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Research Paper-Planning

The issue of falls in the long-term care settings

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The issue of falls in the long-term care settings

The issue of falls is a common event for elderly patients who are living in acute care settings. This leads to the loss of independence, injuries, and even death if proper intervention and care are not taken. This, therefore, implies that the preventive approaches are the major concern for elderly patients and healthcare professionals. Reports reveal that about 700,000 to 1,000,000 fall-related cases are common within acute care settings (Panneman, et al., 2021).

The United States Centers for Disease Control and Prevention (CDC) reports that one in every four individuals of age 65 years and above falls every year. This is more than 2.8 million injuries that are being treated within the emergency departments every year. The reported annual rates of hospitalization and deaths are 800, 000 and over 27, 000 respectively not forgetting the financial burden associated with adult falls. The medical cost for the fall issue was anticipated to rise to $ 67.7 billion by 2020 (Panneman, et al., 2021). Most of the insurance firms are not reimbursing for these never events hence causing more financial burden to the healthcare organizations.

These burdens and the adverse impacts of fall rates require urgent interventions from healthcare professionals in acute care settings. The best practices must be put in place to help in the successful management of the falls thus enhancing the overall safety and the autonomy of the individuals in healthcare facilities. The purposeful, as well as timely hourly rounding, has been recommended to be an effective intervention that helps in meeting the needs of the clients, reduction of the fall rates in every department or units, improvement of the patients' safety, and helping in the proactive approaches towards addressing the falls issues before they occur (Brewer, Carley, Benham-Hutchins, Effken, & Reminga, 2018).

Identification of the problem Center your title.

Even though hourly rounding has proven to be one of the effective approaches that help reduce the burden and other adverse problems caused by the issue of patients, little attention has been given to such practices. There is an increased lack of accountability by the nurses when it comes to implementing hourly rounding. This, therefore, implies that however much the hourly rounding intervention or practice is made available, the reluctance in its implementation would still lead to an increase in the rates of falls.

The reluctance and lack of accountability among nurses in the implementation of this intervention are also increased by the healthcare organizations. Many healthcare facilities have not yet designed a plan that can help in holding the staff accountable in the performance of the hourly rounding responsibilities. Consequently, the fall rates have continued to rise thus resulting in preventable injuries and deaths (Brewer et al., 2018). The majority of the nursing staff are not active in the performance of the hourly rounding on the patients thus leaving these patients at risk of injuries.

The report by the National Institute of Health and Clinical Excellence, NICE of 2004 reveals that the positive outcomes in the reduction of the fall rates were successful when the patient was provided with the information and education on the prevention of falls. This is linked to the fact that the majority of the residents in the acute care settings are at higher risks of experiencing fall-related episodes as a result of the extended hospital stay, reduction in their function for example handling of the activity of the daily living (ADLs), polypharmacy, and the advancement in their ages (National Institute for Clinical Excellenc (NICE), 2004).

The increase in the rates of falls among elderly individuals requires immediate implementation of purposeful hourly rounding procedures to help in reducing the adverse impacts

and the medical costs associated with fall-associated injuries. It is therefore important for the frontline healthcare providers especially nurses to make sure that the present knowledge of the hourly rounding intervention is applied in the daily practice to help in the improvement and the attainment of the maximum and safe patient care (Radecki et al., 2018).

The significance of the problem

Center your title.

The issue of falls in the acute care settings is amongst the major hospital-associated diseases that affect the safety of the patients and requires interventions. The Joint Commission for Transforming Healthcare acknowledges that patient of any age is at risk of fall especially when the psychological needs changes as a result of the present medical conditions. Therefore, these patients are exposed to severe injuries that lead to extended days of hospital stays and the burden associated with the healthcare costs (Al Danaf, et al., 2018). The effective approaches to the prevention and reduction of patient falls require the identification of the risk factors linked to the fall. The identification of the risk factors is helpful in the determination of whether the present condition of the patient is having a potential risk for fall. It also helps in the formulation of effective interventions for such risks to prevent future occurrence.

One of the barriers that have been identified to be the cause of the failure to implement the prevention practices is the absence of consistency in the implementation of the proposed standardized intervention or healthcare care approaches. The effective approaches in addressing the barrier involve the utilization of the hospital data associated with the medication errors and performance of the survey to act as a guideline towards addressing the issues and promote change within the organization (National Institute for Clinical Excellence (NICE), 2004).

The intervention involving the use of the intentional-rounding is considered to be a proactive approach that assists in meeting the needs of the patients. It helps in ensuring that nurses

remain to make routine visits to the patients' rooms and checking for specific tools within the patients' wards and gathering more information concerning the self-care of the patient continuously and consistently. Therefore, the introduction of the hourly rounding ad educating nurses about their protocols required in their implementation helps in ensuring that there is a reduction in the fall rates among patients. There is a need to have a plan of the intentional hourly rounding procedure and incorporating the education approach to the nurse staff on the prevention of falls to increase the knowledge concerning the approaches towards prevention of the falls (Singh & Okeke, 2016). The identification of the problem helps in determining the need for the education of the nurses in combating the issue of fall rates.

The identification of the fall problems helps in revealing the existence of the unaccountability and inconsistency about the prevention protocols and the documentation of the records of the patient's falls. The practice of hourly rounding help in ensuring that patients' safety is promoted through meeting the ADLs requirements of the patients. For example, nurses will be able to assists patients with the Ps i.e. potty, pain, position, and possession. This is important in ensuring that all the established preventive measures for the assessment of the patients for example the use of the Morse Fall Risk Assessment Scale are implemented within the facility.

Identify your summary/conclusion.

References

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Al Danaf, J., Chang, B. H., Shear, M., Johnson, K. M., Miller, S., Nester, L., . . . Amy, W. W. (2018). Surfacing and addressing hospitalized patients' needs: Proactive nurse rounding as a tool. *Journal of nursing management, 26*(5), 540-547. https://doi.org/10.1111/jonm.12580

Brewer, B. B., Carley, K. M., Benham-Hutchins, M., Effken, J. A., & Reminga, J. (2018). Nursing unit design, nursing staff communication networks, and patient falls: Are they related?. *HERD: Health Environments Research & Design Journal, 11*(4), 82-94. https://doi.org/10.1177/1937586718779223

National Institute for Clinical Excellence (NICE). (2004). Clinical practice guideline for the assessment and prevention of falls in older people. *Royal College of Nursing*. http://www.nice.org.uk/nicemedia/pdf/ CG021fi4liguideUne.pdf

Panneman, M. J., Sterke, S. C., Eilering, M. J., Blatter, B. M., Polinder, S., & Van Beeck, E. F. (2021). Costs and benefits of multifactorial fall prevention in nursing homes in the Netherlands. *Experimental gerontology, 143*, 111173. https://doi.org/10.1016/j.exger.2020.111173

Radecki, B., Reynolds, S., & Kara, A. (2018). Inpatient fall prevention from the patient's perspective: a qualitative study. *Applied Nursing Research, 43*, 114-119. doi:https://doi.org/10.1016/j.apnr.2018.08.001

Singh, I., & Okeke, J. (2016). Reducing inpatient falls in a 100% single room elderly care environment: Evaluation of the impact of a systematic nurse training program on falls risk assessment (FRA). *BMJ Quality Improvement Reports, 5*(1). doi:10.1136/bmjquality.u210921.w4741