Fall Prevention

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 Patient falls continues to be a great challenge across the care continuum. Patient fall is not only associated with the increasing length of stay of the patient but also the increase in health care cost. To prevent patient fall, effective fall prevention programs are needed. In the US, patient falls are one of the most common causes of injuries in people older than 65 years of age. It is reported that almost 32% of the individuals over 65 years of age fall each year and females are more at risk of falls as compared to males. Fall-related injuries are a common cause of accidental deaths in patients greater than 65 years of age. It is reported that almost 41 deaths per 100,000 related to falls are reported every year. According to different studies, it is reported that approximately 15% of fall-related injuries need re-hospitalization one month after discharge.

The risk factors that are associated with patient fall include postural hypotension, benzodiazepine and sedative use, environmental hazards, use of more than two or more medicines, diseases such as diabetes, stroke, Alzheimer disease, vitamin D deficiency, Parkinson disease, non-supportive footwear and use of psychotropic medicines.

Tinetti, Richman, and Powell (1990) were the first who described the relationship between fear of falling and confidence in carrying out different activities. According to recent literature, it is determined that a low confidence level is associated with increased stay at the hospital. A mixed-method study was conducted and it was determined that fear of falling negatively affects physical activity, functional performance, and mobility and in turn leads to the increased stay at the hospital.

 A qualitative study was conducted by Dykes et al. (2009) in a hospital setting and information was collected from nurses by conducting focus group discussion. This study demonstrated that patient engagement is a very important intervention in reducing falls. In this study, the patient view was not taken. A systematic review was conducted to assess the characteristics and effectiveness of fall prevention in a hospital setting with the main focus on the environment characteristics, technology use and care process. In this review also, patient perspective was not taken. Research has been conducted regarding the experience of patients falling. Many community-based studies have demonstrated the live experience of patients that fall. The themes which were revealed in these studies include body change, dependency and living with precaution. Mahler and Sarvimäki (2012) studied the patient's control of situations and the courage and strength which they show daily. In another study conducted by Berlin Hallrup et al. (2009), different psychosocial and physical changes were highlighted which women perceive of their bodies. Studies have shown that even those patients who feel safe and protected in the hospital had an experience of falls. Most often patients want that nurse must be available to assist them and provide direction and make them feel cared for. Some patients are also of the point of view that nurse treated them as a child which decreases the sense of worth among them and disempowers them (Gettens, Fulbrook, Jessup, & Low Choy, 2018).

There are some qualitative studies on the views of elderly patients regarding fall and fall prevention and it was shown that personal risks and relevance of fall prevention intervention are the main barriers in preventing fall in patients. Preventing patient falls is a great challenge. The fall prevention program is complex and involves multiple components that depend on the involvement of leadership and cooperation of frontline staff. The current goal of health care professionals is that all older people should be screened for the risk of falls and those who suffered from imbalance and gait abnormality should undergo targeted intervention and multifactorial fall evaluation. A Cochrane analysis demonstrates that significant reduction in the fall rate has been seen among those who undergo multifactorial interventions. Intervention such as risk assessment, patient and family education, care rounds, bed exit alarms and post-fall evaluation should be implemented to reduce patient falls (Hempel et al., 2013).

**References**

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