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Fall prevention

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Project Plan: Fall Prevention

NUR 412

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Process Description

Introduction

During clinical shift at Baptist Health Paducah Hospital on the CCU floor the question asked was, what needs to be researched? After watching the charge nurse help patients all day I asked her what she thought needed to be researched that the floor is lacking. After thinking for a while she went on to tell me about how they are getting hit pretty hard on infections so there is no need for more research on that. After that she went on to tell me that their fall prevention protocol was lacking pretty badly. She walked me over to a bottom drawer and told me that this was all they had on falls. They do a fall risk assessment and based on the number decide what their chances of a fall is. They then give them fall risk bracelets and bed alarms. She said the bed alarms they have a pretty outdated and don't work half the time they are used. After hearing this it was determined that their fall prevention protocol was lacking research. There had to be newer research on better fall prevention. She told me that they have quite a few falls on the unit with injury. There protocol is lacking something that keeps the patients from not getting hurt. The policy seems like it is very short and to the point. It doesn't take into account patient education or teaching. It seems like it is just there for the nurse so they know that the patient is at risk for falling. This doesn't help prevent a fall for the patient. Plus some nurses can't get to the alarm right away so by the time they go to check the alarm it is too late. After doing some research a few articles about patient teaching and involving the patient in fall prevention popped up. The problem with the current policy is that it is lacking new evidence based practice.

Theoretical Framework

The theoretical framework that guided my research and shaped my project was Jean Watson's framework. Her work over Philosophy and Science of Caring is what was used in thinking about when finding articles over this topic. It makes you realize that patient education is very important. They need to be taught ways to help reduce their fall risk. As a nurse it is our job to care for our patients. "The caring model or theory can also be considered a philosophical and moral/ethical foundation for professional nursing and part of the central focus for nursing at the disciplinary level." (Dezines, 2016). You have to care for the patient's safety and not want them to fall. It is very important to look at your values as a nurse and see where you stand on caring for the patient. Sometimes you have to go above and beyond. This unit needs to go above and beyond on fall prevention. They have a problem with falls so they need to implement a new protocol or evidence based practice to help reduce this number. Nursing is always looking for the next caring moment. "A caring moment involves an action and choice by both the nurse and the other." (Dezines, 2016). My subject has to do a lot with caring so it goes along very well with it. My research also has to do with caring and patient education/teaching which Watson goes on to talk about as well. An important step while caring for a patient is making sure that they are well educated about the subject. In this case, the patients are not fully educated about falls and how to prevent them. Once this gets implemented into the fall protocol at Baptist health Paducah the number of falls will decrease.

Evidence

Haines (2004) stated this was the first large randomized trial to show that the incidence of falls in elderly patients in hospital can be significantly reduced. This article was a randomized controlled trial of a targeted multiple intervention programs implemented alongside usual care of patients. It took place in three metropolitan wards specializing in rehabilitation and care of

elderly. There were six hundred and twenty six men and women involved in this study. The patient's age ranged from 38 to 99. The intervention that was put into motion was, "falls risk alert card with information brochure, exercise program, education program, and hip protectors" (Haines, 2004, p.1). They approached 1040 patients, of whom only 626 consented to participate. The results compared with the control group, the intervention group had 30% fewer falls. This also resulted in a lower proportion of participants who experienced one or more falls. Some of the limitations and problems were the inability to completely blind all staff and participants. "Participants were not forced to participate in any intervention and were free to withdraw from the study at any stage, thus preserving a large degree of participant autonomy" (Haines, 2004, p.5). This study fit in because if the patients were cognitively impaired they were still included in this study. They simply asked the family members in charge of the patient if they could participate. This study was good because sometimes in the CCU you have patients on a vent and can't get their consent. The family can always step up and give consent plus help out in caring for the patient. However, they should never attempt to take over care for the nurse and should ask for help when getting the patient up out of bed.

A randomized trial with additional quasi-experimental control group by Hill (2009) did their study by giving the different groups either a DVD or workbook. The study took place in, "Geriatric, medical, and orthopedic wards in Perth and Brishbane, Australia" (Hill, 2009, p.1458). The study consisted of one hundred hospital inpatients aged 60 and older with an additional 122 in the control group. The intervention was randomly assigned to receive identical educational material on falls prevention on either a DVD or workbook. The control group received usual care. The results were, "Participants randomized to DVD delivery had a higher self-perceived risk of falling and higher levels of confidence and motivation to engage in self-

protective strategies than participants who received the workbook" (Hill, 2004, p.1458). The material used for the workbook and DVD was based on the Health Belief Model framework for understanding health-related behaviors. To determine whether the education differentially addressed the four specific aims of giving education there was a custom designed survey developed. The conclusion of this study was that delivery of falls education on a DVD compared to written workbook is more likely to achieve important changes to affect fall prevention measures. With today's technology this is an easy way to get education to the patients because most rooms have TVs in them.

Carroll (2009) talked about the importance of fall prevention interventions. This article talks about the importance of a fall prevention team. "The first task was to increase identification and communication of high-risk patients" (Carroll, 2009, p.281). Every patient is screened to determine their risk for falls. There are different kinds of protocols that can be used when forming a fall team. It is the fall team's job to help the staff know the best interventions for preventing falls. This includes, "hourly rounding, repositioning, early and frequent ambulation to prevent deconditioning, encouraging patients and families to call for assistance, keeping all essential items within the patient's reach, and offering frequent toileting" (Carroll, 2009, p.281). The results of this study was that in order for a program like this to be successful, the whole staff must remain in alignment with the goals of the project and keep fall prevention as a priority for the long run.

Another article on fall prevention talked about developing a fall risk assessment tool through adapting a local existing tool. There were 130 participants in this study that was done in two large hospitals in Melbourne, Australia. The study wanted to, "develop a falls risk screen and assessment instrument through local adaptation of an existing tool. Clinimetric property

analysis of new instrument (Western Health Falls Risk Assessment, WHeFRA) and comparison with 'gold standard tool' (STRATIFY)" (Walsh, 2010). The result of this study showed that adaptation of an existing tool resulted in an instrument with favorable clinimetric properties that may be a viable for facilitating a falls prevention program development and implementation in acute hospital settings.

An article in the BMC medicine titled, "Cost effectiveness of patient education for the Prevention of falls in hospital: economic evaluation from a randomized controlled trial". The purpose of this article was to help health care providers decide if fall prevention was cost effective to give to patients with a certain fall risk. The study showed that, "if there was a 52% probability the complete program was both more effective and less costly (from the health service perspective) than providing usual care alone" (Haines, 2013). It was determined that if they were over a 4% chance to fall it was more cost effective to give them the education they needed. The study showed that it would cost a little bit to get the program started but it would be a one-time fee. After buying the DVD players they wouldn't have to buy them again. It showed the importance of patient education in fall prevention and that you need to involve them in their willingness to take a stand against falling.

Proposed Policy/Procedure

Reason for new Policy

Their policy isn't bad but it is lacking new evidence based practice. The policy doesn't need to be changed it just needs new interventions added to it. Their fall prevention includes gait belts, bed alarms, and fall prevention screening. While this is all good, it isn't enough to stop falls in the hospital. A big part that this protocol is missing is patient education. The policy needs

to be changed because the research shows that patient education is a big portion of the problem. The patient needs to be informed about how much a fall could set them back. The patient needs to know that they need to do everything in their power to avoid a fall. The patient needs to understand their risk for falls and the consequences of falling. The first thing that needs to be added is, Fall Risk alert cards with information brochure, exercise program, education program, and hip protectors (Haines, 2004). Also add to the policy that the patients had to watch a digital video disc with education about fall prevention (Hill, 2009). Another thing that should be instituted to the policy would be that the fall team needs to remain in alignment with the goals of fall prevention and keep fall prevention as a priority for the patient care (Carroll, 2009). It is important to have the staff on your side and wanting to decrease falls. You can't leave it up to the patients; it's on the staff to get falls down on their unit. Comparing the fall risk tool the hospital has to others around the hospital (Walsh, 2010). This is important because it lets you know if you are using the best tool out there to find at risk patients. The reason this needs to be added to the policy is because patient education is a big deal. The more the patients know about falls and the risks of falls the better off they would be. You wouldn't have non-compliant patients trying to get out of bed to use the restroom. However, you also have to have full participation from your staff. They have to be able to make their hourly rounds, they have to be able to get to the call light in a timely manner, and they can't be scared to help each other out and grab a call light when the other is busy.

Implementation into Professional Practice

Educating the staff

The staff would be educated just like everything else they learn. There would be education days that they would have to complete before a certain time. They would fully learn

about the new policy and just how it works. To encourage them to truly change to the new policy there would be a reward type system. There would be a certain number that the unit would have to meet and then they would get something in return. There would be a motive to do better so everyone would want to get in on it. This method would work great because who doesn't like to be rewarded for the job they are supposed to be doing anyway. The education days would work because it would be a mandatory thing they would have to come to. The reason this would work is because it would actually make their lives a whole lot easier if they didn't have any patient falls. They would have to do more patient education but this would be better than all the paper work they would have to feel out after a fall. Once they see that this policy works they would jump on board in a heartbeat. It would be put into practice like any other protocol. There would be a checklist on the patient's chart that asks if you have done the following. The nurse would then have to go through and make sure they did all the necessary steps to prevent a patient fall. They would have to give the patient the fall risk card with all the education about programs on it. They would be given the DVD with fall prevention on it that the patient has to watch. All they would have to do is make sure that the patient watches it. The hospital would need to make sure that the fall prevention team actually cares and stays up to date on the best practices. They would also have to make sure that they look at all the data and that the data is being collected. Educating the nurses about why it is so important to keep up the hard work to keep patients from falling. This checklist approach makes it easy to do because the nurse has to chart things on a daily basis. This doesn't add to much documentation just to check the box and make sure that it was done. Compliance would be assessed by looking into patient's charts to make sure that everything is being done. There would also be patient surveys to make sure that they were given

all the education about falls and the DVD. Based on these findings would tell if the nurse is complying with the policy.

Conclusion

After reading the research this seems to be a very good policy that could work. These studies have shown that doing the following steps listed above will help prevent falls. Most policies don't take into account patient education and that is the most important step of them all. The patient has to be aware of the consequences of falling and rewards for not falling. Most the time they don't realize how big of a risk they are for falling so they think they can just get out of bed whenever. This is because they are not taught about fall prevention and their risk for falling. It is also on the nurse to make sure they are checking on the patient regularly. They can't force the client to get up and use the restroom without assistance. They need to get to them in a timely matter. It is shown that patients learn better when the information is provided in a digital approach. Making sure that they watch the DVD will help them understand what they need to do to avoid a fall. This policy will not only decrease falls but will make it to where the patients are pressured to want to avoid falls. When you include them and make them feel like they have some say they will take initiative and try to avoid falling.

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