

Fall Prevention: Literature Review

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Falls are an ongoing issue for hospitalized patients or those in a long-term care facility. Proper fall safety and prevention can reduce unintentional injury to patients and decrease costs for both patients and facilities. Unfortunately, 56.8% of adults aged 65+ had a fall resulting in injury (Tzeng et al., 2021), and falls can lead to subdural hematomas, bleeding, fractures, or death (Leung et al., 2017). Fall prevention is vital to reduce patient stress. Falls can lead to an increased length of stay and decreased mobility affecting overall health and recovery.

Individualized Fall Prevention Program in an Acute Care Setting

Falls are a global public health problem that can result in injuries, increased length of stay, and high costs to both the patient and the facility. Quality nursing care can decrease fall occurrences and improve patient safety. However, most falls occur due to a lack of proper fall risk assessment leading to missed interventions (Spano-Szekely et al., 2019). Staff education on conducting frequent fall assessments and implementing fall interventions can increase patient safety.

Key Points

Frequent falls are occurring due to missed interventions related to lack of proper fall prevention education. Staff should be aware of how and when to conduct a fall assessment and what that assessment dictates as far as fall precautions. For example, confused or impulsive patients may require a sitter in person or remotely to redirect the patient as needed to prevent

injury (Spano-Szekely et al., 2019). Frequent interactions with the patient lead to more opportunities to assess cognition and mobility, leading to increased patient safety.

Assumptions

Fall risk assessments dictate what precautions are essential for that patient, and with the implementation of interventions, fall occurrences will decrease. Hourly rounding and frequent interactions with patients will allow staff to recognize changes in patient condition and allow staff to ensure interventions such as a bed alarm remained in place throughout the day. By not setting a bed alarm on the correct setting based on patient size and movement would create false alarms or may not alarm until after a patient was actively falling from the bed (Spano-Szekely et al., 2019). Without proper fall interventions or precautions in place, fall occurrences will continue to rise to lead to patient injury.

Deficit/Conclusion

High fall occurrences are costly for both the patient and the facility. A single fall with injury increases out-of-pocket medical expenses for the patient and extra time away from work while recovering. Meanwhile, falls can lower patient satisfaction, which can affect funding for the facility. Implementing policies and procedures regarding fall assessments and interventions coupled with routine staff education can decrease the rate of fall occurrences. The facility in question reduced falls by over 50% after implementing the fall prevention program. Also, utilizing remote video sitters enabled the facility to save \$84,000 in staffing for bedside sitters (Spano-Szekely et al., 2019). Fall prevention is crucial to lowering patient injury rates, promoting health and recovery, and increasing patient engagement.

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Key Points

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Assumptions

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Deficit/Conclusion

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Do you accept the authors' line of reasoning? What are the implications for this article? If nursing fails to accept this line of reasoning, what would the implications be?

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Conclusion

Write a conclusion here in your overall paper. Follow the MEAL paragraph formatting and use Grammarly.com. Provide a summary/conclusion of the analysis of all three articles.

Discuss how the information can improve:

- Patient outcomes
- Nursing practice
- Evidence-based practice/Quality Improvement efforts
- Healthcare as a whole

References

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