Falls Prevention Findings

Name

Institution

**Falls prevention—findings from identified literature and the data obtained from interviews**

In the ageing population, the risk of falls is irrefutable. The nature of predisposing complex and chronic conditions add to the risk of elderly to undergo falls and requires timely interventions from variety of healthcare providers. After reviewing literature and deducing the meaningful inferences from the data obtained from interviews, findings will be presented here:

**Team engagement between healthcare workers**

One of the key strategies utilized by the mentors in delivering quality care for the fall prevention and management is inter professional collaboration. This approach seems to make a justified sense because in healthcare settings, the risk of falls is directly linked to other physical, psychological, neurological and social conditions (Bokhour, 2006). Hence, falls prevention and management welcomes multi-disciplinary collaboration to accomplish the valued goals of fall prevention and management in in-patient scenarios.

**Sense of accountability**

Another area identified by the subjects indicates that sense of accountability—as mentioned in the ANA Nursing Code of Ethics—is the key determinant of healthcare delivery when we talk about falls. This is because all the healthcare providers act collaboratively for preventing and managing falls which often requires sense of being accountable for fulfilling the assigned job carefully (Ouwens et. al., 2015).

**Post fall debriefs and utilization of abbreviated checklist**

Using fall debriefing is another significant intervention in fall prevention and management that opens up multiple channels for receiving recommendations based on the healthcare providers’ and patients’ experiences (Murphy, et. al., 2015). Debriefings are either arranged face to face or through phone calls when any gaps in care delivery are reported by the patients. Moreover, falls team make a monthly or bi-monthly round on several units and utilizes the abbreviated checklists to quantify pre and post fall circumstances that help improvising further quality care delivery.

**References**

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