

Practice Improvement Record Example

Knowledge Translation | Falls Prevention

1. What Self-Selected Activity did you do and why?

In your response include at a minimum: (a) name of activity, (b) description of activity, (c) date(s) of activity, (d) reason for choosing the activity (e) how the activity fits with your practice (current or future). Mandatory.

Between October 2018 to August 2019 conducted a literature search and sought out additional information on balance scales, exercise and falls prevention strategies that are appropriate for use with dementia patients with the intent to confirm if we are following best practices.

I work in long term care, many of my patients suffer from impaired balance and we have been using our current balance scale for many years. Our population is frail, and we should establish if our practice is current. I wanted to determine if the balance scale we used was the best tool available or if there was another scale which has been developed. As well I wanted also to continue to provide my patients with exercises that will improve their balance, limits use of restraints and subsequently improve patient safety

This project took place over a year and involved reading several articles, attending a conference, and in-services

- *Evaluation of the Morse Fall Scale in hospitalised patients • Oxford Journals Medicine & Health ; Age and Ageing • Volume 35, Issue 3 • Pp. 311-313*
- *<https://academic.oup.com/ageing/article/35/3/311/40246>*
- *The 3 D's –Understanding Dementia, Depression and Delirium: implications for Physiotherapists Working with Older Adults Canadian Physiotherapy Journal by Maureen O'Connell Blog- January 27, 2016*
- *A best practice fall prevention exercise program to improve balance, strength / power, and psychosocial health in older adults: study protocol for a randomized controlled trial Yves J Gschwind; Reto W Kressig; Andre Lacroix; Thomas Muehlbauer; Barbara Pfenninger and Urs Granacher – BMC*
- *<https://bmcgeriatr.biomedcentral.com/articles/10.1186/1471-2318-13-105>*
- *“Exercising for the Brain” – Alzheimer’s Association, California Central Chapter -article Number 19*

2. What did you learn and how did you grow professionally?

In your response include, at a minimum, specific examples of: (a) what you learned, (b) how your personal competence improved, (c) how what you learned benefited patients or the physiotherapy/health care system, (d) include resources to show current information was used to improve your practice (name, source, topic). In drafting your response, consider the **guiding questions**.

Reading research articles keeps my knowledge current and promotes questions and discussion around difficult cases and enables selection of appropriate assessment measures and treatments. I learned that the Oxford Journals Age and Aging article (Evaluation of the Morse Fall Scale in hospitalised patients • Oxford Journals Medicine & Health ; Age and Ageing • Volume 35, Issue 3 • Pp. 311-313 R.) recommends that the MFS (Morse Fall Scale) should be used to screen hospitalised patients at risk of falling only after local validation to determine best cut-off scores in a given setting. This is something that has not been done in the past but could be implemented without too much difficulty. I plan to work with my fellow physiotherapy and nursing colleagues to determine if we are using an appropriate cut-off score for our

patient population. In the *Annals of Long Term Care (Strategies for Reducing Falls in Long-Term Care from Annals of Long Term Care Author(s): Betty Willy, PT, MA, CWS • Christine M. Osterberg, RN, BSN Issue Number: Volume 22 - Issue 1 - January 2014)* I read about and I am interested in trying to order the STEADI (Stopping Elderly Accidents, Deaths & Injuries) Tool Kit for Health Care Providers. I will investigate this within the next month. I will also continue to look for articles comparing different balance scales and determine whether there are any that would work even better for our population

Lifelong learning through review of evidenced based research leads to improved treatment regimens and facilitates patient and staff safety. A trial of innovative treatment ideas/techniques may lead to improved outcomes for patients to prevent falls and improve quality of life. I am interested in trialing perturbation-based balance training for my patients but am still in the process of determining what this will look like with our dementia patients so as not to upset or scare them.

My physiotherapy assistants have already initiated stair climbing as part of our regular treatment regime for patients with balance impairment, because several articles that I read suggest that this is appropriate. In my reading, I confirmed that we are following best practice in promoting independent ambulation as long as possible and not assigning a wheelchair if there are only moderate balance impairments, and much education is done with families to assist in understanding of living at risk for patients with falls and balance impairment. My physiotherapy assistants see on a daily basis most of our patients with balance problems and combine functional walking with sit to stand repetitions and stair climbing and this has resulted in a positive change in core strength and an improvement in Morse Fall Scores for several patients. Due to our physiotherapy interventions, more of our patients continue to walk independently compared with being restrained for safety. This has been noted by nursing staff as well and allows them to care for patients longer without the need for mechanical lifts.

3. Looking back, which Standard of Practice or Ethical Conduct Responsibility was addressed by participating in this activity.

Evidence informed practice
Quality Improvement

4. Your evidence of participation.

One of the research article I read
<https://academic.oup.com/ageing/article/35/3/311/40246>