

**Implementing Individualized Fall Precautions: Literature Review**

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## **Implementing Individualized Fall Precautions: Literature Review**

Falls are the most induced patient injury in healthcare resulting in extra expenses for patients and prolonged treatment. The same fall assessment tool is frequently used for every patient in the inpatient setting, which can lead to patient injury. It 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 (Avanecean et al., 2017).

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

In the healthcare setting, falls are among the highest cause of injury in older adults. 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. Unintentional falls increase medical costs, as well as increase the patient's length of stay and delay their overall health progress physically and mentally because falls can feel degrading when you are trying to get better but cannot get there. 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 it questionable for its reliability. The only way to prevent patient falls is to spotlight more patient-centered assessments and interventions (Avanecean et al., 2017).

### **Assumptions**

After reviewing the advantages and disadvantages of utilizing fall risk scales compared to patient-centered assessments, researchers hope that nurses and other healthcare professionals will 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. Seeing both the advantages and disadvantages there was a reduction in falls when assessments were more directly toward patients individually.

### **Deficit/Conclusion**

The authors' line of reasoning on implementing individualized fall risk assessments based on each patient. As a result, healthcare centers would be a safer place and, overall, more effective in reducing the number of falls. The article presents studies that show how patient-centered care in healthcare can improve patient satisfaction, quality of care and health outcomes while reducing healthcare costs (Avanecean et al., 2017). 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 healthcare continues not to practice individualized fall precautions, then fall counts will continue to rise and possibly lead to death

### **Patient-centered fall prevention**

Around 30% of inpatient falls result in injury, and injurious falls increase patient morbidity, while 90% of the falls are preventable (Dykes & Hurley, 2021). Preventing inpatient falls can be done by screening tools and universal safety precautions such as cleaning up spills, keeping a clear path to the bathroom, and ensuring patient access to the call system (Dykes & Hurley, 2021). These precautions are essential to discuss because falls are among the highest cause of injury in inpatient care. With fall prevention and recommendations it adopts a patient-centered fall prevention program, and prevents injuries. Inpatient falls are a persistent problem, and without evidence-based research and fall prevention programs, they will continue to be an issue in healthcare.

### **Key Points**

A three-step integrated fall prevention practice includes completing a fall risk assessment, developing a tailored or personalized fall prevention plan, and implementing the plan. Healthcare often utilizes the Morse Fall Scale because it addresses all six common predictors of falls when used correctly and can be completed quickly with the patient at the bedside (Dykes & Hurley, 2021). This process is essential because patients engaged in the process are more likely to listen and be more knowledgeable about their risks and fall prevention plan. Preventing inpatient falls can be reduced by using a fall prevention program and engaging patients and families in the process.

### **Assumptions**

Looking at the pros and cons of using the Morse Fall Scale and engaging patients and families in the process, researchers hope to see healthcare professionals utilizing this method. Studies have recently shown that evidence-based tools are always available to nurses and other

healthcare professionals to implement and create an effective care plan (Dykes & Hurley, 2021). This strategy improved the field of nursing and their practice and included the patient and families, which improves patient satisfaction. When evaluating both advantages and disadvantages, there is a reduction in inpatient falls and increased patient satisfaction and the nursing process when utilizing the Morse Fall Scale and engaging with both the patient and the family.

### **Deficit/Conclusion**

I accept the authors' reasoning for creating a fall risk assessment that includes both the healthcare professional and the patient. As a result, falls have decreased in overall patient care, and the patients become more aware of their plan of care and what they should or should not do. This assessment is essential for both older and younger patients who think they will not fall because it can happen to anyone at any time (Dykes & Hurley, 2021). If nursing fails to accept this line of reasoning, the healthcare field will suffer significantly from inpatient falls and poor patient satisfaction. Healthcare will suffer from significant lawsuits and other legal allegations due to unsafe care and hospital protocol.

### **Inpatient fall prevention from the patient's perspective: A qualitative study**

Falls can lead to patient harm, increased length of stay, and increased healthcare costs. Approximately 700,000 to 1,000,000 patients fall annually during their hospitalization and up to half of these falls result in injury (Radecki et al., 2018). Fall prevention requires an agreement and partnership between the healthcare worker and the patient. Preventing falls can only be effective if the assessment and precautions are aimed at the patient and target a decrease in falls.

## **Key Points**

Researchers believe in implementing a patient's perspective into their fall risk assessment. It is crucial to understand both the patient's perspective and strategies to partner with them (Radecki et al., 2018). This analysis is vital to develop an assessment that will help both the patient and healthcare worker facilitate a plan that makes the patient an active advocate in their care plan. Developing patient-centered programs increases engagement and tailors the approach to meet the patient's individualized needs.

## **Assumptions**

Looking at both sides of the argument and seeing the positive effects of having patients collaborate with healthcare workers to identify their care plan shows positive outlooks for researchers. The fall assessment needs to shift from being clinician-centric to patient-centric (Radecki et al., 2018). The research needs to help patients recognize both the good and bad risk factors and become more active participants in the care. When seeing both the advantages and disadvantages, developing more patient-centered programs can reduce the reliance on the bed and chair alarms and allow other strategies to modify risk factors leading to falls (Radecki et al., 2018).

## **Deficit/Conclusion**

I accept the authors' reasoning for creating fall assessments that the patient evaluates with the nurse to develop a care plan. As a result, care becomes more patient-centered and allows fall

prevention strategies to become more effective. Allowing patients to be a part of their care provides insight that allows for change and development for more effective care strategies (Radecki et al., 2018). If nursing fails to accept this line of reasoning, the patient's injuries will continue to occur because patients do not want to wait to use the restroom and do not feel included in their care plan to build strength and become better.

### **Conclusion**

Inpatient falls have been at an all-time high, according to recent studies in patient-centered care and safety. Including more patient-centered assessments and allowing more patient involvement creates a shift that gives the patient a sense of freedom in their care plan and the relationship between the healthcare worker and themselves (Radecki et al., 2018). Hopefully, this evidence-based practice will allow patients to become more involved and cooperative in fall risk precautions and educate them on the risks that can occur when not following proper protocol. Overall, healthcare can improve safety on the floors and encourage more patient-centric viewpoints to improve overall participant in the care plan and limit the alliance on alarms and other equipment.

## References

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