

Implementing Individualized Fall Precautions: Literature Review

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Implementing Individualized Fall Precautions

Falls are the most caused patient injury in healthcare resulting in extra expenses for patients and prolonged treatment. In healthcare often, the same assessment tools and precautions are used for every patient, which leads to patient injury. This is important because each patient needs an individualized assessment for their needs, so it fits better for their condition and care. Patient-centered care should be the top priority in healthcare and needs to become more utilized to prevent patient injury and reduce treatment time and cost.

Effectiveness of patient-centered interventions on falls in the acute care setting: a quantitative systemic review protocol

Falls are the highest most cause of injury in health care settings. The average number of falls in the United States during admission ranges from 3.3 to 11.5 per 1000 patient days (Avanecean et al., 2017). This statistic is important because fall-related injuries significantly impact patients, including physically, mentally, socially, and emotionally. Individualized and patient-centered approaches are the only effective ways to reduce fall rates in acute care settings.

Key Points

Patient-centered fall prevention interventions assess an individual's needs, values, and preferences (Avanecean et al., 2017). Recent studies show that falls increase a length of stay of 6 days which results in an average cost of \$14,000 (Avanecean et al., 2017). Even with having several different fall risk scales to assess patients with, each spectrum has its deficits and makes you question its reliability. The only way to prevent patient falls is to spotlight more patient-centered assessments and interventions.

Assumptions

After looking at the advantages and disadvantages of using fall risk scales versus patient-centered assessments, they hope that nurses and other healthcare professionals will start to implement patient-centered fall assessments more frequently. Studies revealed that the one-size-fits-all approach is not the solution for fall prevention (Avanecean et al., 2017). The use of this targeted solution prevented falls and added other benefits in the acute care setting. As seen by evidence, there was a reduction in falls when assessments were more directly toward patients individually.

Deficit/Conclusion

I accept the authors' line of reasoning on implementing individualized fall risk assessments based on each patient. As a result, healthcare centers would be a safe place and, overall, more effective in reducing the number of falls. "Multiple studies have shown that patient-centered care improves patient satisfaction, quality of care and health outcomes while reducing healthcare costs and disparities in healthcare" (Avanecean et al., 2017, p. 57). If nursing were to fail to accept this reasoning, the healthcare system would need to make fall scales for different conditions and ages that are not individualized to patients but for an overall community. If there is no change, healthcare-related injuries will continue to rise and possibly death.

Second article title here

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Key Points

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Assumptions

Paragraph goes here discussing the assumptions of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

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?

Third article title here

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Key Points

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Deficit/Conclusion

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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

Avanecean, D., Calliste, D., Contreras, T., Lim, Y., & Fitzpatrick, A. (2017). Effectiveness of patient-centered interventions on falls in the acute care setting. *JBI Database of*

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