

Fall Prevention for Seniors in Institutional Healthcare Settings in Newfoundland & Labrador

Vicky Scott, Stephen Bornstein, Robert Kean, Stephanie O'Brien, Susan Gillam

The Issue

- Long-Term Care (LTC) residents in NL commonly exhibit many risk factors for falls; as a result, the incidence of falls is estimated to be approximately three times higher in LTC settings than it is in community settings.
- Falls by older adults not only cause a great deal of personal suffering but also constitute a significant economic burden to society.

The Question

"What interventions are most effective in preventing falls and fall-related fractures among older adults in institutional healthcare settings?"

The Results

- There is limited review evidence to indicate that multifactorial fall-prevention interventions are effective in either care facilities or hospitals; this may be attributable to the complexity of these interventions and the difficulty of implementing them faithfully.
- There is strong review evidence that daily combined doses of at least 700-800 IUs of vitamin D and at least 600 mg of calcium are both safe and effective in reducing fractures in frail elderly living in care facilities.
- There is fair review evidence that particular forms of balance training are effective in reducing falls.
- There is fair review evidence that providing additional physiotherapy in hospital rehabilitation wards may reduce risk of falling.
- The review evidence for the effectiveness of hip protectors is uncertain, in large part because study participants' acceptance of, and adherence to, this intervention has been consistently low.

The Local Context

- Fall prevention interventions should be tailored to specific care settings and resident populations; healthcare workers need to be properly educated to ensure faithful and consistent implementation of these interventions.
- Decision makers should ensure that any planned interventions can be feasibly delivered with available human resources, including OTs, PTs, and pharmacists.
- The construction of new LTC facilities in various parts of the province provides an opportunity for decision makers to assess how the design and organizational layout of older facilities may have heightened, or failed to reduce, the risk of falls, and to apply any lessons learned to the design of new facilities.
- Established care processes need to be examined (e.g., safe patient-handling protocols, least-restraint policies, and the prescription of behavior-changing drugs) to ascertain their impacts on the risk of client falls, and to take steps to harmonize any new fall-prevention initiatives with existing practices.
- Client feedback, when regularly collected and analyzed, can help improve the success of interventions like hip protectors that require a high degree of client acceptance and adherence in order to be effective.
- Given the confusion and mixed messages surrounding the safety and effectiveness of vitamin D and calcium, decision makers who wish to expand the use of these supplements may need to further educate clinicians and build consensus on their health effects.
- Certain forms of balance training demonstrate real promise in preventing falls among LTC residents; decision makers may wish to stay abreast of the research in this area in the event that new and more affordable modalities emerge.
- Given the groundwork that has already been laid in this area, decision makers should focus on ensuring that existing fall-prevention policies are carried out consistently across their respective regions, in part by continuing to foster a sense of accountability among providers, senior healthcare managers, and decision makers.

Read the full report here: <http://www.nlcahr.mun.ca/CHRSP/>