Novel use of the Wii Balance Board to prospectively predict falls in community-dwelling older adults

Citation: Clinical Biomechanics, 01 June 2015, vol./is. 30(5), p. 481-484, 02680033

Author(s): Kwok, Boon-Chong, Clark, Ross A., Pua, Yong-Hao

Abstract: Background The Wii Balance Board has received increasing attention as a balance measurement tool; however its ability to prospectively predict falls is unknown. This exploratory study investigated the use of the Wii Balance Board and other clinical-based measures for prospectively predicting falls among community-dwelling older adults. Methods Seventy-three community-dwelling men and women, aged 60–85 years were followed-up over a year for falls. Standing balance was indexed by sway velocities measured using the Wii Balance Board interfaced with a laptop. Clinical-based measures included Short Physical Performance Battery, gait speed and Timed-Up-and-Go test. Multivariable regression analyses were used to assess the ability of the Wii Balance Board measure to complement the TUG test in fall screening. Findings Individually, the study found Wii Balance Board anteroposterior (odds ratio 1.98, 95% CI 1.16 to 3.40, P = 0.01) and mediolateral (odds ratio 2.80, 95% CI 1.10 to 7.13, p = 0.03) sway velocity measures predictive of prospective falls. However, when each velocity measure was adjusted with body mass index and Timed-Up-and-Go, only anteroposterior sway velocity was predictive of prospective falls (odds ratio 2.21, 95% CI 1.18 to 4.14). A higher anteroposterior velocity was associated with an increased risk for Wii Balance Board sway velocity were 0.67 and 0.71 for anteroposterior and mediolateral respectively. Interpretation The Wii Balance Board-derived anteroposterior sway velocity measure could complement existing clinical-based measures in predicting future falls among community-dwelling older adults.

Publication Type: journal article
Source: CINAHL

Patient Falls in Labor and Delivery

Citation: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 02 June 2015, vol./is. 44(0-0), 08842175

Author(s): Baker, Brenda, Dupree, Jeanette

Abstract: Poster Presentation Purpose for the Program At an urban academic medical center with approximately 2200 births per year, 10 falls occurred in labor and delivery (L&D) unit in a 12-month period. None of the patients who fell was categorized, as high risk for falling, which led the nurses to ask if the current risk scale for falls was useful in the perinatal population. The hospital-wide falls screening tool had little application in the perinatal population because the tool was validated in the geriatric population. A review of the literature revealed little evidence as most studies excluded perinatal patients from their validation work. The purpose of this project was to create an obstetric specific falls prevention program and screening tool to identify women at risk of falling and decrease the number of falls in the L&D unit. Proposed Change To create a population specific falls prevention program and screening tool to identify pregnant women at risk of falling and decrease the incidence of falls in the perinatal population. Implementation, Outcomes, and Evaluation A review of literature was conducted using CINAHL and PubMed. Search terms included falls and pregnancy. Nine publications related to falls in pregnancy met search the criteria. Findings from this review indicated history of previous fall, visual disturbances, sedentary life style, and edema in feet and ankles during pregnancy as most predictive of risk of falling. Along with the review of literature, an in-depth analysis of each fall event was completed. This work lead to development of a clinical practice guideline, Falls Prevention in Labor & Delivery, and a population-specific screening tool built in the Electronic Medical Record. Staff education and monthly chart audits were conducted to monitor adherence to the tool and to provide feedback related to use of the screening tool. In 2008, 10 falls were reported. After the implementation of the obstetric falls program, two falls were reported in 2013. Implications for Nursing Practice A continual decline in patient falls in L&D has occurred since implementation of multiple initiatives, including a population specific screening tool. Future plans include validation of the screening tool.

Publication Type: journal article
Source: CINAHL

Using video capture to investigate the causes of falls in long-term care

Citation: The Gerontologist, Jun 2015, vol. 55, no. 3, p. 483-494 (June 2015)

Author(s): Woolruch, Ryan, Zeecevic, Aleksandra, Sissmith, Andrew, Sims-Gould, Joanie, Feldman, Fabio, Chaudhury, Habib, Symes, Bobbi, Robonovitch, Stephen N

Abstract: Falls and their associated injuries represent a significant cost and care burden in long-term care (LTC) settings. The evidence base for how and why falls occur in LTC, and for the design of effective interventions, is weakened by the absence of objective data collected on falls. In this article, we reflect on the potential utility of video footage in fall investigations. In particular, we report on findings from a Canadian Institute for Health Research-funded research project entitled “Technology for Injury Prevention in Seniors,” detailing 4 distinct methodological approaches where video footage of real-life falls was used to assist in identifying the circumstances and contributory factors of fall events in LTC: questionnaire-driven observational group analysis; video-stimulated recall interviews and focus groups; video observations of the resident 24hr before the fall; and video incorporated within a comprehensive systemic falls investigative method. We describe various ways in which video footage offers potential for both care providers and researchers to help understand the cause and prevention of falls in LTC. We also discuss the limitations of using video in fall investigations, including the logistical, practical, and ethical concerns arising from such an approach.

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Source: Medline

Nationwide time trends and risk factors for in-hospital falls-related major injuries

Citation: International journal of clinical practice, Jun 2015, vol. 69, no. 6, p. 703-709 (June 2015)
Accelerometer-based gait analysis predicts falls among patients with a recent fracture who are ambulatory: a 1-year prospective study


Author(s): Matsumoto, Hiromi, Makabe, Tomoyuki, Monka, Tetsuji, Ikihara, Kanae, Kajigase, Akira, Okamoto, Yuta, Ashikawa, Eiichi, Kobayashi, Eri, Hagino, Hiroshi

Abstract: The aim of this prospective study was to assess whether accelerometer-based gait analysis is associated with the incidence of falls among individuals who are ambulatory and recently had a fracture, and to compare the ability to discriminate body function and structure and activity measures. A total of 100 patients who fulfilled our inclusion criteria were enrolled. At hospital discharge, the following outcomes were assessed: timed-up-and-go test, five-times-sit-to-stand test, one-leg standing test, 5-m gait test, and gait analysis using a wireless three-axis accelerometer. Root mean square (RMS) and autocorrelation (AC) values were analyzed on the basis of the acceleration waveform. Follow-up assessment of falls and subsequent fractures was performed 12 months after the fracture. Eighty-five percent of the participants completed the follow-up at 12 months. During the 12 months of follow-up, 61 falls were reported by 34 patients (31 women, three men), for a fall rate of 40.0% (34/85). The fall group had significantly poorer body function and structure and activity measures compared with the no-fall group. In accelerometer-based gait analysis, RMS and AC in the vertical axis were significantly lower in the fall group compared with the no-fall group. Multivariate logistic regression analysis showed that only AC in the vertical axis was a significant predictor of falls. This finding suggests that trunk acceleration AC in the vertical axis showed good discriminative ability for predicting the incidence of falls among patients who are ambulatory and recently had a fracture.

Source: Medline

Prevention of in-hospital falls: development of criteria for the conduct of a multi-site audit


Author(s): Giles, Kristy, Stephenson, Matthew, McArthur, Alexa, Aromataris, Edoardo

Abstract: Patient falls are a significant issue for hospitals due to the high rates of morbidity and mortality associated with these events, as well as the financial costs for the healthcare system. To establish what constitutes best practice in terms of fall prevention in acute care facilities and use this to inform the development of best practice audit criteria. Criteria for clinical audit were developed from evidence derived from systematic reviews and guidelines. While these were drawn from the best available evidence, they were also developed in conjunction with clinicians undertaking a fall-prevention clinical audit and key stakeholders from the clinical settings to ensure their relevance and applicability to the acute care setting. Current literature recommends a comprehensive and multifactorial approach to fall prevention. Eight audit criteria were derived from the best available evidence including the domains of physical environment, hospital culture and care processes, use of technology and targeted interventions. Existing research evidence and consultation with stakeholders has allowed the development of applicable, evidence-based audit criteria for fall prevention in acute care settings. This model can promote engagement, impact clinical practice and lead to improved outcomes.

Source: Medline

Rounding with purpose to tackle pesky falls problem

Citation: H&HN: Hospitals & Health Networks, 01 June 2015, vol./iss. 89/6(39-40), 10688838

Author(s): STEMPIA/K, MARTY

Publication Type: Journal Article

Source: CINAHL

Full Text: Available from EBSCOhost in H&HN: Hospitals & Health Networks

Improving hospital patient falls: leveraging staffing characteristics and processes of care

Citation: The Journal of nursing administration, May 2015, vol. 45, no. 5, p. 254-262 (May 2015)

Author(s): Aydin, Carolyn, Donaldson, Nancy, Aronow, Harriet Udin, Fridman, Moshe, Brown, Diane Storer

Abstract: Predictive models for falls, injury falls, and restraint prevalence were explored within nursing unit structures and processes of care. The patient care team is responsible for patient safety, and improving practice models may prevent injuries and improve patient safety. Using unit-level self-reported data from 215 hospitals, falls, injury falls, and restraint prevalence were modeled with significant covariates as predictors. Fewer falls/injury falls were predicted by populations with fewer frail and at-risk patients, more uniclinic care hours, and prevention protocol implementation, but not staffing per se, restraint use, or RN expertise. Lower restraint use was predicted by fewer frail patients, shorter length of stay, more RN hours, more certified RNs, and implementation of fall prevention protocols. In the presence of risk, patient injuries and safety were improved by optimizing staffing skill mix and use of prevention protocols.

Source: Medline
Does perturbation-based balance training prevent falls? Systematic review and meta-analysis of preliminary randomized controlled trials

Citation: Physical therapy, May 2015, vol. 95, no. 5, p. 700-709 (May 2015)
Author(s): Mansfield, Avril, Wong, Jennifer S, Bryce, Jessica, Knorr, Svetlana, Patterson, Kara K
Abstract: Older adults and individuals with neurological conditions are at an increased risk for falls. Although physical exercise can prevent falls, certain types of exercise may be more effective. Perturbation-based balance training is a novel intervention involving repeated postural perturbations aiming to improve control of rapid balance reactions. The purpose of this study was to estimate the effect of perturbation-based balance training on falls in daily life. MEDLINE (1946-July 2014), EMBASE (1974-July 2014), PEDro (all dates), CENTRAL (1991-July 2014), and Google Scholar (all dates) were the data sources used in this study. Randomized controlled trials written in English were included if they focused on perturbation-based balance training among older adults or individuals with neurological conditions and collected falls data posttraining. Two investigators extracted data independently. Study authors were contacted to obtain missing information. A PEDro score was obtained for each study. Primary outcomes were proportion of participants who reported one or more falls (ie, number of “fallers”) and the total number of falls. The risk ratio (propotion of fallers) and rate ratio (number of falls) were calculated into the analysis. Eight studies involving 404 participants were included. Participants who completed perturbation-based balance training were less likely to report a fall (overall risk ratio=0.71; 95% confidence interval=0.52, 0.96; P=0.02) and reported fewer falls than those in the control groups (overall rate ratio=0.54; 95% confidence interval=0.34, 0.85; P=0.007). Study authors do not always identify that they have included perturbation training in their intervention; therefore, it is possible that some appropriate studies were not included. Study designs were heterogeneous, preventing subanalyses. Perturbation-based balance training appears to reduce fall risk among older adults and individuals with Parkinson disease. © 2015 American Physical Therapy Association.
Source: Medline
Full Text: Available from EBSCOhost in Physical Therapy Available from ProQuest in Physical Therapy

Promoting exercise as part of a physiotherapy-led falls pathway service for adults with intellectual disabilities: a service evaluation

Author(s): Crockett, Jennifer, Finlayson, Janet, Skelton, Dawn A, Miller, Gillian
Abstract: People with intellectual disabilities experience high rates of falls. Balance and gait problems are common in people with intellectual disabilities, increasing the likelihood of falls; thus, tailored exercise interventions to improve gait and balance are recommended. The present authors set up a physiotherapy-led falls pathway service (FPS) for clients with intellectual disabilities to promote exercise and prevent falls. Fifty clients with intellectual disabilities were referred in an 18-month period, 35 (70%) were prescribed exercise and 27 (54%) completed the exercise programme. The FPS was evaluated using the following outcome measures: Tinetti score, number of falls, clinician’s judgement and carer’s judgement. Improvement in balance and mobility and a decrease in the number of falls were reported post-exercise intervention. Physiotherapists have a key role to play in promoting exercise to prevent falls in services for people with intellectual disabilities. This evaluation suggests positive outcomes for these clients to reduce or prevent further falls. © 2014 John Wiley & Sons Ltd.
Source: Medline

Vitamin d and falls-fitting new data with current guidelines

Citation: JAMA internal medicine, May 2015, vol. 175, no. 5, p. 712-713 (May 1, 2015)
Author(s): LeBlanc, Erin S, Chou, Roger
Source: Medline
Full Text: Available from Silverchair Information Systems in JAMA Internal Medicine

Outcomes of usual versus a specialized falls and balance program in the home

Citation: Home healthcare now, May 2015, vol. 33, no. 5, p. 265-274 (May 2015)
Author(s): Whitney, Susan L, Marchetti, Gregory F, Ellis, Jennifer L, Otis, Laurie
Abstract: A retrospective cohort study with adjustment for baseline group differences was conducted to determine if there was a difference in Outcome and Information Data Set (OASIS-C) activities of daily living (ADL) outcomes as well as the duration and number of home care visits between usual home care rehabilitation services and a home care rehabilitation team that was specially trained in falls identification and prevention. Data from adult Medicare beneficiaries who were treated in a large multistate home care practice with at least one visit by a physical therapist were retrieved retrospectively for analysis (n = 3,907 records). Patients identified as having multiple fall risk factors based on OASIS-C assessment undergoing a specialized care program demonstrated greater improvements in total ADL scores after home healthcare rehabilitation services compared with subjects at fall risk receiving usual care. Interdisciplinary care delivered by a healthcare team specially trained in fall prevention appeared to decrease the number of home care visits and resulted in improved ADL OASIS-C outcome scores after adjustment for potential confounders.
Source: Medline

24-hour pattern of falls in hospitalized and long-term care institutionalized elderly persons: A systematic review of the published literature

Citation: Chronobiology international, May 2015, vol. 32, no. 4, p. 548-556 (May 2015)
Author(s): López-Soto, Pablo Jesús, Mamfredini, Roberto, Smolensky, Michael H, Rodríguez-Borrego, María Aurora
Abstract: Falls are common among the elderly > 65 years of age and can result in both serious trauma and costly medical care. The epidemiology of falls in the elderly typically focuses on identifying contributory exogenous environmental and endogenous age-related physical, cognitive and other health status factors; however, one potentially important variable seldom considered is time of fall. We sought to determine if falls in hospitalized/institutionalized elderly persons exhibit 24 h and other temporal patterns, since knowledge of such could be useful in their prevention. We conducted a systematic review of the published literature to critically appraise and synthesize the methods and findings of previous reports addressing clock-time, day-of-week and month-of-year fall patterns in elderly cohorts. Medline, SCOPUS, Ovid SP and Web of Knowledge were systematic assessed, entering search terms of “accidental fall”, “circadian rhythm”, “biological clocks”, “circadian clocks”, “activity cycles”, “periodicity”, and with databases accepting an age limiter, “age of 65(+) years”. Methodological quality was assessed
publication type: identification of individuals at risk of falls, and can predict falls in 6 months with good accuracy.

Abstract: Despite efforts in hospitals to identify patients at risk for falls and to prevent these incidents, falls among hospitalized patients are not a rare event and continue to be a major health care concern, occurring in approximately 700,000-1,000,000 hospitalized patients per year. The purpose of this study was to examine intrinsic, extrinsic, and workforce factors that contribute to falls among hospitalized adult patients. A retrospective correlational design was used to examine 160 patients admitted to a medical-surgical unit over the year 2012. Analytical weighting was applied to the study sample to conduct bivariate and multivariate analysis. In multivariate analysis, the variables age, narcotic/sedative use, and overnight shift, significantly predicted the likelihood of a fall during the hospitalization. Cardiovascular disease, neuromusculoskeletal disease, evening shift, the implementation of fall prevention strategies and higher RN to uncensed assistive personnel staffing ratios decreased the likelihood of a fall during the hospitalization. In addition, patients at high risk for falls using the Hendrich I fall scale were nearly 17% more likely to fall during the hospitalization. Many factors influence the occurrence of a fall in hospitalized patients. Fall risk assessment and the implementation of fall prevention strategies are both effective strategies in the clinical area to identify and decrease the probability of a fall. The presence of the RN is significant in fall prevention in medical-surgical patients. Copyright © 2014 Elsevier Inc. All rights reserved.

Source: Medline

Factors associated with falls in hospitalized adult patients

Citation: Applied nursing research : ANR, May 2015, vol. 28, no. 2, p. 78-82 (May 2015)

Author(s): Cox, Jill, Thomas-Hawkins, Charlotte, Pajarillo, Edmund, DeGennaro, Susan, Cadmus, Edna, Martinez, Miguel

Abstract: Taking might complement existing fall prevention strategies. Risk taking behavior are sufficient. Risk taking but neither the difficulty of a chosen action nor self-reports of risk-taking behavior are sufficient. Risk-taking behavior is an independent risk factor for falls and management of undue risk-taking might complement existing fall prevention strategies.

Source: Medline

The impact of a home-based walking programme on falls in older people: the Easy Steps randomised controlled trial


Author(s): Voukelatos, Alexander, Merom, Dafna, Sherrington, Catherine, Rissel, Chris, Cumming, Robert G, Lord, Stephen R

Abstract: Walking is the most popular form of exercise in older people but the impact of walking on falls is unclear. This study investigated the impact of a 48-week walking programme on falls in older people. Three hundred and eighty-six physically inactive people aged 65+ years living in the community were randomised into an intervention or control group. The intervention group received a self-paced, 48-week walking programme that involved three mailed printed manuals and telephone coaching. Coinciding with the walking programme monthly control group participants received health information unrelated to falls. Monthly falls calendars were used to monitor falls (primary outcome) over 48 weeks. Secondary outcomes were self-reported quality of life, falls efficacy, exercise and walking levels. Mobility, leg strength and choice stepping reaction time were measured in a sub-sample (n = 178) of participants. There was no difference in fall rates between the intervention and control groups in the follow-up period (IRR = 0.88, 95% CI: 0.60-1.29). By the end of the study, intervention group participants spent significantly more time exercising in general, and specifically walking for exercise (median 1.69 vs 0.72 h/week, p

Source: Medline

Ability versus hazard: risk-taking and falls in older people

Citation: Journals of Gerontology Series A: Biological Sciences & Medical Sciences, 01 May 2015, vol./iss. 70/S(628-634), 10795006

Author(s): Butler, Annie A, Lord, Stephen R, Taylor, Janet L, Fitzpatrick, Richard C

Abstract: BACKGROUND: Among older people, undue risk taking could lead to falls, irrespective of physical ability. We investigated the interaction between risk-taking behavior and physical ability and its contribution to falls. METHODS: Participants (N = 294, age >= 70) were asked to walk as quickly as possible to a visible destination by choosing one of six paths. Each contained a raised plank that had to be walked along without falling. The shortest path had the narrowest and tallest plank and the longest had the widest and lowest. Behavioral risk was defined as the probability of falling off the chosen plank. This was estimated from a ground path walking task because, for safety, participants were stopped before crossing the plank. Self-reported everyday risk-taking behavior, fear of falling, physical functioning, and 1-year prospective fall rates were measured. RESULTS: Older participants and those with poor physical ability chose easier planks to cross. Participants with good physical ability consistently took a slight behavioral risk, whereas those with poor physical ability took either very-high behavioral risks or chose the overly safe path with no risk. Unexpectedly, participants reporting cautious behavior on the everyday risk-taking behavior scale took greater behavioral risks. Independent of physical performance, behavioral risk was significantly associated with falls during the subsequent year. CONCLUSIONS: Assessing behavioral choice in relation to physical ability can identify risk-taking but neither the difficulty of a chosen action nor self-reports of risk-taking behavior are sufficient. Risk-taking behavior is an independent risk factor for falls and management of undue risk-taking might complement existing fall prevention strategies.

Publication Type: journal article

Source: Medline

Ambulatory fall-risk assessment: amount and quality of daily-life gait predict falls in older adults

Citation: Journals of Gerontology Series A: Biological Sciences & Medical Sciences, 01 May 2015, vol./iss. 70/S(608-615), 10795006

Author(s): van Schooten, Kimberley S, Plijnappels, Mirjam, Rispens, Sietse M, Elders, Petra J M, Lips, Paul, van Dieen, Jaap H

Abstract: BACKGROUND: Ambulatory measurements of trunk accelerations can provide valuable information on the amount and quality of daily-life activities and contribute to the identification of individuals at risk of falls. We compared associations between retrospective and prospective falls with potential risk factors as measured by daily-life accelerometry. In addition, we investigated predictive value of these parameters for 6-month prospective falls. METHODS: One week of trunk accelerometry (DynaPort MoveMonitor) was obtained in 169 older adults (mean age 75). The amount of daily activity and quality of gait were determined and validated questionnaires on fall-risk factors, grip strength, and trail making test were obtained. Six-month fall incidence was obtained prospectively by recall and prospectively by fall diaries and monthly telephone contact. RESULTS: Among all participants, 35.5% had a history of >=1 falls and 34.9% experienced >=1 falls during a 6-month follow-up. Logistic regressions showed that questionnaires, grip strength, and trail making test, as well as the amount and quality of gait, were significantly associated with falls. Significant associations differed between retrospective and prospective analyses although odds ratios indicated similar patterns. Predictive ability based on questionnaires, grip strength, and trail making test (area under the curve .68) improved substantially by accelerometry-derived parameters of the amount of gait (number of strides), gait quality (complexity, intensity, and smoothness), and their interactions (area under the curve .82). CONCLUSIONS: Daily-life accelerometry contributes substantially to the identification of individuals at risk of falls, and can predict falls in 6 months with good accuracy.

Publication Type: journal article
Lower-extremity osteoarthritis and the risk of falls in a community-based longitudinal study of adults with and without osteoarthritis

Citation: Arthritis Care & Research, 01 May 2015, vol./is. 67/5(633-639), 2151464X
Publication Type: journal article
Source: CINAHL
Full Text: Available from John Wiley and Sons in Arthritis Care and Research

Polypharmacy and falls in older people: Balancing evidence-based medicine against falls risk

Citation: Postgraduate Medicine, 01 April 2015, vol./is. 127/3(330-337), 00325481
Author(s): Zia, Anam, Kamaruzzaman, Shahruh Bahyah, Tan, Maw Pin
Abstract: The term polypharmacy has negative connotations due to its association with adverse drug reactions and falls. This spectrum of adverse events widens when polypharmacy occurs among the already vulnerable geriatric population. To date, there is no consensus definition of polypharmacy, and diverse definitions have been used by various researchers, the most common being the consumption of multiple number of medications. Taking multiple medications is considered a risk factor for falls through the adverse effects of drug-drug or drug-disease interactions. Falls studies have determined that taking >= 4 drugs is associated with an increased incidence of falls, recurrent falls, and injurious falls. In light of existing evidence, careful and regular medication reviews are advised to reduce the effect of polypharmacy on falls. However, intervention studies on medication reviews and their effectiveness on falls reduction have been scarce. This article reviews and discusses the evidence behind polypharmacy and its association with falls among older individuals, and highlights important areas for future research.
Publication Type: journal article
Source: CINAHL

Falls prevention education: Interprofessional training to enhance collaborative practice

Citation: Journal of the American Geriatrics Society, April 2015, vol./is. 63/(S5-S6), 0002-8614 (April 2015)
Author(s): McKenzie G., Lasater K., Delander G., Neal M., Morgove M., Eckstrom E.
Abstract: Background: The gap between the complex health care needs of older adults and the availability of geriatrics-trained health care professionals is widening. Interprofessional (IP) education offers an opportunity to engage multiple professions in interactive, clinically relevant learning to achieve high quality patient-centered care. Methods: Twenty-five IP practice teams were recruited from ambulatory and long term care settings throughout the state. Teams were educated on evidence-based falls risk reduction strategies including tai chi, physical and functional assessment, environmental modification, medication review and reduction, and vitamin D supplementation. Participants were coached in teams to determine best ways to implement these strategies in their own environments. Educational measures included a pre-post 15-item knowledge survey, a post-intervention confidence survey using 5-item Likert scales, and a self-report of commitment to practice change. Analyses of surveys were performed using paired T-tests for survey results. Descriptive statistics were calculated to evaluate participants’ commitment to collaborative practice change items and for process evaluation of training. Results: Ninety-five health professionals from medicine, nursing, pharmacy, and social work participated in the training. The intervention increased knowledge about falls risk reductions strategies (pre-intervention avg score 52%; post-intervention avg score 74%; p<.001). There were statistically significant increases in confidence for all ten evaluated skills. The largest increase in confidence scores was “confidence in recommending tai chi to my patients who are at risk of falls (2.24 to 4.46, p < .001.” Top practice change commitments were to educate patients and other staff about tai chi (55%); to systematically screen patients for falls using the TUG or other assessments (48%); and to ensure patients received targeted medication reviews (39%). Conclusions: Community practices can support the training of IP teams across outpatient and long term care settings. Interprofessional education may be feasible and effective to enhance care of older adults in community settings.
Publication Type: Journal: Conference Abstract
Source: EMBASE