Fall Prevention Proposal for Elderly Patients

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Task 1

Develop a written proposal by identifying a problem or issue related to practice, policy, population, or education that aligns with the organizational priorities you seek to solve.

A1a. Explain the problem or issue, including why it applies to the area of practice you chose and the healthcare environment.

Falls incidence in elderly patients is one of the burgeoning healthcare issues, as the falls sometimes prove to be fatal and, in some cases, result in temporary or permanent movement loss. A fall prevention strategy is a multidisciplinary approach involving many intrinsic and extrinsic factors and demanding an organizational culture shift. Patient-centred and motivationally driven changes can lead to efficient strategies.

A2. Discuss your investigation of the problem or issue.

As a bedside nurse, I, too, have witnessed many fall cases and attended the patients afterwards; when I gathered the other data and the case histories, I honed my observation, which yielded me some determining information. In most of the cases, the falls were predictable or avoidable.

A2a. Provide evidence to substantiate the problem or issue (e.g., organizational assessment, national source documents, evidence from a stakeholder).

According to the records and evidence, patients above 65 years of age are more prone to falling. The Centers for Disease Control and Prevention (CDC) also strengthen this observation by reporting that:

“One-third of 65 years and older have experienced a fall, and two million elderly adults require

emergency care for fall-related injuries"(Silva, K. B., 2017).

A3. Analyze the state of the situation using current data.

According to careful approximation, fall-related injuries prolong hospital stays and increase costs by $14,000.00 per stay (Silva, 2017).

A3a. Analyze areas that might be contributing to the problem or issue.

Various studies suggest different factors, like the lack of surveillance, faulty equipment, motion after sedatives, obstructed flooring, and lack of ergonomic stair support.

A4. Propose a solution or innovation for the problem or issue.

For critically ill elderly patients who are prone to instability, unattended ambulation should be strictly ensured. Meanwhile, locked wheel assistive devices should be used to discourage falls caused by slippage. The side rails with the upper limb support should be a mandatory part of the architecture. Basic necessities like switches, lights, and water should be within the patient's reach. For such patients, ambulation should only be done with staff to ensure the maximum safety of the patient. For bedridden patients, the bed should be kept locked at a minimum height, ensuring maximum ease for the patient and reducing the risks of falls. The wards should be free of any hurdles which offer to trip. Moreover, the use of rolling stools and chairs without backrests will be highly discouraged in the wards with elderly patients. The patients and their families should be guided to discourage any movement after the administration of sedatives. The patients should also be made comfortable for calling out for assistance every time they want to move.

A4a. Justify your proposed solution or innovation based on the results of your investigation and analysis.

According to the Joint Commission,

"falls observed in elderly patients are usually coupled with inadequate assessment and communication and deficiencies in patient supervision and cluttered environments" (JCH, 2015).

A5. Recommend resources to implement your proposed solution or

innovation. Include a cost-benefit analysis of your proposed solution or innovation.

The resources needed for the implementation of the fall prevention strategy will be of varied nature: tangible, non-tangible, monetarily, and intellectual. The primary resource for the plan will be the committee dealing with safe patient handling and practice guidelines. This will not only provide the previous statistics of the fall incidence but will also communicate with the shareholders regarding the need to address the issue. The stakeholders could then be convinced to invest more in hiring the relevant staff and the equipment needed for training the patients. Benchmarking is also a useful tool in acquiring benefit from the competitor sources like other organizations, resources can be used to mimic and translate the efficient approaches followed by the other organizations.

One of the greatest assets in this regard is the intellectual resources, not only experts can be hired but the guidelines can also be taken from the peer-reviewed journals and scientific literature.

The carefully curated cost analysis will focus more on using the maximum out of the limited resources and saving the organization's bills, which will be economically effective in the long run. According to the data collected, the outpatient and inpatient bills vary considerably from $3800 to $13,200.00, respectively (Richter, Dustin L. 2017). The average rate of falls, as reported by the hospital, was 5, and the subsequent medical procedure cost approx. $66,000.00. Moreover, the additional nursing staff allocated for the compensatory treatments is $45.00/hour. These are the statistics obtained by the hospital. Now, according to the implementation, the ultimate goal of the implementation will be the zero fall rate. This will cut down the expense of the additional procedure and the extra surveillance hour fee for the nurses. On the contrary, the education of the staff will cost about $23,850.00, thus saving the organization $42,150.00 yearly. So, the proposed plan is cost-effective.

A6. Provide a timeline for implementation based on your proposal.

The timeline I have made for the implementation of the plan follows a thorough and swift approach. A more thorough and earlier implementation plan will save the organization. The initial weeks will be dedicated to discussing the implementation plan with the stakeholders and also within the organization. The next step is the delegation and performance benchmarking, during the first month the goals, responsibilities, and performance standards will be set. After major delegation, the units or the individuals will be further provided with one month to break down the assigned goals and include them in the daily work practices. After two months, all the personnel will not only share their set goals but will also define the interim implementation progress. Meanwhile, the faculty for educating will not only guide but also identify the loopholes in the implementation and counsel the staff. After this mock setup and evaluation, the implementation strategy will be officially practised in the organization.

A7. Discuss why each key stakeholder or partner is important for the implementation of the solution or innovation. Summarize your engagement with the key stakeholders or partners, including the input and feedback you received.

The key stakeholders involved in the proposed model of fall prevention are the nurse manager, the medical faculty lead educator, medical physicians, and practitioners, along with the nurses. As the nurses form the first interactive line in providing the healthcare facilities, thus the nurse manager performs the crucial role in the implementation of this fall prevention model. The nurse manager is the authoritative figure in the implementation model, all the practitioner and trained nurses will report to the nursing manager about the progress of the fall prevention strategies. Also, the nursing manager will be accountable for providing help to the nursing staff in case of any query sorting.

The medical faculty lead educator will be responsible for ensuring continuing improvement in the medical units by educating the staff. The lead educator will initiate various seminars, activities, and talks to educate and converse on fall prevention strategies within the hospital setup. The assessment and reward system can also be employed by the lead educator to improve the staff's indulgence in the implementation of the plan.

A7b. Discuss how you intend to work with those key stakeholders or partners in order to achieve success.

The nursing manager can keep a record of the performance of the nursing staff according to the assigned goals, while the incidence of falls can depict the efficacy of the staff. The more dedicated and committed the medical and nursing staff will be, the fewer the fall cases in elderly patients will be. Moreover, the active indulgence of the staff in learning and implementing the new strategic plan will exhibit the efficacy of the educational department.

A8. Discuss how your proposed solution or innovation could be implemented, including how the implementation could be evaluated for success.

Although the proposed timeline focuses on the swift implementation of the strategies, in reality, the execution of the strategies can be done swiftly, but the changes take root in an organization with time. In the first six months of the implementation, the plan can be perceived as obligatory changes to the staff, but with time, things will become a part of the organizational culture.

B1. Explain how you fulfilled the following roles during your process of investigation and proposal development:

Identifying the problem statement in the ambience is one of the key attributes of a scientist. A scientist identifies a problem, develops an initial hypothesis, researches it, and gathers the data to strengthen or negate the observation. As a bedside nurse, I have proficiently performed the scientist role by actively indulging myself in data collection and research. I presented my research findings to the safety committee. I never quit myself to the problem identification and the data collection alone, rather like a scientist I proposed a strategic plan to avert the falls in elderly patients.

B2. Detective

During my whole research, I vigilantly performed the role of the detector by carefully assessing the loopholes in the executed strategies and detecting the common reasons for falls in elderly patients. As I have detected by the statistics, the outpatient elderly patients have burgeoning statistics as the ambient environment plays a crucial role. Moreover, the lack of surveillance and low medical staff-to-patient ratio also promote fall incidents. Taking the evidence and records from the seniors and peers also aligns with the tasks of the detector, so in my role as the detector, I have gathered insights from my fellow seniors, which further helped me in strengthening my proposal.

B3. Manager of the healing environment

Managers are usually assigned responsibility for the implementation of the strategies within an organization. So, being the manager, I collaborated with the key stakeholders for the implementation of my fall prevention strategy. A good delegator is one who grows into a good manager, so in my implementation strategy, I delegated the tasks to the respective authorities and also set performance standards and benchmarks.

References

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