

Fear of Falling: Can We Reduce It?

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Fear of Falling: Can We Reduce It?

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Background

- Elderly post-operative patients can be at higher risk for post-operative falls (Voshaar et al 2006).
- Though there are a multitude of contributing factors, studies have shown that patients “fear of falling” holds significant impact on ambulatory outcomes (Hill et al 1996).
- As a network, LVHN does not currently acknowledge a patient’s fear of falling.

PICO

Project Purpose: To reduce fear of falling in post-operative patients with history of falls.

PICO Question- In post-operative patients with fall history, does the reinforcement of specialized bedside ambulation education decrease the patient’s fear of falling compared to traditional pre/post education.

- P-** Post-op patients with fall history
- I-** Reinforced bedside ambulation education.
- C-** Standard pre/post-operative education.
- O-** Decrease in fear of falling

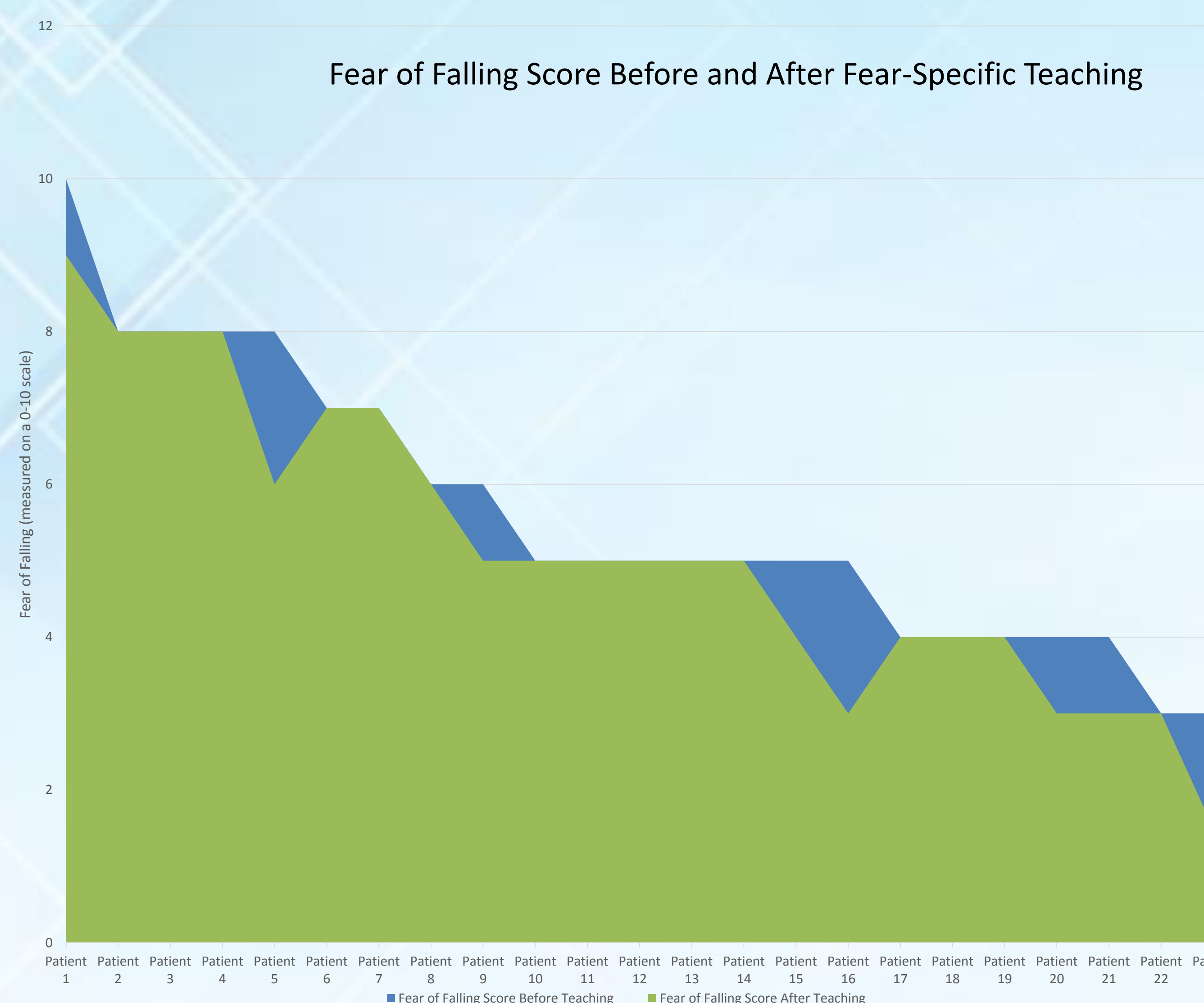
Evidence

- Damar (2017) found that 50% of older patients who fall experience a fear of falls before mobilization. 42.2% of older patients experienced a severe fear of falling in their first mobilization after total knee replacement or total hip replacement.
- Voshaar et al (2006) found that cognitive functioning and fear of falling assessed 6 weeks after surgery consistently predicted functional recovery, whereas pain and depressive symptoms were no longer significant.
- Johansson et al (2018) found that small-group learning environments in combination with learning by doing, could be an effective approach for the translation of knowledge into everyday life and valued activities leading to a decrease in falls and fear of falling.

Implementation Plan

- Post operative patients were surveyed regarding their fear of falling prior to first post operative ambulation.
- Those identified as having a fear of falling were divided into a control and test group. Both were provided general fall prevention teachings
- The test group will have their fear of falling acknowledged and be provided with an educational session specific towards their fears, led by the bedside nurse. The control group will not be given this additional session.
- Those patients who received additional education will be surveyed afterwards regarding their fear of falling.
- Post education surveys will be analyzed to determine if there is a decrease in fear/anxiety levels of the test group compared to those who did not receive additional education.

Outcomes



Conclusions

Results for pre/post fear specific education did not have large differences as expected. Many patient’s scored remained the same or decreased by one point. A total of 23 patients were screened and 65.1% had no change in pre/post education scores.

Lessons Learned

- Some patient’s fear of falling is an ever-present concern, and one education session may not be enough to decrease that fear. Perhaps a screening and teaching every shift would decrease patient’s score of fear of falling.
- Screening patient’s right after providing fear-specific education does not allow them time to utilize the techniques discussed. Screening patients hours or days after the initial teaching may have shown different results.
- The screening tool was time consuming for RN’s and would likely have a low compliance rate.
- Screening a large sample size may have given different results

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