

Fall Prevention

Literature Review

Jessica Kavajecz

Lakeview College of Nursing

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Fall prevention is an important topic to discuss for primary and hospital care patients. According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of injury death for adults age 65 and older and is a health concern (Centers for Disease Control and Prevention, 2019). An increase in falls can cause an increase in patient fatalities and hospital liabilities. This review of the literature will be going over a few qualitative research articles to determine how we can prevent falls from occurring.

Factors influencing the implementation of falls prevention practice in primary care

The main purpose of this article is to identify factors that influence the implementation of fall prevention practices in the primary care setting (McConville & Hooven, 2020). Falls are most common in adults 65 and older and can cause decreased mobility, loss of independence, injuries, and death. Social isolation, activity limitation, and depression can also occur because of the individual's fear of falling (McConville & Hooven, 2020). "In 2015, medical costs related to fall-related injuries totaled \$50 billion, making falls one of the most expensive health conditions in people older than 65 years (Stevens & Lee, 2018)" (McConville & Hooven, 2020, p.1). This article will be exploring factors that lead to fall prevention practices. The key question that the authors address is what barriers to fall prevention management are in primary care. A study was done in Connecticut to identify barriers to the implementation in fall risk management, and it was concluded that only 30% of older adult patients were questioned about falls (McConville & Hooven, 2020). The most important information in this article is the data analysis. The data analysis consists of 18 articles that were included in this review. Of the 18 articles, there were common factors that influenced the implementation of fall prevention management (McConville

& Hooven, 2020). The main inferences in this article are that five consistent themes act as a barrier to fall prevention management and include: Provider beliefs and practice, lack of knowledge, patient engagement, time constraints, and financial factors (McConville & Hooven, 2020).

Key Points

The key concepts that we need to understand in this article are that provider's beliefs and practice, lack of knowledge, patient engagement, time constraints, and financial factors are common themes that act as a barrier to fall prevention management. The provider's beliefs and practices is the most common barrier to fall prevention management because there was a lack of physician cooperation and availability, not enough resources in the community, and some physicians did not prioritize falls (McConville & Hooven, 2020). Another barrier to fall prevention management was a lack of knowledge. Of the 18 articles reviewed, it was determined that 89% suggested that insufficient knowledge was a factor in falls (McConville & Hooven, 2020). According to the National Center for biotechnology information website, the Washington State Department of Health administered a telephone survey to 50 employees and 101 elders in Washington State, only 38% of employees felt "very knowledgeable" about fall prevention (Laing et al., 2011). Patient engagement also acted as a barrier to fall prevention. "Health professionals felt that patients underreported gait disturbances and falls because they normalized falls as a part of aging (Chou et al., 2006; Loganathan et al., 2015; Phelan et al., 2015)" (McConville & Hooven, 2020). Providers are often under a large workload, so it makes sense that time constraints act as a barrier to fall prevention. Providers often have limited time to assess the patient and perform a physical exam, so falls go unreported, and a fall risk may not be

detected (McConville & Hooven, 2020). Financial factors is the final barrier that was most common to preventing falls. Depending on the type of insurance a client may have, they may not be able to afford proper interventions or assistive devices (McConville & Hooven, 2020).

Assumptions

The main assumption underlying the authors' thinking is that there are things to provide proper fall prevention protocol. It is up to the healthcare professionals who work in a primary care setting to assess their patients properly by identifying fall risk factors. If they are at risk, they need to be provided with proper resources (McConville & Hooven, 2020). If we take this assumption seriously, the number of patient falls can potentially decrease, improving their quality of life and care. If we fail to take this assumption seriously, the number of patient falls will not decrease, which can affect the patient's quality of life and even result in death.

Deficit/Conclusion

In conclusion, Falls are the leading cause of injury in the older adult population. The number of falls can decrease if proper fall prevention protocol is acquired. Five common themes were identified as being a fall prevention barrier, and these include; Provider beliefs and practices, lack of knowledge, patient engagement, time constraints, and financial factors. If we break through these barriers, the number of patient falls will decrease and benefit the older adult population by improving their quality of life.

Individualized Fall Prevention Program in an Acute Care Setting

The main purpose of this article is to create an evidence-based fall prevention program. A study was done in a 245-bed hospital to implement a fall protocol because that Northeastern

United States hospital lacked an efficient program. Falls are a healthcare problem that affects patients in and out of the hospital (Spano-Szekely et al., 2019). The key question that the authors are addressing is what goals have been established that leads to a fall prevention protocol. The most important information in this article is that there were three primary goals set that established a fall prevention protocol. The primary goals established are: reduce the overall fall rate, eliminate all falls with injury through an evidence-based fall prevention protocol, and increase the percentage of patients who receive appropriate fall risk assessment and individualized fall prevention interventions (Spano-Szekely et al., 2019). The main inferences in this article are that seven essential practices are included in a proper fall prevention protocol. These practices include Organizational support for a fall prevention program, A process for evaluation of the hospitalized patient on admission for risk of falling, Risk assessments to identify risk factors, Communication of risk factors, Risk factor interventions, Observation and surveillance, and Auditing, continuous learning, and improvement (Spano-Szekely et al., 2019).

Key Points

The key concepts from this article are that seven essential practices were put into a fall prevention protocol. These seven essential practices that are incorporated into a fall prevention protocol are; Organizational support for a fall prevention program, A process for evaluation of the hospitalized patient on admission for risk of falling, Risk assessments to identify risk factors, Communication of risk factors, Risk factor interventions, Observation and surveillance, and Auditing, continuous learning, and improvement (Spano-Szekely et al., 2019). These seven practices are determined by incorporating a mobility assessment, an injury assessment, assessing

medications that increase fall risk, consistent communication of risk factors, and hourly rounding (Spano-Szekely et al., 2019). By incorporating a mobility assessment, the medical team can determine whether the patient needed assistance ambulating and standing (Spano-Szekely et al., 2019). An injury assessment would help determine injury risk. Patients at an injury risk include; age, mobility, anticoagulation therapy, medications, or behaviors (Spano-Szekely et al., 2019). Assessing medications that increase a patient's fall risk is essential. Medication-related issues are common, but preventable. The *American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults* identifies medications and classes that should be avoided in older adults and contribute to fall risk (Spano-Szekely et al., 2019). Consistent communication of risk factors helps determine what supplies were needed to accurately identify a fall risk (Spano-Szekely et al., 2019). Hourly rounding would be a practice that would ensure fall risk protocols are being followed (Spano-Szekely et al., 2019).

Assumptions

The main assumptions underlying the authors' thinking are identifying goals, methods, implementations, and results that fall prevention will improve, and fall rates will decrease. If we take this line of reasoning seriously, the number of fall rates will reduce, improving patient care and hospital costs. If we fail to take this line of reasoning seriously, the number of patient falls will not improve, increasing patient injury and hospital costs (Spano-Szekely et al., 2019). The main points of view presented in this article are the researchers and hospital staff.

Deficit/Conclusion

In conclusion, many hospitals around the United States need to implement a fall prevention protocol that is effective and consistent. Falls continue to be an issue in health care. Fall prevention is a priority for healthcare facilities to implement. A clinical practice guideline

consists of seven key practices implemented by assessing a patient's mobility, assessing a patient's medications, hourly rounding, and consistent communication of risk factors.

Using a Fall Prevention Checklist to Reduce Hospital Falls: Results of a Quality Improvement Project

The main purpose of this article is to promote patient safety by improving the hospital's fall prevention protocol. A fall prevention checklist was evaluated based on two aspects. The implementation of a bundle of 14 specific interventions and the incidence of falls on participating units (Johnston & Magnan, 2019). A 26-day fall prevention study using a 14 item checklist based on the hospital's fall prevention protocol. Implementation and incidences were evaluated (Johnston & Magnan, 2019). The key question that the authors are addressing is if the fall prevention protocol is followed, is it effective and is patient safety improved. The most important information in this article is the data from the 26-day study and the fact that many hospitals have fall prevention protocols in place but aren't always adequately followed. Fall prevention protocols can lack leadership, communication, and knowledge (Johnston & Magnan, 2019). The main inferences in this article are that following the 14 item checklist falls, and fall risks will be reduced (Johnston & Magnan, 2019).

Key Points

In this article, the key concept is that if the 14-item checklist is performed, patient safety will improve because falls will decrease. Implementation of this checklist will improve the hospital's fall prevention protocol. The 14-item checklist includes fall risk, patient education, family education, RN aware, Nurse assistant aware, signage posted in the room, signage posted outside the room, wristband, bed in a low position, bed alarm, yellow socks, gait belt, call light within

reach, and personal items within reach (Johnston & Magnan, 2019). During each shift, the nurse would check each item as "yes or no." Knowing that a patient is a fall risk is essential for the staff to implement proper safety protocol. Patient and family education is also important because the knowledge of the potential danger could help prevent it. When the nurse and nursing assistant is aware of the fall risk, they can monitor that patient accordingly. Proper signage is also essential for communication purposes. Lowering the bed reduces the risk of falling or injury and placing the patient's call light within reach, so if help is needed, they can do so without ambulating alone. Fall risks affect patient safety and hospital costs. On average, a patient who falls has to pay \$1,363 out of their pocket, and Medicare costs averaged 13 billion (Hoffman et al., 2017).

Assumptions

The main assumption underlying the authors' thinking is that the fall prevention protocol can be improved if a 14-item checklist is followed. If we take this line of reasoning seriously, patient safety will improve, and hospital costs will decrease. If we fail to take this line of reasoning seriously, patient safety will not improve, affecting their quality of life, and hospital costs will continue to remain high (Johnston & Magnan, 2019). The main points of view presented in this article are the authors and the hospital staff.

Deficit/Conclusion

In conclusion, many hospital-acquired falls have to do with the fall prevention protocol and implementation of the protocol. With the proper evaluation of the fall prevention protocol's implementation, the mistakes that are made will be shown, allowing for improvement. Following a checklist, each shift will help to reduce the number of falls.

Conclusion

In conclusion, fall prevention is an important topic to discuss for primary and hospital care patients. Fall-related injuries are a significant health concern for all patients, especially those aged 65 and older. By implementing a proper fall risk prevention protocol, the quality of life for patients can improve as well as lower hospital costs. Knowledge of fall prevention, strategies to decrease falls, and implementation of the facility's protocols will help keep patients safe and improve their quality of life.

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