more comfortable at the end of the meeting.

Evaluation

Development of a survey that will be emailed to PCP nurses after six months of using the educational tool to:

- Determine if PCP nurses use the tool at the patient's primary care visit.
- Evaluate the effectiveness of the educational tool.
- Provide any further feedback or suggestions.

Modifications will be made to the educational tool after surveys are returned.



Figure 2



Figure 3

THEORETICAL FRAMEWORK Lewin's Change Theory

This theory requires driving and restraining forces that cause a shift in equilibrium. The three stages include unfreezing, change, and refreezing ⁽⁸⁾.

- The unfreezing stage includes the training required to educate patients at primary care visits.
- The change process occurs when primary care nurses realize that change needs to occur with the teaching so their patients can have decreased falls.
- The refreezing stage will occur as the team re-evaluates and sees the outcome of the project.

CONCLUSIONS

Evidence confirms that falls are the leading cause of death and injury in patients over 65 across the nation ⁽⁹⁾. However, education for these patients is currently not a priority in primary care. This MSN project will supply primary care nurses with the materials to educate patients over 65 to be empowered to prevent falls and receive appropriate medical care.

References

- Tuvelo Johnson, S., Martin, C., Anens, E., Johansson, A.-C., & Hellström, K. (2018). Older adults' opinions on fall prevention in relation to physical activity level. *Journal of Applied Gerontology*, 37(1), 58–78. <https://doi.org/10.1177/0733464815624726>
- Chiu, A. S., Jean, R. A., Fleming, M., & Pei, K. Y. (2018). Recurrent falls among elderly patients and the impact of anticoagulation therapy. *World Journal of Surgery*, 42(12), 3932–3938. <https://doi.org/10.1007/s00268-018-4728-1>
- Casey, C. M., Parker, E. M., Winkler, G., Liu, X., Lambert, G. H., & Eckstrom, E. (2017). Lessons learned from implementing CDC's STEADI falls prevention algorithm in primary care. *The Gerontologist*, 57(4), 787–796. <https://doi.org/10.1093/geront/gnw074>
- Finnegan, S., Bruce, J., & Seers, K. (2019). What enables older people to continue with their falls prevention exercises? A qualitative systematic review. *BMJ Open*, 9(4), e026074. <https://doi.org/10.1136/bmjopen-2018-026074>
- Hancock, M. (2019). Appraisal of clinical practice guideline: Interventions to prevent falls in community-dwelling older adults: U.S. Preventive Services Task Force recommendation statement. *Journal of Physiotherapy*, 65(2), 112. <https://doi.org/10.1016/j.jphys.2019.01.001>
- Yu Ming, Zecevic, A. A., Hunter, S. W., Wenxin Miao, & Tirona, R. G. (2021). Medication review in preventing older adults' fall-related injury: A systematic review & meta-analysis. *Canadian Geriatrics Journal*, 24(3), 237–250. <https://doi.org/10.5770/cgj.24.478>
- Rivers, C. A., Roher, H., Boissonault, B. A., Klinger, C. A., Mirza, R. M., & Foty, R. (2021). Examining fall risk assessment in geriatric rehabilitation settings using translational research. *Rehabilitation Nursing*, 46 (3), 137–145. doi: 10.1097/rnj.0000000000000259
- Lewin's Change Theory. (n.d.). *Nursing theory*. Retrieved October 12, 2021, from <https://nursing-theory.org/theories-and-models/lewin-change-theory.php> (Links to an external site.)
- CDC. (2020, December 16). *Keep on your feet*. Centers for Disease Control and Prevention. <https://www.cdc.gov/injury/features/older-adult-falls/index.html>

Figures

- EverydayHealth. (n.d.). *When a hospital bracelet publicly outs you as a 'fall risk.'* Retrieved April 4, 2022, from <https://www.everydayhealth.com/columns/trevi-gleason-life-with-multiple-sclerosis/when-hospital-bracelet-publicly-outs-you-as-fall-risk/>
- National Institute on Aging. (n.d.). *Obtaining an older patient's medical history* Retrieved April 4, 2022, from <https://www.nia.nih.gov/health/obtaining-older-patients-medical-history>
- istock. (n.d.). *Happy and funny senior couple playing hula hoop in park.* Retrieved April 8, 2022, from <https://www.istockphoto.com/photo/happy-funny-senior-couple-playing-hula-hoop-in-park-qm613759588-106000215>