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Change Paper 2021

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The Importance of Awareness for the Fall Risk Community

Falling is a severe risk that leads to severe complications. According to Mansson et al. (2020) among older adults older than age 65, falls are the leading cause of injury-related death and are also the most common cause of nonfatal injuries and hospital admissions for trauma (Mansson et al., 2020). In acute and rehabilitation hospitals, Falls resulting in injury occur in 30% to 51% of patients. One out of ten falls causes a severe injury, such as a hip fracture or head injury, which requires hospitalization (Mansson et al., 2020). Along with the physical and emotional pain, many people need to spend at least a year recovering in a long-term care facility (Mansson et al., 2020). For these reasons, nurses have to make special considerations when a patient is at risk for falls. A break can mean a trip to the hospital, injury, or even disability for older people. Each year, one in three individuals who are 65 years or more senior experience a fall, with the risk of falling increasing with age (Mansson et al., 2020). The fear of falling also is more common as people age and leads to more senior people avoiding activities such as walking, shopping, or taking part in social activities (Mansson et al., 2020). Overcoming this fear can help older adults stay active and maintain their physical health. Many factors increase the risk of falling. Problems that are a risk for falls are balance disorders, chronic illnesses, and impaired vision (Mansson et al., 2020). Many falls cause at least some injury ranging from mild bruising to broken bones, head injuries, and even death (Mansson et al., 2020). The QSEN competency that this change paper focuses on is patient-centered care, evidence-based practice, teamwork and collaboration, and safety. Understanding what factors are involved in a fall is critical in preventing falls, and increasing nursing care education will provide enhanced care with improvement in fall prevention strategies. Further, education for the patients decreases the number of falls in hospital, nursing home, and home settings.

Literature Review

Research indicates links between several personal risk factors to falling, including muscle weakness, problems with balance and gait, and orthostatic hypotension (Mansson et al., 2020). The gait and balance issues are common in older adults and cause falls that increases morbidity and mortality and reduced function levels (Mansson et al., 2020). Most gait changes are related to underlying medical conditions and are part of aging. Physicians who care for the senior community should assess falls annually and ask about difficulties with gait and balance at least once during the visit. Physicians should ask about gait and balance problems for older adults who report a fall and observe any gait or balance dysfunctions to assess their fall risk properly (Mansson et al., 2020). According to Mansson et al. (2020), the Timed Up and Go test is a fast and reliable diagnostic tool to demonstrate instability or imbalance. The most effective fall prevention strategy involves a multifactorial evaluation followed by targeted interventions for identified contributing factors (Mansson et al., 2020). However, exercise and physical therapy are the most effective treatment options for gait and balance disorders (Mansson et al., 2020).

Feeling unsure of the immediate surroundings confuses and can lead to falling. If confused, wait until someone comes for help before trying to get up or walk. People with confusion have an increased risk of falling when in hospital due to cognitive impairment and unfamiliar surroundings (Kindulas et al., 2020). A more common disease that confuses senior patients is dementia and delirium (Kindulas et al., 2020). People with dementia are at increased risk of a fall and developing delirium. Delirium is common in older patients in hospitals and leads to falls during their stay (Kindulas et al., 2020). Nurses need to place interventions that will reduce falls, such as placing patients with increased risk for falls in rooms closer to the nursing station, bed/chair alarms, and frequent rounding (Kindulas et al., 2020). Including these tasks in a patient's nursing care will significantly reduce the chances of a fall injury.

Some medications cause side effects like dizziness or confusion, which increase a person's risk of falling. Certain types of medications such as diazepam (Valium), diphenhydramine (Benadryl)

and tricyclic antidepressants are among the most common causes of increased fall risk in older people (King et al., 2018). They are usually among the most manageable risk factors to change when it comes to falls in older adults (King et al., 2018). Older adults can make a big difference by being proactive and having knowledge of their medications. Educate and explain to all patients that are 65 and older about the side effects of drugs that can cause a fall risk (King et al., 2018). Medication management can reduce interactions and side effects that lead to falls. If the patient is experiencing any signs or symptoms of an imminent fall-related to medications, have the patient stop taking the medication when possible, switch to safer alternatives and reduce medications to the lowest effective dose (King et al., 2018). Develop a patient plan that includes medication changes and a monitoring plan for potential side effects. Implement other strategies, including non-pharmacologic options to manage conditions, address patient barriers, and reduce fall risk (King et al., 2018). As a nurse, assessing the patient's vital signs, noting any abnormal signs and symptoms, and educating the patient on the medication's side effects will decrease side effects that lead to falls.

Vision impairment is one of the major causes of falls in the older population. Age plays a significant role in falls, increasing injury risks every year after 65 years (Saftari & Kwon, 2018). Falls are among the highest causes of death in older adults, second only to motor vehicle accidents worldwide. Adults over the age of 65 have a risk of falling at 28% per year, with this value peaking at 35% by 70. After 70 years old, the risk for falling peaks at a high of 42% per year (Saftari & Kwon, 2018). Visual acuity plays a significant role in gait and balance. An aging adult's natural response decreases visual acuity, leading to an increased risk of falling. Optical detection of items such as electrical cords, boxes, and other trip hazards becomes increasingly tricky as vision deteriorates (Saftari & Kwon, 2018). Older adults who have low visual acuity are at a higher risk of falls. Older adults with low visual acuity are required to wear bifocal lenses for assistance. As the eyes' natural functions deteriorate as an individual age, depth perception, color

sensitivity, visual field size, and other parts decrease, leading to reduced gait balance that causes falls (Saftari & Kwon, 2018). As nurses and staff, increased awareness of how visual acuity can affect gait and balance will reduce the number of falls in older adult patients.

Osteoarthritis in older adults is one of the significant pathological risk factors of falls, with an estimated 30,000 adults in the United States alone dying due to a fall. In a study by Soh et al. (2020), 2,270 participants out of 4,796 reported having medically diagnosed osteoarthritis; 72% of the individuals diagnosed with osteoarthritis reported falling within the last year, with 17% resulting in fractures of some sort. Individuals with osteoarthritis often report a decrease in activity participation due to pain caused by osteoarthritis, specifically in the knees and hips. In the individuals with less physical activity, the researchers found that they also had more difficulties performing self-care activities and reduced participation in sports or recreational activities (Soh et al., 2020). The data showed that osteoarthritis participants had a significantly higher proportion of falls than those who did not have osteoarthritis. Osteoarthritis was not the sole predictor of falls in the study participants but rather a risk factor consistent with individuals who reported their fall history (Soh et al., 2020). The study stated that personal factors related to osteoarthritides, such as pain and weakness, are higher predictors of falls in older adults than osteoarthritis itself (Soh et al., 2020). Older adults who are at risk for developing osteoarthritis tend to have an increased risk of falling as they age. A decrease in physical activity increases the risk of developing osteoarthritis, resulting in weakness, pain, and life-threatening fractures. Educating nurses and other interprofessional care team members on how osteoarthritis can affect an individual's risk of falling will decrease the number of life-threatening falls. Interventions such as encouragement of physical activity and safety measures for at-risk individuals will reduce the number of falls.

Case Study

The case study explored patient safety during the inpatient stay to emphasize the cause of falls that result in injuries. The case study consisted of 1,141 patients at risk for falling, with 181 patients experiencing falls during their inpatient stay (Najafpour et al., 2019). Over the nine months of the case study, data may contribute to the increase in fall risk in patients, including comorbidities, reason of clinical stay, medications administered, and the activities performed before and after a fall (Najafpour et al., 2019). The data showed that patients at risk of falling or had a fall during their inpatient stay increased hospital stay (Najafpour et al., 2019). Additionally, the data also showed a positive correlation with the increased cost of care due to the extended length of stay because of a fall that caused further injuries. Some of the contributing factors that lead to falls in patients include decreased visual acuity, impaired gait, balance, and polypharmacy (Najafpour et al., 2019). The case studied did show a surprising and unexpected factor that did not lead to a patient fall, which is a nurse-to-patient ratio. The nurse-to-patient balance was appropriate, which did not contribute to the increase in falls. The case study results showed that patient falls that resulted in an extended hospital stay due to the occurrence of an injury were due to patient-related factors that include but not limited to factors like decreased visual acuity, balance, and medication history (Najafpour et al., 2019). Educating the interprofessional care team with increased awareness of factors that cause patient falls during inpatient stay is necessary to reduce patient injury and length of stay. Interventions including assisting patients with transfers regardless of their condition, regular toilet program, and drug modifications will help reduce patient falls incidence.

Synthesis

After reviewing the literature, the best-preferred nursing practice for fall risks was determined to be not just one factor but a combination of evidence-based guidelines. The guidelines include up-to-date nurse training on fall risk prevention, educating patients on factors that increase falls, and proper medications to monitor closer to decrease falls (Mansson et al., 2020). Training for the

medical staff includes protocols to follow with patients at risk for falling. For example, making sure there are night lights in bedrooms, hallways, and bathrooms to increase the field of vision will decrease the chances of a fall (Mansson et al., 2020). Placing a patient with dementia in a room near the nurses' station will also increase the times health team members have visual contact with the patient (Mansson et al., 2020).

Educating patients on the factors that increase falls is vital for decreasing falls in a home setting. Medication education is essential because several medications can cause severe side effects (Mansson et al., 2020). Drugs reducing blood pressure medications coincide with fall risk because of their hypotensive effect. Thus, adjusting anti-hypertensive medication may reduce syncope and falls (Mansson et al., 2020). Other medications that need close monitoring for fall risk prevention are anticoagulants (Mansson et al., 2020). The nurse should focus on bleeding events such as a cerebral hemorrhage and associated falls when treating patients with anticoagulants.

The literature review provided vital information about fall risks and the issues that affect patient treatment. A precise initial assessment is critical when implementing interventions for a patient that has at a fall risk. The mental status, daily living activity, and the prescribed medication regimen are significant factors that play a role in decreasing falls (Kindula et al., 2020). The facility of practice will have protocols that will have to be adhered to for the communication system to function at its highest quality care level. The most current guidelines for educating staff about patient care related to this concern or issue may vary in facilities. Nurses' standard tool is the Morse Fall Scale (MFS) (Kindula et al., 2020). This method is a rapid and straightforward method of assessing a patient's risks of falling (Kindula et al., 2020). MFS is an efficient tool to use, which takes less than 3 minutes to rate a patient (Kindula et al., 2020). During the assessment, the provider will test the patient's strength, balance, and gait using a specific fall assessment tool (Kindula et al., 2020). The fall assessment tools used are the

Timed Up-and-Go (Tug), gait assessment, 30-second chair test (the test checks strength and balance), and the 4 Stage Balance Test; this test interprets how well you can keep your balance (Kindula et al., 2020). The most common intervention in a hospital setting is placing the patients' bed in the lowest position. Remember to raise the bed to a comfortable height when the patient is transferring out of bed (2020).

At-home interventions and education are critical in reducing fall risks. Educate the patient on wearing clothes that you will not cause the patient to trip over. It is also essential to keep items off the floor, clear of clutter and spills, and use a step-stool to reach things on high shelves (Kindula et al., 2020).

The priorities for further study include reducing the side effects of medications that can cause an alteration in gait and balance in vulnerable patients (Najafpour et al., 2019). According to Kindulas et al. (2020), reducing the medication will take accurate assessments by the nurse, followed by clear communication with the provider with significant changes (Kindulas et al., 2020). Proactive participation from the patient with their treatment plan is necessary to decrease fall-related injuries or accidents that occur in the home and hospital setting.

Conclusion

Understanding what factors are involved is critical in preventing falls, along with increasing the education of nursing care will provide enhanced care with improved prevention strategies. Educating nurses and the interprofessional care team on underlying causes of falls will significantly reduce fall-related injuries. Furthermore, understanding how falls occur in at-risk patients can improve care quality and reduce the stay's cost. Finally, ensuring patient education with primary prevention strategies will decrease the risk of falls in discharged patients. Preventing falls is the responsibility of the care team as a unit. Each member of the team performs a vital role in the care of the patients under their supervision.

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