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Understanding OT's Role in Fall Prevention and Analyzing the Perceived Barriers from Nurses and Occupational Therapists in an Inpatient Setting

Kyle B. Esguerra; Becki Cohill, OTD, OTR/L; Susan MacDermott, OTD, OTR/L

Background

Hospital falls are one of the most frequent adverse events within the inpatient setting (De Jong et al., 2020). Although OTs are part of the rehabilitative team in hospitals, there is limited research on their role in fall prevention within that setting (Leland, et al., 2012). It is well within OT's scope of practice to provide recommendations and training to reduce hospital falls (Frankenstein & Jahn 2020; Pritchard et al., 2019; Titler et al., 2016)

Problem

Despite the congruency of OT's role in fall prevention, there is limited research showing OT's involvement with improving inpatient fall prevention programs.

Purpose

To identify environmental factors, work-related factors, and collect feedback to improve fall prevention programs in inpatient settings by implementing OT's framework and interventions.

Outcome Objectives:

- To understand the limitations and perspectives of OT practitioner's role in fall prevention teams.
- To analyze current fall prevention programs and protocols used in hospitals.
- To assess environmental and work-related factors influencing the rate of falls in a hospital setting.
- To analyze a nurse's experiences with OT's role and contributions in fall prevention.
- To create a deliverable that will educate nurses, OT practitioners, and hospital managers with effective fall prevention strategies and results from survey data.

Methods

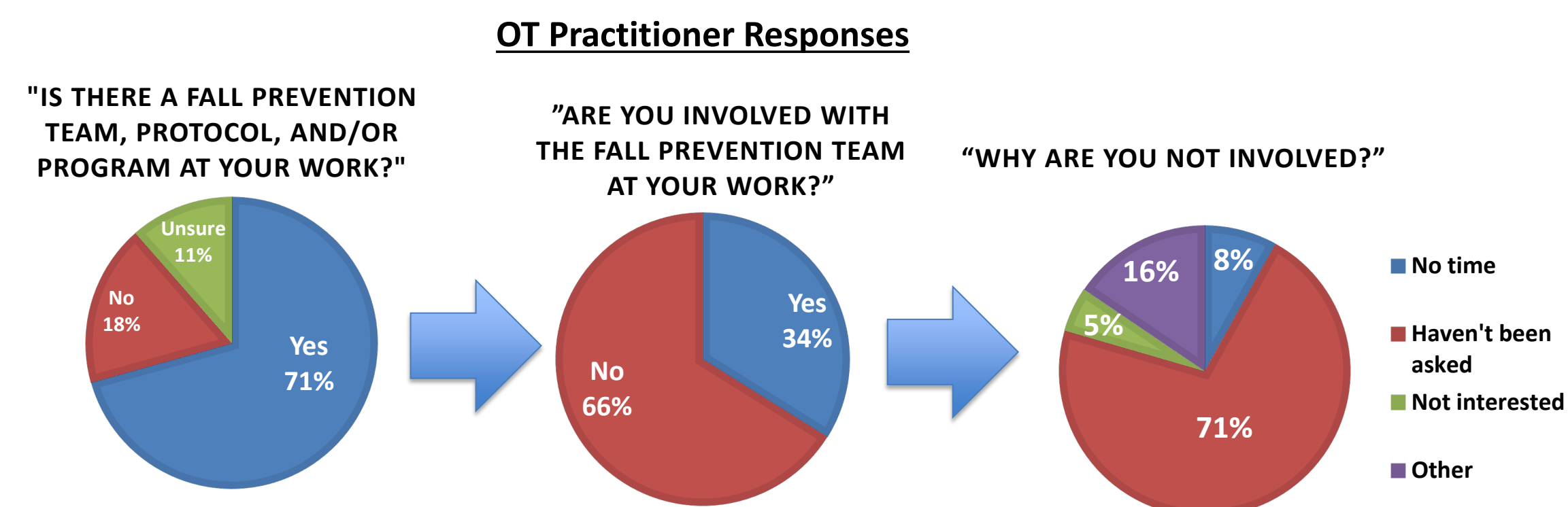
Research Phase

This study utilized a descriptive research design. After IRB approved the study, two surveys were created on Microsoft Forms.

- Research Question: "What is OT's role in fall prevention and what are the perceived factors that contribute to falls in an inpatient setting? "
- Participants: OT practitioners and nurses.
- The survey was open for 6 weeks. The data was transferred to Microsoft Excel and analyzed for 3 weeks.
- OT Survey questions:
 - Demographic information, education level, Inpatient setting
 - Experience with implementing fall prevention programs
 - Rate confidence and knowledge with implementing fall prevention interventions.
 - Participation in fall prevention teams
 - Environmental and work-related barriers
 - Feedback
- Nurse Survey questions:
 - Demographic information, education level, position, inpatient setting
 - Experience with implementing fall prevention programs and
 - Familiarity with OTs scope of practice
 - Rate confidence and knowledge with implementing fall prevention interventions.
 - Environmental and work-related barriers
 - Feedback
- Recruitment
 - Encouraged snowball and convenience sampling
 - Posted on Instagram, Facebook, Reddit, and AOTA's CommunOT.
 - Personal connections were contacted as well.

Results

- Participants; OT: N= 341, Nurses: N=21



De Jong, L. D., Weselman, T., Kitchen, S., & Hill, A. (2020). Exploring hospital patient sitters' fall prevention task readiness: A cross-sectional survey. *Journal of Evaluation in Clinical Practice*, 26(1), 42-49. <https://doi.org/10.1111/jepc.13114>

Frankenstein, L. L., & Jahn, G. (2020). Behavioral and occupational therapy for dementia patients and caregivers. *Geriatrics: The Journal of Gerontology and Geriatric Psychiatry*, 33(2), 85-100. <https://doi.org/10.1024/1662-9647/a000225>

Leland, N. E., Elliott, S. J., O'Malley, L., & Murphy, S. L. (2012). Occupational therapy in fall prevention: current evidence and future directions. *AJOT: American Journal of Occupational Therapy*, 66(2), 149. <http://dx.doi.org/10.5014/ajot.2012.002723>

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Titler, M. G., Conlon, P., Reynolds, M. A., Ripley, R., Tsodikov, A., Wilson, D. S., & Montie, M. (2016). The effect of a translating research into practice intervention to promote use of evidence-based fall prevention interventions in hospitalized adults: A prospective pre-post implementation study in the U.S. *Applied Nursing Research*, 31, 52. <https://doi.org/10.1016/j.apnr.2015.12.004>

Results

"What are some factors you believe contribute to falls at your setting? Please select all that apply."

Choices	OT Practitioners	Nurses
Cluttered Environment	198 (58.1%)	16 (76.2%)
Supervision Availability	302 (88.6%)	17 (80.1%)
Medications	198 (58.1%)	17 (80.1%)
Cognitive Deficits	322 (94.4%)	19 (90.5%)
Physical Deficits	271 (79.5%)	18 (85.7%)
Clinical Rounds	52 (15.2%)	11 (52.4%)
Other	46 (13.5%)	0

"What are some work-related factors you believe contribute to potential falls in your setting? Please select all that apply."

Choices	OT Practitioners	Nurses
Miscommunication	209 (62.3%)	17 (81%)
Limited Time	249 (73%)	17 (81%)
Shift Transition	225 (66%)	13 (61.9%)
Documentation	91 (26.7%)	4 (19%)
Workload/Caseload	254 (74.5%)	19 (90.5%)
Other	38 (11.1%)	1 (4.8%)

Recommendations for Future Fall Prevention Programs

Choices	OT Practitioners	Nurses
Offer opportunities for continuing education/training	50.7%	52.3%
Implement work-related adjustments (Increase staff and time for transition, environmental adjustments, invest in technology, and suggest frequent rounding)	88.2%	95.2%
Focus groups with OT practitioners and nurses to promote inter-professional collaboration	60.1%	52.4%
Other	4.8%	12%

Implications & Deliverable

- Establishing an OT position in a fall prevention team can be beneficial in reducing falls.
- Encourage OT practitioners to educate other professions about OT's scope of practice to spread awareness of the benefits within fall prevention.
- Focus on work related and environmental related barriers that contribute to falls (listed above).
- Future programs should provide continuing education/training, implement work-related adjustments, and conduct focus groups.
- Deliverable; Informative handout



- Researcher disseminated to nurses, OT practitioners, personal connections, hospital managers, and posted on social media.

Thank you to my mentor, Elizabeth Williams, OTR/L.