

Understanding Falls in Long-term Care: A Video-based Case Study Approach

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Background

Falls are a common cause of death and serious injury in older people living in long-term care, demonstrating a significant cost burden and having deleterious impacts on individual quality of life. Despite this, there is little understanding of the circumstances of falls within LTC, a major impediment to the development of effective intervention strategies. This lack of evidence stems from (i) inaccurate reporting procedures and unreliable witness accounts and (ii) the absence of holistic understandings and systemic investigations into fall incidents. This research aimed to address these limitations through developing a case study approach to understanding the environmental, situational and contextual factors contributing to falls in LTC.

Method

This research adopted a case study framework for investigating fall incidents in LTC (see fig.1). The aim was to generate information-rich, description-thick accounts of six fall events. A multi-methods approach was undertaken, including video observations of the faller, video stimulated recall interviews and focus groups with LTC staff, and secondary analysis of existing data sources (fall incident report, resident case notes and medical histories). The case studies were complete when all information on the fall incident had been 'saturated'. The case study data was triangulated to develop an understanding of the factors contributing to the fall incident. An ecological conceptual framework was applied to the findings.

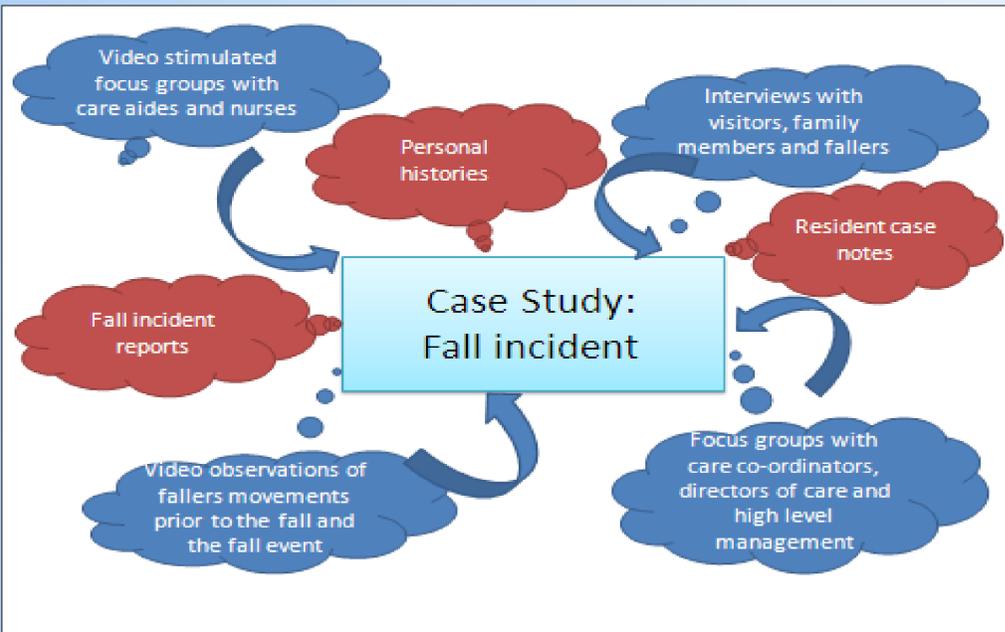


Figure 1: Multi-methods approach to case study development

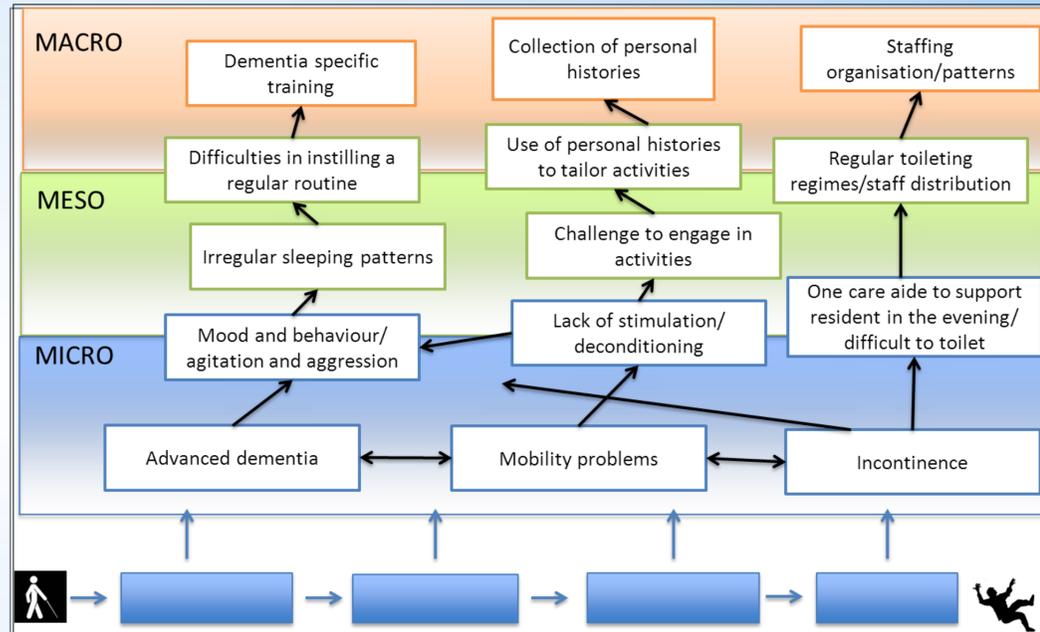


Figure 2: Example contributory factors of falls across multiple levels



Figure 3: Video stills of a fall incident

Findings

There are a wide range of contributory factors in falls including behavioral, situational and environmental factors that occur across the micro, meso and macro level (see fig.2). This suggests that a limited conceptualization of a fall as an outcome of the person's impairment and environmental hazards does not convey the complexity of potential contributory factors typical of most fall incidents. Failure to appreciate these inter-related factors, leads to a narrow approach to fall causality and effect, potentially leading to safety procedures and interventions which are not sensitive to the everyday situations of older people living in LTC facilities.

Conclusion

Broadening our understanding of falls provides the potential to make recommendations for falls prevention practice across multiple levels, including the individual, social and organizational context. However, safety should not be seen as the only consideration in the lives of residents of LTC facilities. Interventions to prevent falls need to be sensitive to the overall quality of life of individuals and should not be restrictive. Risk-taking cannot be entirely removed from LTC, nor would it be desirable to do so and residents should be encouraged to move in and around the home and engage in activities that promote freedom and independence. A fall should be seen as an outcome of a number of interacting factors, where everyday activities often involve a degree of inherent risk amongst a highly vulnerable population. The approach that offers the promising avenues for reducing the incidence of falls is to reduce risk for falls through interventions such as better environmental design of LTC facilities and education and training for those working directly with residents.