

The Slip And Fall Policy Analysis

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Introduction

One of the major challenges that continue to plague the effective provision of health care is the risk of slips and fall injuries. In the United States, people above 65 years of age are at an increased risk of unintentional fall-related injuries. Annually, 32% of older individuals residing in community care centres experience non-fatal fall-related accidents, with female falls more prevalent than males (Currie, 2008). Fall can result in injuries such as broken bones, including ankle, arm, wrist, and hip fractures. It can also cause mild to serious head injuries (CDC, 2021).

Additionally, slips and falls contribute to the mortality of approximately 27,000 seniors each year. The consequences of slips and fall-related accidents are not limited to injury or death but also lead to a huge financial cost. This cost may be in hospital admissions or lawsuits (CDC Fall Statistics, 2021). Given the seriousness of this issue, healthcare organizations have policies and protocols to prevent such an incident from occurring and outline measures to be taken in the event of a slip, trip, or fall. Health policies are designed and analyzed through applied research, which entails that our healthcare system is evidence-based and rooted in research. However, this is not always the case. Policy analysis often helps us identify the problems that limit the impact and the intended purpose of the policy. Policy analysis can identify concerns regarding documentation of policy impact, understanding barriers, and unintended outcomes (Seavey et al., 2021). This paper aims to analyze the slips and fall policy outlined by Mary Washington Hospital.

Policy Statement

The Mary Washington Hospital's policy for slips, trips, and falls outlines the following statement of purpose:

"To reduce as far as practicable the risk of slips, trips, and falls for patients within Mary Washington Hospital. To ensure that patients under the care of Mary Washington Hospital who are at risk of falling are identified and receive timely evidence-based assessments and interventions to reduce or manage their risk of falling following current national guidance" (Mary Washington Healthcare, 2021).

Problem Statement

The slip and fall policy of Mary Washington Hospital identifies such incidents as a potential cause of injury to patients and aims to create staff awareness. Additionally, fall risk assessment is

recommended for patients aged 65 years and above, followed by multifactorial intervention specific to the patient's need (Mary Washington Healthcare, 2021). According to an approximation, this approach effectively reduces inpatient fall incidents by 25% – 30%. This also reduces the cost incurred due to fall and slip accidents by 25% (Randell et al., 2021). The multifactorial falls risk assessment identifies various contributing factors that may increase the patient's risk of falling. These include but are not limited to fall history, foot health, unstable posture, a fear of falling, and environmental risks, among others. In terms of environmental hazards, the policy statement outlines the responsibility of the staff to identify and report any probable cause of risk within the premises. These environmental hazards must be noted and communicated to the line managers. Mary Washington Hospital's slip and fall policy caters to various environmental factors that contribute to the increased risk of falling, especially in older individuals. These environmental hazards are related to the presence of cords and clutter, good quality floor coverings, slip-resistant tiles, sufficient lighting, and the installation of grab rails in appropriate areas (Mary Washington Healthcare, 2021). However, the policy ignores an important environmental factor, i.e., the weather and seasonal conditions, often a common cause of slip and fall. Therefore, the problem statement can be stated as follows: there is a need for the identification and inclusion of other important environmental factors, such as weather and seasonal patterns, that may contribute to slip and fall accidents among older adults.

Background

Hospital falls have decreased over the past few years, but they are still a serious concern. In hospitals, falls seem to be the most prevalent complication. Nearly a quarter of a million to one million patients in American hospitals suffer injury or even death due to patient falls each year. Hospitalized individuals who experience at least one fall are in the 2% range. One out of every four falls results in injury, while around one out of every ten falls results in a severe injury.

Increasing injury and fatality statistics and decreasing life expectancy are all direct results of inpatient falls, which place a huge physical and financial toll on patients and healthcare providers alike (increased lengths of stay, medical care costs, and litigation). Medicare and Medicaid ceased paying hospitals for injuries caused by falls in 2008. Hospitals are searching for a “magical solution” to fall prevention because of economic limitations. Hospitals use various “recommendations” to avoid falls. Generally speaking, these include the following:

To avoid falls, it is important to recognize patients at high risk of falling and then use clinical judgment to select the most appropriate fall prevention measures. Not unexpectedly, there is great variation in the standards, which contributes to the misunderstanding of the “proper response” to fall prevention; this encourages the adoption of effort and labour-intensive techniques to fall preventative measures into “quality of practice. The ambiguity in preventative recommendations may raise the intellectual strain of patient treatment and may increase patient risk. (Hughes, 2008)

Landscape:

Improving marginalized communities' access to basic healthcare is critical to attaining health equity, yet doing so is difficult. There is a lack of evidence to support the efficacy of certain therapies. For vulnerable populations, we must find new approaches to improving access and clarifying which components of health care systems, associations or facilities, and competencies of patients or communities need to be reinforced to accomplish change initiatives in preventative care.

Stakeholders are the persons and organizations involved in developing or maintaining fall prevention initiatives (e.g., champions and physicians)

Nurses and physiotherapists, for example, may participate in fall prevention programs. Several people could be considered fall prevention relevant stakeholders, such as fall prevention champions, healthcare professionals, health IT employees, governmental leaders, clinic administration staff and financial support agencies, healthcare workers, household members, caregivers, partner organizations, policymakers, and government health department workers.

Having a checklist of stakeholders to work with, you might want to see if it's possible to include everyone or just a select few. Funding, time, stakeholder responsibilities, and views are all important factors. The degree to which stakeholders are involved will be influenced by worries about resources, such as a lack of funding. Collaborating with a select minority may be necessary if you have a limited amount of time. To gain support for assessment and disseminate evaluation outcomes, it is critical to keep open lines of communication with all of your stakeholders. Some stakeholders may be included at various phases of review, relying on their roles (e.g. implementation, ensuring, dissemination, planning)

Certain stakeholders may be more active in the program's improvement than others. It doesn't matter how large a stakeholder group is; it has to be structured and supervised to work effectively. Creating a strategy for involving stakeholders is one approach to take. It is possible to note the name, title, function in fall prevention, details they require from the assessment, their involvement in the evaluation, methods of communication, and their degree of involvement in the analysis. Recording each stakeholder's objectives, planning for workload, and identifying and using knowledge and skills may assist in clarifying each person's preconceptions. After your review, stakeholders must get the information they require to enhance, continue, and advocate for the programs. As a result, it's critical to have access to the necessary information at this point. (Ganz et al., 2013)

Options:

When it comes to fall prevention, it's crucial to have a shared understanding and clear assumptions regarding the programme.

Working with a wide variety of stakeholders may impact their aspirations and how they perceive your

programme, which is why this step is so critical. Before commencing the assessment process, describe the programme to stakeholders to clarify any misunderstandings or establish any deficiencies in the program's initiatives, outcomes, and consequences. This ensures that the assessment will be appropriate and valuable to the programme in the first place. Ensure that the program's synopsis is investigated with stakeholders and revised as necessary during system implementation. (Ganz et al., 2013)

All employees in the Unit, including the Project Members and senior executives, must communicate with one another. This includes nurses, assistants, surgeons, and the rest of the staff. Several techniques may be employed to convey the progress being made in implementing the modifications. It is up to the unit advocates to keep the action plan up to speed up the progress of new initiatives. Unit managers can also offer updates depending on information gleaned from their employees. The most important component is that the interaction procedures occur often and fully with the minimum effort possible.

New fall-prevention measures must be incorporated into existing workflows to ensure long-term viability. These methods for incorporating prevention into daily operations include:

- Giving all patients the same treatment and removing the need for individualized treatment plans.
- Shift handoffs and other forms of frequent communication should include information about fall risk. Reminding patients of their fall risk treatment regimen (e.g., support with going to the bathroom) by placing visual cues or alerts in physical areas such as being above the patient's bed.

Now widely used in many hospitals, Telehealth offers a new opportunity to incorporate best practices into daily operations. What questions should be asked of hospitals that use computerized records?

- What are fall risk variables included in the patient's healthcare documentation?
- A new approach for assessing fall risk variables may use data currently in the system.
- Documentation of patient fall risk assessment, and any reasonable steps should be included in the utmost reasonable place in the medical record. (Bell, 2014)

Formalizing the new procedures as the standard and increasing employee dedication can include fall prevention in assessment methods. If there is a lot of pushback during the early stages of implementation, you'll need to figure out why. After that, you have two options: either alter the set of practices, implement a plan to address these issues of the resistance movements, or reevaluate your original assessment that the institution is prepared for this change. You may implement the new program in volunteer departments until you can make a convincing argument for its usage throughout the hospital. (Bell, 2014)

Recommendations:

The outcomes of this study show that the existing format of fall prevention distribution needs to be addressed, and new techniques to promote participation should be attempted. The following suggestions are offered for contemplation and can be used in three different ways.

Policy:

- A national plan for preventing falls is being developed, which aims to standardize the understanding of fall prevention and its use by groups that work primarily with older adults.
- An integrated, multi-stakeholder strategy for fall prevention is preferable to a fragmented, implied, and haphazard one. When it is associated with environmental injury prevention, the Healthcare and Safety Executive now regulates it. This current mandate might be viewed as a chance to integrate more extensive, fundamental risk factors in their equity investment. Risk. Another example of a national governmental organization that could be a good fit for this function is the NHS or senior social service providers.
- Based on facts (fall incidence) and comments (key information) from inhabitants, institutions might go above their legal obligations and address the patient-centred care of their units (falls).
- It should be made mandatory for all health and social service providers to train their employees to a quality minimum requirement in fall prevention, including internal and external risk variables and local treatments accessible and a source of relevant knowledge for older adults. (Clancy, 2013)

Education:

- Falls prevention education now includes instruction on coping with one's emotions as one ages.
- Preventing falls is an integral aspect of many health and sociocultural care initiatives, including Successful Aging, emphasizing public health and senior care awareness.
- An accepted set of minimal requirements for theory and expertise is used to steer curriculums.

Practice:

- Holistic therapies to avoid falls take into account individual and societal perspectives and ideas about ageing and falling, encompassing one's self-perception and an awareness of one's social context.
- Falls prevention measures are becoming more widely available.

Suggestions for the Future:

- It is advised that further qualitative study be done on this subject. More in-depth studies of 'Attitude and Perception' and fall prevention are among the recommendations to better understand the hurdles to involvement that these elements bring.
- Assistance is examined in greater detail in this study, focusing on how its formalities affect fall prevention participation and assistance. There has to be further investigation into the relationships between fall prevention involvement and this factor and how much of a hindrance or facilitator it may communicate.
- A single falls organization functioning in a pilot region and taking full accountability for coordination and delivery of preventing falls for a long time may also be interesting to investigate. This study aims to see if a single centre for knowledge and intervention management can help raise awareness about fall prevention among older adults and key personnel across a community.
- At all times, it is essential to assess the effects of any of the suggestions made in this article before they are verified or executed.
- To wrap things up, it may be wise to use a variety of study designs that may respond to questions about how initiatives affect people and how they interact with those treatments. Methods that incorporate a dimension of influence can capture what is most likely to be effective and why. (Clancy, 2013)

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