Fall Prevention: Literature Review

Jessica Kavajecz, Junmian Zhao

Leadership and Management

Prof. Gina Brassard

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Introduction

In nursing, there are set practices in place to maintain patient safety and quality care. The "Quality and safety education for nurses" or "QSEN" have set competencies for the nursing practice. These competencies include patient-centered care, teamwork, collaboration, evidence-based practice, quality improvement, safety, and informatics (Bruner, 2017). A major issue in nursing that is continually being reviewed is patient fall risks. Fall risks fall under safety in the QSEN competencies. A hospital or patient-centered facility focuses on reducing the number of falls. The number of patient falls can be reduced by implementing proper fall risk measures through evidence-based practice.

Literature review

The article *Impact of fall prevention on nurses and Care of fall risk patients* studied fall prevention in hospitals and how nurses provided care to the patients (King et al., 2016). Patient falls are a health concern because they can worsen their condition by causing injury, increased length of the hospital stay, disability, premature nursing home admission, and mortality (King et al., 2016). This study interviewed nurses, asking them questions like "what is it like for you to care for an older adult patient who is identified as a fall risk?". Many nurses stated that fall risk patients stressed them out and added a burden to their workday. Nurses are with the patients 24 hours. We see the most and spend the most time with them, so feeling the pressure with fall-risk patients was an expected response (King et al., 2016). This article is directly relating to

the QSEN competencies. Research is being done through evidence-based practice, and safety

measures through patient-centered care are being identified.

According to the article *Implementing a clinically based fall prevention program*, falls are

expected to increase because the older adult population is growing (Stevens et al., 2017). Due

to this, it will become essential to emphasize implementing fall risk prevention (Stevens et al.,

2017). STEADI, or "Stopping Elderly Accidents, Deaths, and Injuries," is a program that helps

healthcare providers assess a fall risk screening (Stevens et al., 2017). This article performed a

study in New York state with 29 primary care centers implementing STEADI, discussing the

process and lessons learned (Stevens et al., 2017). Broome County in New York State was

chosen to be the first community to implement STEADI because they had a high fall rate among

older adults (Stevens et al., 2017). Part of this new fall prevention tool consisted of modifying

the electronic health record and clinical workflow. To ensure these tools (screening device)

were being used, the fall risk screening questions were added to the nursing intake form on

their patients and automatically came upon their assessment (Stevens et al., 2017). Training at

these facilities would hold a group session that was open to all clinical staff and physicians. How

to conduct a fall screening was demonstrated, notifying patients at an increased risk (Stevens et

al., 2017). Resources for how to help a patient fall were presented at these meetings, which

helped immensely (Stevens et al., 2017). The screening process that was implemented into the

electronic health record consisted of asking the patient if they have had two or more falls in the

past 12 months, had one fall in the past 12 months with an injury, had one fall in the past 12

months and gait or balance problems had any gait or balance problems or was presented with

an acute fall (Stevens et al., 2017). If the patient screens positive (answering yes to any of the

questions above), they are considered a fall risk (Stevens et al., 2017). The outcome of this new

program was positive and showed that if clinicians have frequent training on the practice of

these fall assessment questions, that it worked well (Stevens et al., 2017). The QSEN

competency discusses evidence-based practice. This study also included teamwork and

collaboration with other clinicians. The quality and safety of patients have been improved

through this study.

The article *Implementation of the stopping elderly accidents, deaths, and injuries*

initiative in primary care: An outcome evaluation discusses the outcomes of the STEADI

assessment tool discussed in the article above. This sample consisted of 12,346 age 65 or older

adults who had a primary care visit in Broome County between September 11th, 2012- October

30th, 2015. This sample was looked at to see if proper fall risk assessment was identified and

followed appropriate implementation. Implementation included a referral to physical therapy,

assistive device prescription, fall risk brochure or a home safety checklist, and the fall risk being

identified by the nurse and primary care provider (Johnston et al., 2018). Emergency room and

hospital visits related to falls were also evaluated (Johnston et al., 2018). Women were more

likely to have a fall that resulted in a hospital visit, and the older the patient, the more they

were at risk (Johnston et al., 2018). The outcomes were better for those patients who received

proper implementation or intervention like physical therapy, fall brochure, and assistive device

prescription (Johnston et al., 2018). The QSEN competencies applied to this article through

evidence-based practice and safety measures.

In the article *Implementation of fall prevention in residential care facilities: A systematic*

review of barriers and facilitators, barriers of fall prevention were studied and identified.

Barriers identified included charting time, knowledge, and lack of equipment (Vlaeyen et al.,

2017). Facilities that showed an interest in fall prevention had the proper equipment, and

implementing the guidelines proved to be more successful (Vlaeyen et al., 2017). Educational

training resulted in nurses feeling more confident about recognizing fall risk patients and

implementations. Those nurses were also more confident in carrying out interventions (Vlaeyen

et al., 2017). In this article, quality improvement is being discussed to improve patient safety,

which aligns with QSEN.

A fall prevention program was implemented in the article *Implementation of a

multicomponent fall prevention program: contracting with patients for fall safety*. The program

consisted of identifying fall risks by using the Johns Hopkins fall assessment tool, daily patient

education that contributes to falls (using call light), an educational handout on fall risk factors at

the bedside, ensuring implementation of fall risk prevention measures, and a patient fall safety

agreement (Bargmann & Brundrett, 2020). The results of this fall prevention were positive! The

fall rate decreased by 55%, and staff compliance and implementation increased to 89%

(Bargmann & Brundrett, 2020). Patient-centered care was improved as well as safety through

evidence-based practice (QSEN).

Case study

Falls among community-dwelling older adults concern Public Health Professionals

(PHPs) due to the complicated coordination between PHPs and other community groups.

Markle et al. (2017) completed a multiple-group based case study located in Ontario, Canada.

The participants are community-dwelling older adults. Markle et al. (2017) adopted a

collaborative leadership style practice which put PHPs in the role of leader. The PHPs focus on evaluating their group work within communities, assessing outcomes and evaluating if the anticipated reduction in fall rates is met. Based on the data in the study, Markle et al. stated that a significant achievement was establishing a foundation for social change, which is an engagement occurring among the studied group. For a long-term effect, each group will evaluate if the reduction in the rates of fall and fall-related injuries is achieved. This study provides a practice model for fall prevention in the community-based setting.

Synthesis

Practice: the review reveals that fall prevention is an essential nursing practice. According to (Hinkle & Cheever, 2018), assess the client's medical history for previous falls, determine a fall-risk score for each patient, assess current medications. These practices provide a guideline for nurses to deliver patient-centered care.

Education: provide education to nurses on how to use fall-risk assessment tools, universal fall precautions, and high-risk populations. Provide education to patients and their families (Robinson, 2019). Education is primary prevention to reduce the occurrence of injuries or disease (Hinkle & Cheever, 2018).

Research: current fall-risk assessment tools have a limitation that is not ED-oriented but used on all inpatient units (Robinson, 2019).

Conclusion

Falls are common inside and outside the healthcare setting, especially among the elderly. Variables that increase patients' fall risks include gait, weakness, dizziness,

environmental hazards, decreased mobility of the lower extremities, confusion, visual impairment, and sedating medications. Postural hypotension can also lead to a fall. Falls at home commonly involve stairways, poor lighting, cluttered and slippery floors. Falls can cause pain, permanent disability, and even death. Nurses as healthcare providers must recognize the responsibility to reduce falls.

Furthermore, nurses must assess patients' past medical history for previous falls, assess their current medication to detect the condition in advance. It is the nurses' responsibility to calculate and document the fall-risk scores for each patient and provide yellow warning signs for patients at high risk for falls to prevent falls. It is also the nurses' responsibility to assess the environment and educate patients and their families on universal fall precautions to prevent falls. All in all, fall prevention is a critical nursing practice to enhance patients' outcomes and nurses' QSEN competencies.

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