

Safety Literature 16th April 2023

A multidimensional approach for nurse practitioners to screen fall risk and fear of falling in community-dwelling older adults

Rossler A, Wheeler J, Thiamwong L. J. Nurse Pract. 2023; 19(1): e104436.

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DOI 10.1016/j.nurpra.2022.08.019 **PMID** 37008257

Abstract

Nurse practitioners are essential in the care of the older adult population. Older adults are at high risk for falls; therefore, nursing assessment should include psychological and physiological measures. Fear of falling is a primary psychological contributor to fall risk. The Falls Efficacy Scale International short; Centers for Disease Control and Prevention Stopping Elderly Accidents, Deaths, and Injuries fall risk scale; and Balance Tracking System (BTrackS) balance test are reliable, efficient tools for assessment. Data obtained from these multifactorial tools may inform mobility interventions and education for the patient, further meeting a national safety goal of reducing falls in the older adult population.

Language: en

Keywords

fall risk; older adult; balance; nurse practitioner; BTrackS; community-dwelling; fear of falling; FES-I; STEADI

Reducing falls among visually impaired individuals on railway platforms: field research on environmental challenges and solutions

Mizuno T, Tokuda K. Heliyon 2023; 9(3): e14666.

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Abstract

The aim of this study is to assess the extent to which visually impaired people are at risk of falling from railway station platforms and to identify opportunities for improvement. A barrier-finding fieldwork approach was used to conduct this study. A total of 412 stations' platforms were examined to provide recommendations for enhancing platform safety. The study found that four major factors contribute to accidents in which visually impaired individuals may fall from railway station platforms. These factors include "the spatial layout of the platform", "the warning tactile pavers", "the Fall Prevention Hoods", and "the fall prevention fences and platform screen doors ". Based on the findings of the study, several measures are recommended to enhance the safety and accessibility of railway station platforms for visually impaired individuals. These measures include closing the gap between the platform and the train, installing Fall Prevention Hoods at lower heights near the feet so that they can be detected using a guide cane, and avoid the placement of directional tactile pavers close to the front end of the train cars or at the platform edge facing train car couplings, etc.

Language: en

Keywords

Barrier-finding fieldwork method; Fatal accidents; People with visual impairment; Railroad station platforms

Adapting evidence-based falls prevention programs for remote delivery - implementation insights through the RE-AIM evaluation framework to promote health equity

Kohn MJ, Chadwick KA, Steinman LE. Prev. Sci. 2023; ePub(ePub): ePub.

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DOI 10.1007/s11121-023-01519-z **PMID** 37036550

Abstract

COVID-19 disproportionately impacted the health and well-being of older adults-many of whom live with chronic conditions-due to their higher risk of dying and being hospitalized. It also created several secondary pandemics, including increased falls risk, sedentary behavior, social isolation, and physical inactivity due to limitations in mobility from lock-down policies. With falls as the leading cause of preventable death and hospitalizations, it became vital for in-person evidence-based falls prevention programs (EBFPPs) to pivot to remote delivery. In Spring 2020, many EBFPP administrators began re-designing programs for remote delivery to accommodate physical distancing guidelines necessitated by the pandemic. Transition to remote delivery was essential for older adults and persons with disabilities to access EBFPPs for staying healthy, falls and injury free, out of hospitals, and also keeping them socially engaged. We collaborated with the Administration on Community Living (ACL), the National Council on Aging (NCOA), and the National Falls Prevention Resource Center (NFPRC), for an in-depth implementation evaluation of remotely delivered EBFPPs. We examined the process of adapting and implementing four EBFPPs for remote delivery, best practices for implementing the programs remotely within the RE-AIM evaluation framework. This enhances NFPRC's ongoing work supporting dissemination, implementation, and sustainability of EBFPPs. We purposively sampled organizations for maximum variation in organization and provider type, geographic location, and reach of underserved older populations (Black, Indigenous, or other People of Color (BIPOC), rural, disabilities). This qualitative evaluation includes provider-level data from semi-structured interviews (N = 22) with program administrators, staff, and leaders. The interview guide included what, why, and how adaptations were made to EBFPP interventions and implementation strategies using Wiltsey-Stirman (2019) adaptations framework (FRAME), reach, and implementation outcomes (acceptability, feasibility, fidelity, and costs; Proctor et al., 2011), focusing on equity to learn for whom these programs were working and opportunities to address inequities.

FINDINGS demonstrate remote EBFPPs made planned and fidelity-consistent adaptations to remote delivery in partnership with researchers and community organizations, focusing on participant safety both in program content and delivery. Supports using and accessing technology were needed for delivery sites and leaders to facilitate engagement, and improved over time. While remote EBFPP delivery has increased access to EBFPPs for some populations from the perspective of program administrator, leaders, and staff (e.g., caregivers, rural-dwellers, persons with physical disabilities), the digital divide remains a barrier in access to and comfort using technology. Remote-delivered EBFPPs were

acceptable and feasible to delivery organizations and leaders, were able to be delivered with fidelity using adaptations from program developers, but were more resource intensive and costly to implement compared to in-person. This work has important implications beyond the pandemic. Remote delivery has expanded access to groups traditionally underserved by in-person programming, particularly disability communities. This work will help answer important questions about reach, accessibility, feasibility, and cost of program delivery for older adults and people with disabilities at risk for falls, those living with chronic conditions, and communities most vulnerable to disparities in access to health care, health promotion programming, and health outcomes. It will also provide critical information to funders about elements required to adapt EBFPPs proven effective in in-person settings for remote delivery with fidelity to achieve comparable outcomes.

Language: en

Keywords

Evaluation; Adaptation; Evidence-based programs; RE-AIM

Vestibular dysfunction in people who fall: a systematic review and meta-analysis of prevalence and associated factors

Donovan J, De Silva L, Cox H, Palmer G, Semciw AI. Clin. Rehabil. 2023; ePub(ePub): ePub.

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DOI 10.1177/02692155231162423 **PMID** 37036433

Abstract

OBJECTIVES: To evaluate the prevalence and factors associated with vestibular dysfunction in people who fall. **DATA SOURCES:** All electronic records from MEDLINE, CINAHL, Embase and psycINFO databases were searched to 9 December 2022. **REVIEW METHODS:** Participants were adults with at least one fall within the previous year who were exposed to at least one vestibular function test. Any published peer reviewed trial designs were accepted. Included studies were assessed for risk of bias using a modified Epidemiological Appraisal Instrument. The quality of each meta-analysis was assessed using modified Grading of Recommendations Assessment, Development and Evaluation (GRADE).

RESULTS: Ten trials (468 participants) were identified, six of which had high methodological quality. Vestibular dysfunction was found in 61% (48.01-72.32) $I(2) = 78\%$ of participants. The most prevalent type of dysfunction was from tests of vestibulo-ocular reflex at 61% (49.79 to 70.49) $I(2) = 68\%$, followed by benign paroxysmal positional vertigo at 22% (10.30-40.32) $I(2) = 87\%$ and central dysfunction at 11% (2.24-37.76) $I(2) = 50\%$. People who fall with vestibular dysfunction had reduced walking function compared to those without dysfunction -0.51 (-0.85 to -0.16) $I(2) = 11\%$. Dizziness was not related to vestibular dysfunction in people who fall 0.25 (-0.10 to 0.60), $I(2) = 0\%$. The quality of the body of evidence ranged from very low to high.

CONCLUSION: More than one in two people who fall have vestibular dysfunction. Clinicians cannot rely on dizziness report to indicate need for vestibular screening in those who fall. A vestibular screen should be incorporated into a comprehensive falls assessment.

Language: en

Keywords

risk factors; accidental falls; adult; vestibular diseases; vestibular function tests

Relationship between sarcopenia and orthostatic blood pressure recovery in older falls clinic attendees

Duggan E, Knight SP, Romero-Ortuno R. Eur. Geriatr. Med. 2023; ePub(ePub): ePub.

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DOI 10.1007/s41999-023-00775-0 **PMID** 37029293

Abstract

PURPOSE: Sarcopenia and delayed orthostatic blood pressure (BP) recovery are two disorders increasingly associated with adverse clinical outcomes in older adults. There may exist a pathophysiological link between the two via the skeletal muscle pump of the lower limbs. Previously in a large population-based study, we found an association between probable sarcopenia and orthostatic BP recovery. Here, we sought to determine the association between confirmed sarcopenia and orthostatic BP recovery in falls clinic attendees aged 50 years or over.

METHODS: One hundred and nine recruited patients (mean age 70 years, 58% women) underwent an active stand with non-invasive beat-to-beat haemodynamic monitoring. Hand grip strength and five-chair stands time were measured, and bioelectrical impedance analysis was performed. They were then classified as robust, probable sarcopenic or sarcopenic as per the European Working Group on Sarcopenia in Older People guidelines. Mixed effects models with linear splines were used to model the effect of sarcopenia status on orthostatic BP recovery, whilst controlling for potential confounders.

RESULTS: Probable sarcopenia was identified in 32% of the sample and sarcopenia in 15%. Both probable and confirmed sarcopenia were independently associated with an attenuated rate of recovery of both systolic and diastolic BP in the 10-20 s period after standing. Attenuation was larger for confirmed than probable sarcopenia (systolic BP β - 0.85 and - 0.59, respectively, $P < 0.01$; diastolic BP β - 0.65, - 0.45, $P < 0.001$).

CONCLUSION: Sarcopenia was independently associated with slower BP recovery during the early post-stand period. The potentially modifiable effect of the skeletal muscle pump in orthostatic haemodynamics requires further study.

Language: en

Keywords

Older people; Sarcopenia; Blood pressure recovery; Orthostasis; Orthostatic hypotension; Skeletal muscle pump

Nurse-initiated fall and osteoporosis screening for older adults in the emergency department

Seah YEC, Ho SF, Ang ASH, Bacud JP, Rosario BH. Cureus 2023; 15(3): e36001.

(Copyright © 2023, Curēus)

DOI 10.7759/cureus.36001 **PMID** 37041925

Abstract

Background Many older adults presenting to the emergency department (ED) after a fall are discharged without adequate assessment of their fall risk. A nurse-initiated protocol was introduced for the early screening of older adults with injurious falls. We aimed to promote osteoporosis education and right-site them to appropriate outpatient resources in the community.

METHODology In this study, we included ≥ 65 -year-old adults who attended the ED with injurious falls or near falls between December 2019 and December 2020. An ED nurse trained in basic geriatric care performed the cognitive assessment and provided advice on diet, footwear, fall safety, calcium/vitamin D supplementation, and osteoporosis screening.

RESULTS A total of 70 (75.7% female) patients aged 65-93 years were included. In total, 34 (48.6%) were started on calcium/vitamin D supplements and 22 (31.4%) went on to receive outpatient bone mineral density scans. Only three patients reattended the ED for recurrent falls/fractures in the six-month follow-up period.

CONCLUSIONS A nurse-initiated fall and osteoporosis screening protocol is a feasible model of care for targeted screening and education of older adults who present to the ED with injurious falls.

Language: en

Keywords

osteoporosis; adult emergency department; elderly falls; fall assessment; frailty screening

Fall injuries in Sub-Saharan Africa: analysis of prospective injury registry from 23 health facilities in Malawi and Tanzania

Sawe HR, Mulwafu W, Chokotho L, Croke K, Chamanga R, Mohammed M, Bertfelt J, Ndumwa HP, Mfinanga JA, Milusheva S. BMC Emerg. Med. 2023; 23(1): e42.

(Copyright © 2023, Holtzbrinck Springer Nature Publishing Group - BMC)

DOI 10.1186/s12873-023-00805-x **PMID** 37038112

Abstract

BACKGROUND: Low-and middle-income countries account for over 80% of fall-related fatalities globally. However there is little emphasis on the issue and limited high quality data to understand the burden, and to inform preventive and management strategies. We characterise the burden of fall injuries in Malawi and Tanzania.

METHODS: This multi-centre prospective descriptive study utilized trauma registry data from 10 hospitals in Malawi and 13 hospitals in Tanzania. The study included twelve months of data in Tanzania (October 2019 to September 2020), and eighteen months of data from Malawi (September 2018 to March 2020). We describe patient demographics, the causes, location, and nature of injuries, timing of arrival to hospital, and final disposition. Regression analyses were performed to determine risk factors for serious injuries.

RESULTS: There were 93,178 trauma patients in the registries of both countries, of which 44,609 (47.9%) had fall related complaints. Fall injuries accounted for 55.3% and 17.4% of all trauma cases in Malawi and Tanzania respectively. Overall the median age was 16 years (Interquartile range (IQR) 8-31 years), and 62.8% were male. Most fall injuries (69.9%) occurred at home, were unintentional (98.1%), and were due to a ground level fall (74.9%). Nearly half of patients (47.9%) arrived at a facility using public transport, with median arrival time of 10 h (IQR 8-13 h) from initial injury. Extremities (87.0%) were the most commonly injured region, followed by head and neck (4.4%). Overall 3275 (7.4%) patients had potentially serious injuries. Age > 60 years was associated with two times odds of having serious injuries than those < 5 years, and those sustaining injury at work (adjusted Odds Ratio (aOR) 1.95 95% CI; 1.56-2.43) or recreational areas (aOR 3.47 95% CI; 2.93-4.10) had higher odds of serious injuries compared to those injured at home.

CONCLUSIONS: In these facilities in Sub-Saharan Africa, fall injuries accounted for a substantial fraction of all injuries. While most common in younger males, those aged 5-13 and over 60 years were more likely to have serious injuries. Most falls occurred at home, but serious injuries were more likely to occur at recreational and work areas. Future efforts should focus on preventive strategies to mitigate these injuries.

Language: en

Keywords

Epidemiology; Fall in LMIC; Fall in Sub-Saharan Africa; Fall injuries; Injuries in Malawi; Injuries in Tanzania; Trauma burden

Developing a multivariate prediction model of falls among older community-dwelling adults using measures of neuromuscular control and proprioceptive acuity: a pilot study

Antcliff SR, Witchalls JB, Wallwork SB, Welvaert M, Waddington GS. *Australas. J. Ageing* 2023; ePub(ePub): ePub.

(Copyright © 2023, Australian Council on the Ageing, Publisher John Wiley and Sons)

DOI 10.1111/ajag.13191 **PMID** 37036826

Abstract

OBJECTIVE: To examine whether measures of neuromuscular control and proprioceptive acuity were predictive of falls in an older community-dwelling population and to develop a multivariate prediction model.

METHODS: Fifty-eight adults aged above 60 living independently in the community were recruited for a prospective falls study. On entry, they undertook a Sensory Organisation Test (SOT) and an Active Movement Extent Discrimination Assessment (AMEDA) and completed a short fall risk questionnaire. Participants were monitored for falls over the subsequent 12 months. Prior to analysis, falls were classified into three categories based on the difficulty of the activity being undertaken and the demands of the environment in which the fall occurred. Logistic regression was used to predict the probability of a fall.

RESULTS: For falls occurring under the least challenging circumstances, the model fitted using the AMEDA score and two of the questions from the fall risk questionnaire, related to balance and confidence, achieved a specificity of 87% and sensitivity of 83%. Falls occurring in more challenging circumstances could not be predicted with any accuracy based on the variables recorded at inception.

CONCLUSIONS: This study highlights the importance of considering the heterogeneous nature of falls. Poorer proprioceptive acuity appears to play a role in falls occurring where neither the environment nor the activity is challenging, but not in falls occurring in other circumstances. Falls in the least-challenging circumstances affected 15% of participants, but this group was considerably more likely to have multiple falls, increasing their vulnerability to adverse consequences.

Language: en

Keywords

accidental falls (D000058); aged (D000368); logistic models (D016015); observational study (D064888); proprioception (D011434)

Caregivers' fear of older care recipients falling: a systematic review of qualitative studies

Shang S, Zhang Q, Qi L, Liu T, Shengguang C, Song L, Wang Y, Yin J, Han H. *Geriatr. Nurs.* 2023; 51: 303-316.

(Copyright © 2023, Elsevier Publishing)

DOI 10.1016/j.gerinurse.2023.03.017 **PMID** 37031582

Abstract

OBJECTIVE: This qualitative systematic review aimed to describe informal caregivers' and health personnel's experiences of the FOF (fear of falling) of older adults under their care.

METHODS: A systematic search of databases included not only the PubMed, Embase, CINAHL, PsycINFO, Web of Science, and Cochrane Library but also the Chinese databases of CNKI, WanFang, and Vip. The Critical Appraisal Skills Programme (CASP) tool was used to assess the quality of the included studies.

RESULTS: In total, 17 studies were included in the systematic evaluation. Four themes were identified, and an evidence model was developed that includes multiple attributions of FOF, management strategies for fall prevention, dynamic challenges and adaptation, and external support and unmet needs.

CONCLUSIONS: The fear of falling felt by informal caregivers and health personnel is mainly affected by internal factors in older adults, and harms the health of older adults through overprotective behavior. Thus, there is an urgent need of external support to improve the quality of life and promote the healthy aging of older adults.

Language: en

Keywords

Systematic review; Fear of falling; Older adults; Caregivers; Qualitative

Bidirectional relationship between fear of falling and frailty among community-dwelling older adults: a longitudinal study

Mo C, Peng W, Luo Y, Tang S, Liu M. *Geriatr. Nurs.* 2023; 51: 286-292.

(Copyright © 2023, Elsevier Publishing)

DOI 10.1016/j.gerinurse.2023.03.022 **PMID** 37031580

Abstract

This study aims to examine the bidirectional association between fear of falling (FOF) and frailty among community-dwelling older adults. Longitudinal analyses were conducted over a representative sample of 5,829 community-dwelling individuals ≥ 65 years from the National Health and Aging Trends Study. FOF was ascertained by asking participants whether they worried about falling and if this worry ever limited their activities. Frailty status was assessed based on frailty phenotype. At baseline, 71.4% of participants reported no FOF, 16.7% reported FOF without fear-related activity restriction (FAR), and 11.9% reported FOF with FAR. The proportion of robust, pre-frail and frail respondents at baseline was 36.1%, 48.7% and 15.2%, respectively. Multinomial logistic regression models indicated FOF with and without FAR predicted pre-frailty and frailty. Pre-frailty predicted FOF with and without FAR, while frailty only predicted FOF with FAR. Tailored intervention strategies are needed for preventing adverse outcomes of FOF and frailty among the older population.

Language: en

Keywords

Fear of falling; Older adults; Frailty; Bidirectional association; Fear-related activity restriction

Age-related differences in reactive balance control and fall-risk in people with chronic stroke

Purohit R, Wang S, Dusane S, Bhatt T. Gait Posture 2023; 102: 186-192.

(Copyright © 2023, Elsevier Publishing)

DOI 10.1016/j.gaitpost.2023.03.011 PMID 37031629

Abstract

BACKGROUND: Impaired reactive responses to sudden environmental perturbations contribute to heightened fall-risk in healthy aging and neurologically impaired populations. Previous studies have demonstrated individual contributions of paretic and non-paretic sides to fall-risk in people with stroke with variable levels of motor impairment. However, the combined effect of aging and unilateral cortical lesion on reactive balance control is not clearly understood. We therefore aimed to examine age-related differences in reactive balance control and fall-risk during laboratory-induced gait-slips in people with comparable stroke-related motor impairments.

METHODS: Thirteen younger (45.61 ± 4.61 years) and thirteen older (71.92 ± 6.50 years) adults with similar stroke-related impairment (on Fugl-Meyer Lower Extremity Assessment) were exposed to one overground gait-slip under each limb (paretic and non-paretic). Center of mass state stability and slipping kinematics (slip displacement and velocity) were computed. Clinical balance and mobility were also assessed.

RESULTS: On non-paretic slips, older adults with chronic stroke demonstrated greater falls and lower center of mass stability (its position and velocity) at post-slip touchdown compared to younger adults with chronic stroke ($p < 0.01$). This was accompanied with a greater peak slip displacement and faster peak slip velocity ($p < 0.01$). However, there were no such group differences noted on the paretic slips ($p > 0.01$).

CONCLUSION: Aging may have an independent, detrimental effect on reactive balance control in people with chronic stroke. Non-paretic deficits in controlling slip intensities (slip displacement and velocity) can accentuate fall-risk in older adults with chronic stroke. Further investigation is necessary to identify additional factors attributing to heightened fall-risk in older adults with chronic stroke.

Language: en

Keywords

Stability; Stroke; Older adults; Fall-risk; Gait slip; Perturbation; Reactive balance

Virtual reality-based therapy improves balance and reduces fear of falling in patients with multiple sclerosis. a systematic review and meta-analysis of randomized controlled trials

Cortés-Pérez I, Osuna-Pérez MC, Montoro-Cárdenas D, Lomas-Vega R, Obrero-Gaitán E, Nieto-Escamez FA. J. Neuroengineering Rehabil. 2023; 20(1): e42.

(Copyright © 2023, Holtzbrinck Springer Nature Publishing Group - BMC)

DOI 10.1186/s12984-023-01174-z **PMID** 37041557

Abstract

OBJECTIVE: This study aims to conduct a meta-analysis to assess the effect of virtual reality-based therapy (VRBT) on balance dimensions and fear of falling in patients with multiple sclerosis (PwMS). Secondly, to determine the most recommendable dose of VRBT to improve balance.

METHODS: PubMed Medline, Web of Science, Scopus, CINAHL and PEDro were screened, without publication date restrictions, until September 30th, 2021. Randomized controlled trials (RCTs) comparing the effectiveness of VRBT against other interventions in PwMS were included. Functional and dynamic balance, confidence of balance, postural control in posturography, fear of falling and gait speed were the variables assessed. A meta-analysis was performed by pooling the Cohen's standardized mean difference (SMD) with 95% confidence interval (95% CI) using Comprehensive Meta-Analysis 3.0.

RESULTS: Nineteen RCTs, reporting 858 PwMS, were included. Our findings reported that VRBT is effective in improving functional balance (SMD = 0.8; 95%CI 0.47 to 1.14; $p < 0.001$); dynamic balance (SMD = - 0.3; 95%CI - 0.48 to - 0.11; $p = 0.002$); postural control with posturography (SMD = - 0.54; 95%CI - 0.99 to - 0.1; $p = 0.017$); confidence of balance (SMD = 0.43; 95%CI 0.15 to 0.71; $p = 0.003$); and in reducing fear of falling (SMD = - 1.04; 95%CI - 2 to - 0.07; $p = 0.035$); but not on gait speed (SMD = - 0.11; 95%CI: - 0.35 to 0.14; $p = 0.4$). Besides, the most adequate dose of VRBT to achieve the greatest improvement in functional balance was at least 40 sessions, five sessions per week and 40-45 min per sessions; and for dynamic balance, it would be between 8 and 19 weeks, twice a week and 20-30 min per session.

CONCLUSION: VRBT may have a short-term beneficial role in improving balance and reducing fear of falling in PwMS.

Language: en

Keywords

Virtual reality; Fear of falling; Multiple sclerosis; Postural control; Postural balance; Gait speed

How effective are current interventions for preventing falls in Parkinson's disease? A Cochrane Review summary with commentary

Cordani C. Am. J. Phys. Med. Rehabil. 2023; ePub(ePub): ePub.

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DOI 10.1097/PHM.0000000000002256 **PMID** 37026899

Abstract

[The publisher has not provided an abstract for this article.]

Language: en

Experience and hospital context influence fall prevention practice by physical therapists: a survey study

Crick JPJ, Juckett L, Salsberry M, Quatman C, Quatman-Yates CC. J. Healthc. Qual. 2023; ePub(ePub): ePub.

(Copyright © 2023, National Association for Healthcare Quality, Publisher John Wiley and Sons)

DOI 10.1097/JHQ.0000000000000382 **PMID** 37010318

Abstract

BACKGROUND: Falls in and following hospitalization are common and problematic. Little is understood about the factors that impede or promote effective implementation of fall prevention practices.

PURPOSE AND RELEVANCE: Physical therapists are commonly consulted for acute care patients at risk for falling. The purpose of this study is to understand therapist perceptions of their effectiveness in fall prevention and to explore the impact of contextual factors on practice patterns to prevent falls surrounding hospitalization.

METHODS: Survey questions were tailored to the constructs of hospital culture, structural characteristics, networks and communications, and implementation climate, in addition to inquiries regarding practice patterns and attitudes/beliefs.

RESULTS: Overall, 179 surveys were analyzed. Most therapists (n = 135, 75.4%) affirmed their hospital prioritizes best practices for fall prevention, although fewer agreed that therapists other than themselves provide optimal fall prevention intervention (n = 105, 58.7%). Less practice experience was associated with greater odds of affirming that contextual factors influence fall prevention practice (OR 3.90, p <.001). Respondents who agreed that their hospital system prioritizes best practices for fall prevention had 14 times the odds of believing that their system prioritizes making improvements (p =.002).

CONCLUSIONS/IMPLICATIONS: As experience influences fall prevention practice, quality assurance and improvement initiatives should be used to ensure minimum specifications of practice.

Language: en

Management of fear of falling after hip fracture

Scheffers-Barnhoorn M. Tijdschr. Gerontol. Geriatr. 2023; 54(1).

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DOI 10.36613/tgg.1875-6832/2023.01.06 **PMID** 37022044

Abstract

[Abstract unavailable]

Language: nl

Keywords

Fear of falling