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Christin Klineman
cklineman24@gmail.com

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Methods to Reduce Fall Risk
Christin Klineman
Department of Nursing, Masters Entry into Nursing Practice, 2017, DePaul University

Background
Nurses play a critical role in the prevention of falls in hospitalized patients. One of the most threatening situations for patients is the simple act of getting out of bed because it can easily lead to a fall. A fall is defined as an unplanned descent to the floor with or without injury to the patient (Currie, 2008). They can be costly, devastating and even deadly. However, a variety of research exists supporting the fact that falls are preventable. The most efficient way to reduce in-patient falls is the reinforcement of patient, family, and staff education in addition to traditional fall risk interventions.

Purpose
This integrative literature review will be conducted to evaluate whether or not performing initial fall risk assessments combined with patient and family education could potentially reduce the number of falls in hospitalized patients. In order to prevent future fall occurrences, nurses must have the knowledge and ability to comprehensively assess patients and educate them on their safety in the clinical setting.

Methods

Research Design. This study will examine the impact of fall risk education in addition to falls risk assessment through an integrative review of literature. Integrative reviews clearly Identify the problem to be studied, well-defined literature strategies, evaluation of the rigor and relevance of the data, analysis of the data, and concludes with implications for nursing (Whittemore & KnafI, 2005). It is a good method to determine findings on whether or not identifying an individual’s fall risk factors and providing education would aid in reducing the number of falls in hospitalized patients.

Search Methods. Search strategies included review of the following databases: Cumulative Index of Nursing and Allied Health (CINAHL) Complete, ProQuest, PubMed and Google Scholar. Key words and phrases included in the search for articles were: hospital, falls, fall prevention, falls risk assessment, education, “fall prevention in the hospital”, and “the use of fall risk education in the hospital.”

Data Analysis and Synthesis. This is a preliminary literature search and articles were analyzed based on a two-point scale that highlights rigor and relevance to the phenomenon. One point is assigned for low rigor/relevance. Two points are assigned for high rigor/relevance. A table was constructed to identify categories of phenomena and different disciplines. If an article scored low on the rigor/relevance scale then it contributed less to the overall phenomenon analysis (Whittemore & KnafI, 2005). Although research was conducted with the intention of including all disciplines, only nursing literature was found relating to this phenomena.

Findings
Eighteen studies met the inclusion and exclusion criteria. Fall risk assessment tools and interventions were found to be useful in identifying patients who should be considered fall risk. In addition, the reinforcement of patient, family, and staff education through clear communication and collaboration among the healthcare team is critical to reduce the rates of falls in hospitalized patients.

Discussion
Research suggests that a lack of education in addition to miscommunication is a common cause of in-patient falls. Therefore, implementing clear and concise staff, patient and family education in addition to providing usual care could decrease the rate of falls in the acute care setting.

Nursing Implications
According to the American Nurses Association (2016), a standard assessment combines clinical decision-making, targeted interventions, identification of risk factors, and communication with other healthcare professionals. Patient and family education is not part of this requirement and is therefore often not included in nursing guidelines for patient care. Links are frequently made between a lack of patient education and falls. Many patients in the acute-care setting are unaware they are at risk for a fall. There is a contrast between how patients and the hospital staff perceive fall risk. Therefore, it is extremely important for nurses to reduce that risk by educating their patients (Wolf & Hignett, 2015).

Conclusion
The reinforcement of patient, family, and staff education is critical to reduce the rates of falls in hospitalized patients. All individuals involved in the patient’s plan of care, including the patient, must understand why they are a fall risk and be aware of which preventative measures are in place. Additionally, the interdisciplinary healthcare team must coordinate with one another to prevent miscommunication about a patient’s fall risk.

References