Fall Prevention In Elderly/Dementia Patients In Acute Care Setting

Posted on July 27, 2022

View this essay online:
https://academic-master.com/fall-prevention-in-elderly-dementia-patients-in-acute-care-setting/

Impact Of The Problem On The Patient

Patient falls have become very common in acute care settings; they contribute significantly to the growing morbidity and mortality rates in healthcare facilities. Around a third of hospitalized falls in health care settings cause not only serious physical injury but also psychological distress, including shock, fear, and depression among older patients who experience unforeseen events such as slips, missteps, accidental falls from beds, or sudden health issues that cause harm to the elderly patient. Another serious impact of falls is that they result in psychological harm that leads to fear of falling, limiting the patient's physical activities and function. As a result, the hospitalized patient would be at an increased risk of further falls. It would also eventually increase the costs of medical services and prolong the patient's stay at the medical facility.

Impact Of The Problem On The Organization

Patient falls are usually unpredictable, so there is a need to monitor the acute care facility to identify risks of falls. There are many risks associated with falling in healthcare organizations, including effective prevention plans, high healthcare costs, and extended stays at the healthcare unit (Ziolkowski, 2014). However, major risk factors for falls include poor infrastructure, clumsy cables in the patient room, slippery floors, poor footwear, and negative behaviour on the part of the staff. As a result, these risks can cause heavy charges to the care facility because the organization incurs the costs associated with medical examinations, additional surgeries, and other care provided. Consequently, the hospital may face a huge cut on Medicare payment for poor performance. Additional injuries and elongated hospital stays for the elderly population worsen the reputation of the care facility regarding fall prevention practices.

Identify The PICO Components

- P (Population): Older patients (60 years and above age group).
- I (Intervention): Nursing intervention (checklists).
- C (Comparison): Availability and non-availability of fall assessment Checklists during nursing

interventions.

- O (Outcome): The reduction in the number of patients' falls in the health care centre.

Develop An Evidence-Based Practice Question

Problem Identification

The problem can be addressed by developing a checklist based on the evidence-based literature to provide intervention regarding falling problems among older patients (60 years and above), through strict vigilance by the nursing staff and also in collaboration with family members and support persons, to reduce the number of falls and physical injuries among patients in hospital settings.

The Statement

How does the development of a fall assessment checklist that is shared with nurses and family members for the vigilant monitoring of 60-year-old patients and above age group help reduce the number of falls and physical injuries among the patients, as compared to having no fall assessment checklist in place?

Outcome Statement

Goal:

Reduce falls in hospital settings, especially among the older population group.

Outcome:

Develop a checklist based on the basic risk assessment and intervention procedures regarding patient falls in hospital settings to reduce falls and physical injuries in the elderly population and to make sure that, as a result of the proposed intervention, the fall risk factor does not occur again and again and reaches a minimum level.

Objectives:

The objective of the research is to develop the patient fall assessment checklist and evaluate the effect of the checklist among the family members of the patients and also the nursing staff in the hospital setting.

The checklist includes the following factors, which the nurses and family members of patients should follow strictly:

1. Toileting schedule
2. Non-slip socks
3. Turning bed alarm on
4. Hourly rounding
5. Removing the clumsy cables in the patient room
6. Keep bed in a lower position
7. Putting Slippers near the bed
8. Leveling and orienting patient when ambulatory
9. Keep wheels of the bed locked
10. Bedside assistance
11. Keep the room neat and clean to avoid any sharp object

Metrics:

The objective of developing the checklist is to educate family members and nursing staff about the risk factors related to patient falls and reduce the number of falls in hospital settings.

The checklist is to be filled out by nursing staff every day.

Evaluate the factors in the checklist every 24 hours, five times per week.

Count the number of falls.

Collect the data and note if there is any change in the number of falls.

For the successful adoption of the Checklist in the hospital, the following metrics are proposed:

- The developed checklist should be shared with the family members of patients and also the nursing staff.
- The nursing staff is trained on how to fill out and effectively use the checklist on a daily basis.
- The cost of training the nurses and family members on how to use the checklist.
- To reduce the number of falls by 30 per cent in the healthcare setting in the next 4 months.

Critiquing Research Article #1 (Qualitative)

Citation

The article titled “Fall prevention in acute care hospitals: a randomized trial” was written by Dykes et al. (2010). This article is published in JAMA (The Journal of the American Medical Association). The

study adopts a qualitative design to find the impact of the ‘Fall Prevention Tool Kit’ as a way to prevent falls in hospital settings.

Purpose Of Study

The purpose of this study was to explore and investigate the prevention methods of falls in acute care hospitals among elderly patients. This study talks about the significance of information technology among health professionals in acute care settings.

Setting

The setting of the study is related to the non-intensive care units at different US acute care hospitals, namely ‘Montefiore Medical Center (MMC), New York City,’ ‘New York Presbyterian Hospital (NYP), New York City,’ ‘North Shore Medical Center (NSMC), Salem, and ‘Brigham and Women’s Hospital (BWH), Boston.’

Population/ Sample

The population for this study is acute care patients (people over the age of 60 or older) who were admitted to the different urban medical wards, which were four in number. The study was conducted on 10422 patients through a random sample strategy by dividing these patients into control and intervention unit groups.

Methods

A randomized control trial was conducted in which the FPTK tool was compared with the usual care. The patients were randomly selected in different units of four acute care hospitals in urban areas. 5155 patients were selected for intervention care based on FPTK, and 5104 control patients were selected for usual care. The FPTK tool comprises a fall risk assessment approach which includes health information technology for identifying the patients who are at increased risk of falls. The fall risk assessment checklist was displayed near the bed of the patient. The nurses also evaluated this checklist based on the score of risk of fall and evaluated the outcomes on a daily basis.

Quality Of Data

The quality of the data was good, and the results based on the data were reliable. The conclusions were also properly supported by the data. It was found that the patients who got the FPTK intervention-based care showed less incidence of falls in hospital settings (Dykes et al., 2010). Besides, an experienced medical officer from each hospital was appointed to judge the outcomes of

the study, and the results of the intervention were found true and reliable, which showed that there was a reduced number of falls among the intervention group as compared to the control group.

Outcomes/ Key Findings

It was found that 82 old age patients (over 60 years of age) fell accidentally during the study. 67 of those patients were part of the usual care control group. A total of 48 patients got injured because of falls, which showed that in all four health care centres, there is a deficiency of training and knowledge about sudden falls and factors related to falls in the acute care setting among the patients. FPTK intervention effectively decreased the patient falls in the acute care facilities, and only 15 fall cases were found in the FPTK intervention group, which was a very small number as compared to the total falls (Dykes et al., 2010).

Limitations

The study was highly focused on the care settings in urban areas, so the generalization of the results to the other rural settings may be an issue. Besides, the study also focused only on patients over 60 years of age, so it is not valid for children or young patients admitted to acute care settings. Moreover, the study doesn't talk about the total intervention needed for the FPTK tool and its cost.

Validity And Reliability

The results of the study are reliable and valid because a large sample of 10422 patients was used, which provided authentic and generalizable findings. The results of the study showed that the FPTK intervention effectively reduced fall rates in medical care settings.

Contribution To Your Project

The study provides essential information related to the use of the FPTK approach and different safety practices to reduce falls in acute care settings.

Critiquing Research Article #2 (Qualitative)

Citation

The article titled "Falls among older persons and the role of the home: an analysis of cost, incidence, and potential savings from home modification in the US" was written by Haddad et al. (2019). This article is published in The Journal of the American Geriatrics Society.

Purpose Of Study

The purpose of this study was to find the role of home modifications in preventing falls in older people.

Setting

The setting of the study included different homes and communities of US older people.

Population/ Sample

The target population consisted of people aged 65 years or older living in the United States.

Methods

The research focused on analyzing the data related to fall injuries in older people to determine the financial burden and identify the potential cost savings due to home modification programs. Published data from national health and injury sources were analyzed to estimate fall incidence and costs.

Quality Of Data

The quality of data was appropriate, and the study used data from national sources. It demonstrated that environmental modifications are an important component of fall prevention.

Outcomes/ Key Findings

The study found that falls among older adults are a significant cause of injuries and health expenditures. A large proportion of falls occur in or around the home, so modifications such as handrails, grab bars, improved lighting, and removal of hazards can reduce risks.

Limitations

The study relied on previously collected data and estimates, so it did not directly test every home modification. Different homes and patient conditions may influence the effectiveness of interventions.

Validity And Reliability

The use of national data supports the reliability of the findings, although the estimates depend on the

accuracy and definitions used in the underlying datasets.

Contribution To Your Project

The study demonstrates that environmental assessment and modification should be included in fall-prevention planning alongside clinical interventions.

Critiquing Research Article #3 (Quantitative)

Citation

The article titled “Hospital falls prevention with patient education: a scoping review” was written by Heng et al. (2020). It was published in BMC Geriatrics.

Purpose Of Study

The purpose of this research was to evaluate the role and effectiveness of patient education in reducing falls in hospital environments.

Setting

The setting included acute hospital environments and inpatient care.

Population/ Sample

The review evaluated research studies that involved adult hospitalized patients and fall-prevention education.

Methods

The researchers systematically searched existing literature, evaluated relevant studies, and categorized educational interventions and their results.

Quality Of Data

The quality of the evidence varied among studies, but the review provided a broad examination of how education can be integrated into hospital fall-prevention programs.

Outcomes/ Key Findings

The findings indicated that patient education can improve awareness and engagement in fall prevention, especially when it is tailored to the patient and combined with other interventions.

Limitations

The studies differed in design, educational content, patient populations, and outcome measurements. These differences make direct comparison difficult.

Validity And Reliability

The structured review process supports reliability, but conclusions depend on the quality of the available studies.

Contribution To Your Project

The findings support adding patient and family education to the fall-prevention checklist and encouraging active participation rather than relying only on nursing monitoring.

Conclusion

Falls among older patients are a serious concern in acute care because they can result in injury, longer hospitalization, fear, reduced mobility, and additional costs. A multidimensional fall-prevention program should include assessment of the patient, environment, medications, mobility, toileting needs, and cognitive status. Checklists can support consistent practice, but they should be used alongside individualized clinical judgment, patient education, family participation, and interdisciplinary communication. Evidence suggests that structured interventions such as FPTK, environmental modifications, and targeted education can contribute to reducing fall rates. The proposed project should monitor both fall incidence and compliance with prevention measures to determine whether the intervention is improving patient safety.

References

Dykes, P. C., Carroll, D. L., Hurley, A., Lipsitz, S., Benoit, A., Chang, F., ... & Middleton, B. (2010). Fall prevention in acute care hospitals: a randomized trial. *JAMA*, 304(17), 1912-1918.

Haddad, Y. K., Bergen, G., & Florence, C. S. (2019). Estimating the economic burden related to older adult falls by state. *Journal of Public Health Management and Practice*, 25(2), E17-E24.

Heng, H., Jazayeri, D., Shaw, L., Kiegaldie, D., Hill, A. M., & Morris, M. E. (2020). Hospital falls prevention with patient education: a scoping review. *BMC Geriatrics*, 20, 140.

Ziolkowski, S. L. (2014). Fall prevention and identification of patients at risk for falling. *Journal of Nursing Care Quality*, 29(4), 295-302.