



## Patient perceptions and experiences with falls during hospitalization and after discharge



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### ARTICLE INFO

#### Article history:

Received 5 November 2015

Revised 19 January 2016

Accepted 28 January 2016

#### Keywords:

Falls

Fall prevention

Discharge instructions

Older adults

Perceptions

### ABSTRACT

**Aims:** The aim of this study was to describe hospitalized older adults' (> 60 years) perceptions about (1) their fall risks while hospitalized; (2) fall prevention interventions received while hospitalized; and (3) fall prevention discharge instructions.

**Background:** Little is known about hospitalized older adults' perceptions regarding fall prevention interventions received during hospitalization and fall prevention discharge instructions.

**Methods:** This is a prospective, exploratory study using qualitative methods.

**Results:** This paper reports qualitative findings of patients' perspectives on fall prevention interventions during hospitalization and at discharge. Eight major themes supported by multiple minor themes emerged: overall perceptions of falling; overall perceptions of fall prevention interventions while hospitalized; "telling" fall prevention; "doing" fall prevention; effectiveness of fall prevention strategies; personal fall prevention strategies; fall-related discharge instructions; and most effective fall-related discharge instructions.

**Conclusions:** Findings suggest healthcare providers need to more fully engage patients and families in understanding fall prevention interventions and factors contributing to falls during hospitalization and at discharge.

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Falls are a significant problem for older adults, particularly for those who are hospitalized (Clyburn & Heydemann, 2011; Milisen et al., 2013). Falls are among the most frequently reported patient safety incidents, accounting for approximately 40% of all adverse events in hospitals (Miake-Lye, Hempel, Ganz, & Shekelle, 2013; Oliver, 2008). Moreover, up to 50% of inpatient falls result in some sort of injury (e.g., fracture, trauma, and death) (Oliver, Healey, & Haines, 2010; Tinetti & Kumar, 2010). Falls can also contribute to patient anxiety, loss of confidence in mobility and activities, social isolation, prolonged hospital stay, discharge to long-term care facilities, and increased healthcare cost (Miake-Lye et al., 2013; Oliver, 2008; Tinetti & Kumar, 2010).

Efforts to reduce falls in hospitals have largely focused on conducting routine fall risks assessments followed by implementing general fall prevention interventions for those at risk (Oliver, 2008; Oliver et al., 2010). In addition to these system- and clinician-driven efforts, fall prevention must involve other members within the context of care, including patients and their families. Perceptions (e.g., beliefs and awareness) about an individual's health are essential to engage people in understanding their health risks, as well as, in adopting behaviors to reduce those risks (Garces et al., 2012; Mullins, Abdulhalim, & Lavallee, 2012;

Shubert, Smith, Prizer, & Ory, 2014). However, minimal research has addressed hospitalized older adults' perceptions about their fall risks, interventions they received to prevent falls, and discharge instructions to reduce falls. Therefore, it is imperative to understand older adults' perceptions of falls and fall prevention interventions to fully engage them in the adoption of behaviors that will reduce falls during hospitalization and after discharge to more effectively address this national patient safety issue.

The specific aims of this exploratory study were to describe hospitalized older adults' (≥60 years) perceptions about (1) their fall risks while hospitalized; (2) interventions they received to prevent falls while hospitalized; and (3) the instructions received at discharge to prevent falls at home.

### 1. Background

Previous studies have explored perceptions regarding falls and fall prevention, but most have focused on community-dwelling older adults rather than those who are hospitalized (Boyd & Stevens, 2009; Calhoun et al., 2011; Faes et al., 2010; Høst et al., 2011; Karlsson, Vonschewelov, Karlsson, Cöster, & Rosengen, 2013; Laing, Silver, York, & Phelan, 2011; McInnes, Seers, & Tutton, 2011; McMahan, Talley, & Wyman, 2011; Roe et al., 2009). Findings from these studies demonstrate that older adults: (1) believe falling to be a normal part of the aging process (Høst et al., 2011; McInnes et al., 2011); (2) consider falls embarrassing and have

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a fear of falling (Boyd & Stevens, 2009; Roe et al., 2009); and (3) restrict or stop normal activities to prevent falling (Roe et al., 2009). Findings from these studies have also been used to guide development, testing, and implementation of community-based fall prevention programs (Baker, Gottschalk, & Bianco, 2007; Tinetti et al., 2008).

In contrast to findings from community settings, little is known about perceptions of hospitalized older adults regarding their fall risks, despite patient education being frequently used to prevent falls (Ang, Mordiffi, & Wong, 2011). Carroll, Dykes, and Hurley (2010) interviewed nine patients who had fallen while hospitalized and found that most were not aware of their risk of falling; those who were aware received inconsistent messages from nurses regarding their fall risks. Patients stated that they “wanted to be informed of why they were at risk and what specific activities the nurse wanted them to do to reduce their risk for falling, and the role of the healthcare team in their fall prevention.” (Carroll et al., 2010; page 240). Similarly, findings by Rogers (2013) demonstrated that adult inpatients had little information about their fall risks.

Falls are among the most frequently occurring post-discharge adverse events (Tsilingirias & Bates, 2008), and the incidence of falls in the post-discharge period is more than in the general community population (Davenport et al., 2009). The significance of discharge instruction has been demonstrated when older adults are equipped with knowledge regarding self-care following hospital discharge (Bobay, Jerofke, Weiss, & Yakusheva, 2010; Foust, Vuckovic, & Henriquez, 2012; Maloney & Weiss, 2008). However, only one study of 333 subjects, conducted in Australia, examined older adults' perceptions about fall prevention strategies after discharge and found that many had little knowledge about appropriate strategies to prevent falls at home (Hill et al., 2011).

Understanding patients' perceptions about fall risks and interventions to prevent falls is critical to advance the knowledge of preventing falls during and following hospitalization. This study provides insights about this important area from the perspective of the patients.

## 2. Method

This prospective exploratory study was conducted in a 450-bed community hospital located in Michigan. Informants were recruited from two adult medical–surgical units. Approval of the Institutional Review Board from the University of Michigan and the study site was obtained.

### 2.1. Design

A prospective exploratory design using qualitative methods was conducted to meet the study aims. To solicit participant perceptions, two semi-structured interview guides were developed with open-ended questions and probes. The guides were designed to be delivered verbally. The first interview guide was delivered face-to-face while informants were hospitalized to elicit information about their perceptions regarding falls prior to hospitalization, risk for falling in the hospital, and fall prevention interventions they received while hospitalized. The second interview guide was delivered over the telephone after informants were discharged to their homes to obtain additional information about fall prevention interventions used in the hospital, and instructions that they received at discharge to prevent falls at home.

### 2.2. Sample

To be eligible for the study, potential informants had to meet the following inclusion criteria: (1) 60 years of age or older; (2) hospitalized on the study unit for at least 48 hours; (3) at risk for falls as defined by nursing staff via the Morse Score within 24 hours prior to the interview; (4) have a working phone number at home; (5) be medically stable; and (6) speak English. Informants were excluded if they were acutely confused (e.g., delirious) as determined by the Confusion

Assessment Method (CAM) screening tool, which was administered prior to seeking informed consent.

Eighteen informants were enrolled in the study, with fifteen completing the post-discharge interview. We were unable to reach one informant using the telephone number they provided during the first interview; the other two were not discharged to their homes. Ten informants were male, and five were female. The mean age was 72 years ( $SD = 10.86$ ). Informants were contacted by telephone within 3 days after discharge to set up a time for the post-discharge interview. All post-discharge interviews were conducted within 8 days after discharge, with the majority completed within 4 days.

### 2.3. Data collection procedures

The list of potential informants was provided by a clinical nurse specialist and nurse manager of the study units to the investigative team each day for review. After validation that potential informants met study inclusion criteria, they were approached in their hospital rooms. Ten eligible informants declined to participate. If a potential informant was not diagnosed with delirium in accordance with the CAM, written informed consent was obtained prior to any study procedures. A trained research assistant who was a part of the research team conducted in-hospital and post-discharge interviews. The in-hospital interview was conducted in the patient's hospital room without the presence of healthcare providers or other patients and was audio recorded. During the hospital interviews, informants were asked about their perspectives concerning their risk for falling while in the hospital, and interventions they received during hospitalization to prevent falls. Interviews were 45 minutes or less. At the end of the interview, informants provided a home telephone number for contact following discharge.

After informants were discharged from the hospital, they were contacted within 3 days via telephone to schedule an interview about their perceptions on interventions they received in the hospital to prevent falls, as well as, discharge instructions they received about prevention of falls at home. All post-discharge interviews were conducted within 8 days after discharge via telephone, were audio recorded, and lasted no more than 45 minutes.

### 2.4. Data analysis

All of the interviews were transcribed verbatim and reviewed for transcription accuracy. Transcribed interviews were analyzed using the constant comparative methods of Glaser and Strauss (Corbin & Strauss, 1990; Glaser & Strauss, 1967). To ensure appropriate, rigorous, and robust data analysis, three members of the investigative team with expertise in qualitative analysis individually performed initial coding (e.g., minor themes). Minor themes were then compared, discussed, and agreed upon. Individually, the three investigators organized the minor themes into major themes. Major themes were then compared and discussed until a consensus was reached.

## 3. Results

Qualitative data analysis revealed eight major themes: (1) overall perceptions of falling; (2) overall perceptions of fall prevention interventions while hospitalized; (3) “telling” fall prevention; (4) “doing” fall prevention; (5) effectiveness of fall prevention strategies; (6) personal fall prevention strategies; (7) fall-related discharge instructions; and (8) most effective fall-related discharge instructions. Multiple minor themes support each of these major themes, and are discussed below.

### 3.1. Overall perceptions of falling

The major theme, overall perceptions of falling, is supported by three minor themes, including past fall experiences, fall risks, and fear of fall-related injuries.

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