

**Fall Prevention in Elderly Patients: Implementation Plan**

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## Outline

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## **Fall Prevention in Elderly Patients: Implementation Plan**

Evidence-based practice has become a norm and is widely used in nursing. This approach enables nurses to provide high-quality care to patients (Charters, 2013). This assignment is aimed at the development of skills necessary to use the approach effectively in the nursing practice. One of the areas that can benefit from the application of the evidence-based approach is the prevention of falls in elderly patients in medical wards (Charters, 2013). It has been acknowledged that falls are the major cause of mortality in the elderly (Sherrington et al., 2016). The increase in the aging people population in the USA brings the problem to the fore. Prevention is the key to the problem, and a number of prevention strategies has been developed and used. One of these strategies is exercise. At that, elderly patients often receive the corresponding training in medical wards, nursing facilities, community-based centers and even in their dwellings (Karlsson et al., 2013). The use of effective prevention strategies is specifically valuable for the medical setting as it can encourage older patients to be active when they are at home or in a nursing facility.

The objectives of this implementation plan are as follows:

1. To develop an effective implementation plan aimed at the prevention of falls in elderly patients.
2. To identify efficient evaluation strategies.
3. To examine costs and benefits of, as well as possible barriers to, the implementation of the strategy developed.

The prevention program will include the discussion of benefits of exercise for falls prevention and exercise training sessions. It has been found that educating older patients has a positive effect on their motivation and participation in prevention programs (Hoffmann,

Neumann, Golgert, & Von Renteln-Kruse, 2015). Therefore, one of the key components of the suggested program is education. Nursing professionals should discuss benefits of exercise and peculiarities of the program that will be used. Clearly, the discussion should be characterized by a friendly atmosphere, emotional intelligence, and cultural awareness. Nurses should find the arguments that will encourage older patients to participate.

The other component of the program is a set of exercise sessions. These sessions will target two major causes of falls including strength and balance deficits. Charters (2013) states that the optimal frequency of prevention is two or three times a week. Importantly, the discussion component should be present in everyday communication and interactions. The exercise sessions will include such strategies as dancing, Tai Chi and Otago and Postural Stability programs. These methods have proved to be effective in different groups. For instance, Tai Chi and dancing are effective with older patients who have not experienced falls or are at low risk of falls (Charters, 2013). Otago and Postural Stability programs are more beneficial for elderly patients at high risks of falls. These programs can prevent falls by up to 50% (Charters, 2013). Therefore, the component involving exercise sessions should be well-thought and implemented properly.

The potential impact of this prevention training program is the reduction of incidents of falls among elderly patients in medical wards. Importantly, this program can also improve older patients' motivation to exercise when at home or in their nursing homes. The program, as well as its evaluation, will contribute to the ongoing research as it will provide evidence concerning the effectiveness of exercise and associated education in fall prevention.

Cameron et al. (2012) note that evaluation of any programs is essential but can be problematic. For instance, it can be difficult to choose the most effective methodology to identify benefits, cost-effectiveness, and possible negative effects of such programs. The use of different

methodologies has led to reporting of conflicting results and certain ambiguity in the field. To evaluate the effectiveness of this program, it is possible to use a number of tools since it consists of several components and addresses several goals. For instance, older patients can be asked to complete questionnaires aimed at evaluating their motivation and eagerness to exercise in the clinical setting, in nursing homes, and at home. Clearly, the number of incidents of falls should also be estimated. It is necessary to evaluate the difference (if any) between the number of falls before and after the implementation of the program.

It is necessary to note that the implementation of this program is associated with a number of barriers. As for the discussion component, nurses often have limited time to communicate with each patient. Therefore, it can be difficult to include the discussion of falls prevention in this communication. The use of leaflets can help address this issue. Nurses can hand the leaflets and answer some questions if necessary. They can also refer to the leaflets when communicating with older patients and their caregivers. Another important challenge is associated with the lack of knowledge and skills among nurses (Patil et al., 2015). In many cases, nursing professionals are not sure in the cost-effectiveness of such programs. This challenge can be mitigated through extensive discussion and on-job training provided to nurses. The facilitation of the use of evidence-based approach can also help develop the necessary skills in healthcare staff. Besides, nursing practitioners tend to suffer from burnout, which can result in ineffective communication and inefficient attention to the issue. The lack of motivation among healthcare professionals may have an adverse impact on the program. This barrier can be difficult to address due to the lack of qualified personnel. However, it can be beneficial to motivate nurses to participate effectively through the introduction of bonuses, additional day-offs, empowerment, and the like.

The other component (Tai Chi and dancing sessions or Otago and Postural Stability programs) requires the allocation of sufficient funds that can be scarce at many healthcare facilities (Charters, 2013). For instance, the implementation of the program is associated with hiring trainers, the provision of the space for training and other resources (music, equipment, etc.). The evaluation of the program is also associated with certain investment as particular professionals will spend their working time to evaluate the intervention. These barriers can be addressed through the revision of funds allocation. It is also possible to seek for investors or donations from the community.

In conclusion, it is necessary to note that this assignment provided important insights into the use of the evidence-based approach when addressing a particular nursing issue. The review of various resources (protocols, reports, peer-reviewed journals) helped in the development of research skills. The assignment assisted in the acquisition of skills associated with the development and evaluation of the effectiveness of an intervention. This assignment sheds light on certain challenges and opportunities related to the use of exercise- and education-based training to prevent fall in elderly patients.

## References

- Cameron, I., Gillespie, L., Robertson, M., Murray, G., Hill, K., Cumming, R., & Kerse, N. (2012). Interventions for preventing falls in older people in care facilities and hospitals. *Cochrane Database of Systematic Reviews*.  
<http://www.cochranelibrary.com/enhanced/doi/10.1002/14651858.CD005465.pub3>
- Charters, A. (2013). *Falls prevention exercise – following the evidence*.  
<http://www.ssehsactive.org.uk/userfiles/Documents/FallsPreventionGuide2013.pdf>
- Hoffmann, V., Neumann, L., Golgert, S., & von Renteln-Kruse, W. (2015). Pro-active fall-risk management is mandatory to sustain in hospital-fall prevention in older patients - validation of the Lucas fall-risk screening in 2,337 patients. *The Journal of Nutrition, Health & Aging*, 19(10), 1012-1018.
- Karlsson, M., Magnusson, H., von Schewelow, T., & Rosengren, B. (2013). Prevention of falls in the elderly—a review. *Osteoporosis International*, 24(3), 747-762.
- Patil, R., Kolu, P., Raitanen, J., Valvanne, J., Kannus, P., Karinkanta, S., Sievänen, H., & Uusi-Rasi, K. (2015). Cost-effectiveness of vitamin D supplementation and exercise in preventing injurious falls among older home-dwelling women: Findings from an RCT. *Osteoporosis International*, 27(1), 193-201.
- Sherrington, C., Michaleff, Z., Fairhall, N., Paul, S., Tiedemann, A., Whitney, J., Cumming, R. G., Herbert, R. D., Close, J. C. T., & Lord, S. R. (2016). Exercise to prevent falls in older adults: An updated systematic review and meta-analysis. *British Journal of Sports Medicine*, 1-10. <http://www.activeandhealthy.nsw.gov.au/assets/Publications-and-research/Br-J-Sports-Med-2016-Sherrington-bjsports-2016-096547.pdf>