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Translating an Evidence-Based Intervention of a Matter of Balance Into Practice for Assisted Living Facilities

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Background

Preventing or reducing the number of falls in assisted living facilities, has been a major safety concern for healthcare providers. Spiva et al, (2014) explained that 50% of the elderly population will sustain one or more falls annually. Evidence-based practices have gained wide utilization in all healthcare settings. There is insufficient evidence exploring the usefulness of evidence-based interventions for the assisted living population.

Purpose

A Matter of Balance, was developed at Boston University Roybal Center for the Enhancement of Late-Life Function (Tennstedt et al, 1998). It is an evidence-based falls management program for older adults incorporating cognitive-behavioral techniques and physical exercise. The program has been successfully implemented in community settings.

The purpose of this Quality Assurance/Performance Improvement (QAPI) study is to access the utility of the implementation of an evidence-based intervention to address the fear of falling and to reduce falls and falls with serious injuries in an assisted living setting.

Program

- A Matter of Balance is an 8-week structured group intervention that emphasizes practical strategies to reduce the fear of falling and increase activity levels.
- A group format is used. Participants socialized and learned from one another. Questions were encouraged.
- The first 2 sessions concentrated on addressing the fear of falling and introduction of the belief that falls are controllable. Participants problem solved how to change their environment to reduce their fall risk factors and began to examine their fear of falling, and set realistic goals to increase physical activity.
- In the remaining six sessions, the residents participated in exercises designed to increase muscle strength and endurance. Each resident was provided with a workbook which had pictures of each exercise.
- In the 7th session a physical therapy assistant provided a lecture on how to fall safely.

Implementation

- Program was presented from October through December 2014.
- Co-taught by a registered nurse advanced trainer and an activity assistant .
- One hour each week to residents identified as medium to high risk on the Morse Fall Risk Assessment Scale.
- Seventeen residents completed the program.

Program Evaluation

Data was collected from monthly STARS reports. Table 1 shows data for 2014 and the first six months of 2015. Note: that from November 2014 to April 2015 no falls with serious injuries reported.

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	2014			2015		
	Falls	Falls with Injury	Falls with Serious Injury	Falls	Falls with Injury	Falls with Serious Injury
January	22	7	1	29	4	0
February	34	6	4	9	2	0
March	26	5	0	38	5	0
April	16	4	2	19	4	0
May	11	3	1	19	5	1
June	12	3	0	15	2	2
July	20	8	1	19	9	2
August	17	5	0			
September	24	9	2			
October	25	8	1			
November	14	2	0			
December	26	5	0			
Total	247	65	12	148	31	5



National Comparison

- The national average for falls with serious injury in assisted living facilities is 1.8%.
- First quarter of 2015 Virginia Beach Village had 0%.
- Second quarter Virginia Beach Village had 1.12% which is 38% below the state average.

Conclusion

- Falls, in the elderly population, are multifactorial and most fall prevention programs are interdisciplinary.
- There are many factors that contribute to falls with and without injury.. In this study, the implementation of A Matter of Balance contributed to a reduction in the number of falls in the assisted living population.
- Implementing A Matter of Balance on a yearly basis may benefit other assisted living facilities, provide better outcome measures, and improve care for those in assisted living.

References

Spiva, L., Robertson, B., Delk, M., Kimrey, M., and Green, B. (2014). Effectiveness of Team Training on Fall Prevention. *Journal of Nursing Care Quality*, 29 (2), 164-173.

Tennstedt, S., Howland, J., Lachman, M., Peterson, E., Kasten, L., and Jette, A. (1998). A Randomized Controlled Trial of a Group Intervention To Reduce Fear of Falling and Associated Activity Restrictions in Older Adults. Journal of Gerontology, 53(6), 384-392.