

A Multidisciplinary Fall Prevention Program for Community-Dwelling Older Adults: A Pilot Study

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INTRODUCTION: Falls in older adults are a costly, common, yet preventable public health concern. Falls are the leading reason for injury among older adults, and each fall threatens physical and emotional health and independence. This study questioned the effects of a fall prevention program utilizing an Advanced Practice Registered Nurse (APRN) and paramedic in Newton, Kansas.

PURPOSE: The purpose of this study was to evaluate the impact of a multidisciplinary fall prevention program for older adults who fell or were at risk of falling.

METHODS: Informational flyers were posted; 20 seniors were recruited. Baseline characteristics were collected. Participants completed several fall-related assessments, received education on a home exercise routine, and permitted a home safety inspection by the paramedic. The APRN followed-up in 4 weeks.

RESULTS: Fifteen females enrolled, and the mean age was 80. Eleven fell before enrollment. One fell during follow-up. Those who fell had more illnesses $t(18) = 3.015, p = .007, d = 1.348, \text{CI } 95\% [.267, 3.663]$; took more medications $t(18) = 2.449, p = .025, d = 1.095, \text{CI } 95\% [.609, 7.956]$; and used acute healthcare services more often $t(12) = 3.808, p = .002, d = 1.794, \text{CI } 95\% [1.078, 3.932]$. The number of home safety modifications was significant, $t(19) = 3.603, p = .002, d = .806, \text{CI } 95\% [.524, 1.976]$. While not significant, those who fell before enrolling also exercised more and reported increased quality of life.

CONCLUSION: Multidisciplinary collaboration resulted in increased intervention opportunities while utilizing existing resources. Fall risk assessments can easily be incorporated across the healthcare continuum. Future multidisciplinary efforts should be targeted towards those who have fallen, have multiple chronic illnesses, have modifiable home-safety factors, and tend to use healthcare services more frequently.