4-25-2022

Exploring Provider Attitudes toward Falls Prevention in the Inpatient Setting

Emily Carter
Maine Medical Center

Sarah Hallen
Maine Medical Center

Gavin Welch
Maine Medical Center

Nikki Gordon
Maine Medical Center

Mark Parker
Maine Medical Center

Exploring Provider Attitudes toward Falls Prevention in the Inpatient Setting

Name of Principle Investigator: Emily Carter, MD
Name of Co-Investigator(s): Sarah Hallen, MD, Gavin Welch, PhD, Nikki Gordon, DO, and Mark Parker, MD

Category	Response	n	(%)
Total Respondents		187	(100.0)
Service Line	Adult Medicine	58	(31.0)
	Surgical Services	25	(13.4)
	Other	104	(55.6)
Role	Attending Physician	112	(59.9)
	Resident/Fellow Physician	39	(20.9)
	Physician Assistant	18	(9.6)
	Nurse Practitioner	17	(9.1)
	Missing	1	(0.5)
In Patient Time	<50%	88	(47.1)
	50%+	98	(52.4)
	Missing	1	(0.5)
Years of Practice	Less than 1 year	14	(7.5)
	1-5 years	43	(23.0)
	6-10 years	32	(17.1)
	11-20 years	53	(28.3)
	21+ years	44	(23.5)
	Missing	1	(0.5)

Table 1: Survey Response

Contact Information

Contact Information:
Nikki Gordon, DO
Family Medicine, PGY-3
Email:
Erin.Gordon@mainehealth.org

INTRODUCTION

- The rate of falls and falls with injury within Maine Medical Center are rising.
- MMC's Interprofessional Falls Committee performed a root cause analysis to identify the factors driving this change.
- This analysis highlighted the role that nursing and PT/OT's have on fall prevention and it uncovered the lack of engagement amongst physicians and APPs.
- We performed a literature review and found that there were no references identifying specific barriers to inpatient provider engagement; however, in other clinical settings such as the ED and assisted living, barriers to provider falls assessment have been identified.
- We utilized the theoretical domains framework (TDF) to identify the barriers to behavior change (i.e. lack of engagement).

METHODS AND MATERIALS

- The study team organized the identified barriers and mapped them to the TDF domains (Knowledge, Social/Professional & Role Identity, Beliefs about Capabilities, Optimism, Beliefs about Consequences, Reinforcement, Environment).
- These barriers were used to develop the survey.
- The survey consisted of demographic information, 10 items on a 5 point likert scale (strongly agree to strongly disagree) and 2 open response questions collected via the web browser using REDcap.
- The survey was available to all providers (physicians including residents and APP's) on the medical staff at our institution from July 14-July 28 2021.

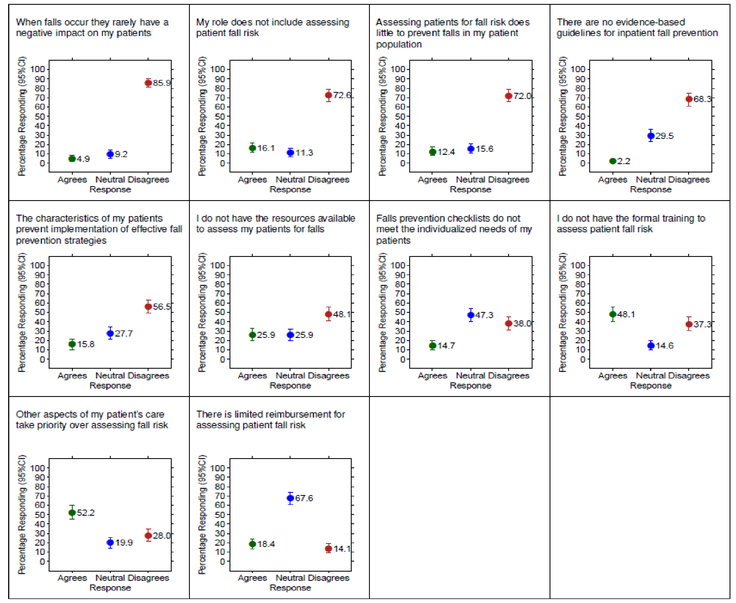

Figure 1: Physician and APP responses to survey questions

RESULTS

- The survey response rate was 9.1%: 2,062 were emailed to eligible participators and 188 responses were received (Table 1).
- Our data was condensed into 3 service line categories (Adult Medicine, Surgical Services, Other), 5 categories for years of practice (<1 year, 1-5 years, 6-10 years, 11-20 years, 21+ years) and 2 options for time spent inpatient (<50% and 50+%) and Likert scale question responses were aggregated into 3 groups: neutral and combined (dis)agree and strongly (dis)agree (Figure 1).

Barrier Exists	"I don't know how to assess for falls except for the fact that a patient looks frail." – APP	"We are all responsible for assessing our patients for falls. I wish I had more time, but there are too many competing and pressing needs."—Attending Physician	"Availability of typical or useful metrics for assessing fall risk." – Resident/Fellow Physician	"Required documentation of fall risk and time required to complete." – Resident/Fellow Physician
Not a Barrier	"Fall risk assessment is an incredibly important activity for all providers." – Attending Physician	"Falls have a profound negative impact on my patients overall health and outcome." - APP	"Even a quick assessment of someone's fall risk has significant benefits for preventing injury and harm to the patient, as well as saving costs in the hospital by preventing other tests if there is an injury." Resident	"Assessing fall risk is a critical part of treatment, especially with older patients who have a higher baseline risk. Falls can have a devastating impact for patients and may be fatal." – Attending Physician

Figure 2: Barriers identified to provider fall risk assessment

DISCUSSION

- Physician and APP engagement in fall risk assessment is important to the success of any systemic intervention to prevent falls and falls with injury.
- Our study found that several previously identified barriers to falls assessment did not appear to impact inpatient providers including the ability to recognize the impact of falls; that there is benefit to assessing patient fall risk; and that evidence-based guidelines do exist.
- Other common barriers did appear to impact their practice: the need to prioritize other aspects of patient care; concern that individual patient characteristics may prevent the success of falls prevention strategies; and that they lacked training and resources to assess fall risk (Figure 2).
- The next step will be to develop interventions that address these domains with the goal of inciting change in attitude and behavior.

CONCLUSIONS

- The purpose of this study was to provide the MMC-IFC with preliminary intervention targets to encourage provider engagement in falls assessment.
- Barriers previously identified in other clinical settings do not fully apply to our sample.
- Barriers identified amongst our providers included the lack of training and resources, need to prioritize other aspects of care, and concern individual patient characteristics may prevent falls prevention strategies.

REFERENCES

- Atkins L, Francis J, Islam R, et al. A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems. Implement Sci. 2017;12(1):77.
- Cane J, O'Connor D, Michie S. Validation of the theoretical domains framework for use in behaviour change and implementation research. Implement Sci. 2012;7:37.
- Cowdell F, Dyson J. How is the theoretical domains framework applied to developing health behaviour interventions? A systematic search and narrative synthesis. BMC Public Health. 2019;19(1):1180.
- Van Rhyn B, Barwick A. Health Practitioners' Perceptions of Falls and Fall Prevention in Older People: A Metasynthesis. Qual Health Res. 2019;29(1):69-79.