Fall Prevention Behaviors and Motivation of Hospitalized Older Adults

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GAPs IN RESEARCH & PRACTICE

• Lack of patient engagement in fall prevention recommendations
  • Preliminary study #1
    - 50%: Remembered receiving fall prevention education
    - 29%: Considered themselves to be at high risk for falling
  • Preliminary study #2
    - 13%: Identified with “doing it all,” “not going to change,” or “I give up.”
    - 46%: Identify at least 3 fall prevention activities or fall risks
    - 46%: Identified needs or limitation for change but not changing yet

STUDY AIM

Examine hospitalized older adults’ fall prevention behaviors and levels of motivation

METHODS

• Descriptive, cross-sectional design
  • In-person interviews at bedside
    – Fall prevention behaviors:
      • Modified Fall Prevention Behavior (FAB)3-4
    – Measures to examine motivation:
      • Importance and Confidence Ruler5
      • Short Fall Efficacy Scale-International (FESI)6
      • Patient Activation Measure (PAM)7

SETTING/SAMPLE

• Three medical-surgical floors at a Northwestern hospital
• Inpatients (≥ 24 hrs)
• Age ≥65
• At high risk for falling (Morse Falls Scale ≥45)
• Cognitively oriented (≥ AAO #3)

RESULTS: DEMOGRAPHICS

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Frequency (%)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>97.0% (65)</td>
<td></td>
<td></td>
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<tr>
<td>Age (years)</td>
<td>73.13 (6.35)</td>
<td></td>
<td></td>
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<tr>
<td>Time since admission (days)</td>
<td>4.34 (3.96)</td>
<td></td>
<td></td>
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<tr>
<td>Number of diagnosis</td>
<td>10.37 (4.83)</td>
<td></td>
<td></td>
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<tr>
<td>Admission due to a fall</td>
<td>1.19% (8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morse Fall Scale</td>
<td>68.36 (15.41)</td>
<td></td>
<td>≥45 indicate high fall risk</td>
</tr>
<tr>
<td>Montreal Cognitive Assessment Basic Score</td>
<td>25.58 (2.89)</td>
<td>&lt;22 indicate mild cognitive impairment</td>
<td></td>
</tr>
<tr>
<td>Fell in last 3 months</td>
<td>52.2% (35)</td>
<td></td>
<td>23 people had injury</td>
</tr>
<tr>
<td>Fell in last year (excludes recent 3 months)</td>
<td>44.7% (30)</td>
<td>11 people had injury</td>
<td></td>
</tr>
</tbody>
</table>

N=67

RESULTS: PRIMARY OUTCOMES

<table>
<thead>
<tr>
<th></th>
<th>Mean (SD)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall prevention behavior score (FAB)</td>
<td>2.96 (0.42)</td>
<td>1-4 possible scores; 4=always implementing fall prevention behaviors</td>
</tr>
<tr>
<td>The level of importance</td>
<td>9.12 (1.97)</td>
<td>1-10 possible scores; 10=extremely important</td>
</tr>
<tr>
<td>The level of confidence</td>
<td>7.23 (2.49)</td>
<td>1-10 possible scores; 10=extremely confident</td>
</tr>
<tr>
<td>Self-efficacy score (FESI)</td>
<td>17.8 (6.69)</td>
<td>1-28 possible scores; 28=having the most concerns related to falling</td>
</tr>
<tr>
<td>Patient activation score (PAM)</td>
<td>64.3 (13.59)</td>
<td>1-100 possible score; 100=most activated to engage with their healthcare</td>
</tr>
</tbody>
</table>

N=67

RESULTS: COMPARISON

<table>
<thead>
<tr>
<th></th>
<th>Fall &lt;3 months Mean (SD)</th>
<th>No fall &lt;3 months Mean (SD)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall prevention behaviors (FAB)</td>
<td>3.08 (0.37)</td>
<td>2.84 (0.46)</td>
<td>p=.036*</td>
</tr>
<tr>
<td>Importance</td>
<td>9.71 (0.68)</td>
<td>8.56 (2.75)</td>
<td>p=.034*</td>
</tr>
<tr>
<td>Confidence</td>
<td>6.56 (2.60)</td>
<td>7.86 (2.32)</td>
<td>p=.044*</td>
</tr>
<tr>
<td>Self-efficacy score (FESI)</td>
<td>19.06 (6.32)</td>
<td>16.76 (6.74)</td>
<td>P=.173</td>
</tr>
<tr>
<td>Patient activation score (PAM)</td>
<td>65.51 (13.87)</td>
<td>63.32 (13.67)</td>
<td>P=.531</td>
</tr>
</tbody>
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In comparison between those who fell “>3 m, < 1 year” to those who did not have a fall during that period, these differences were not statistically significant.

PATIENT-REPORTED FALL PREVENTION BEHAVIORS

<table>
<thead>
<tr>
<th></th>
<th>Stay in Bed</th>
<th>Skidfree footwear</th>
<th>Being Aware of Surroundings</th>
<th>Use Handrails</th>
<th>Being Careful</th>
<th>Stabilizing Self</th>
<th>Use Call Light</th>
<th>Assistive Device</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
<td>12</td>
<td>14</td>
<td>15</td>
<td>17</td>
<td>21</td>
<td>23</td>
<td>45</td>
</tr>
</tbody>
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WHY AMBIVALENCE?

- “I’m not comfortable with the cane”
- “I have a hard time accepting other people’s help”
- “There’s a lot of things I think aren’t anybody else’s business but mine”
- “She’s a good provider, but there again my vanity is killing me”
LIMITATIONS

• Sample size
• Limited to high fall-risk patients
• Self-reported data
• Social desirability bias

NOTE: This presentation represents baseline data for a randomized control trial using Motivational Interviewing

CONCLUSIONS

• Older adults value fall prevention (importance & behaviors)
• Recent fall experience impact:
  – Fall prevention behaviors (↑)
  – Importance (↑) and confidence (↓)
• Ambivalence exists for fall prevention behaviors
  Opportunity for behavior change!

WHAT NURSES CAN DO

• Recent fall episode offers opportunity to intervene
• Affirm what patients already do
• Identify areas of ambivalence for behavior change
• “Coach” based on stages of change
• Find and create next steps for what they are NOT doing, or can do MORE of

Thank you!

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WHAT'S IMPORTANT TO YOU?

Falls are common in hospitals and at home

“I want to talk about these that worry me:”

- Be independent to take care of myself
- Be able to do more things that I enjoy
- Get better and stronger
- Need less visits to hospitals

“I want to talk about my fall risk:”

- My knees give out
- My medications make me fall
- Being dizzy or losing balance while standing
- Not wanting to ask for help or visit the doctor
- Moving before thinking
- My surroundings are not safe

“I want to talk about practical ways to keep me safe:”

- Allow plenty of time to get to the bathroom by planning ahead
- Wear your glasses and hearing aids