SYNOPSIS

KEY POINT SUMMARY

OBJECTIVES

The objective of this study was to obtain the views of nurses and assistants as to why and how to overcome patient falls in acute care hospitals.

Why Do Patients in Acute Care Hospitals Fall? Can Falls Be Prevented?

Dykes, P. C., Carroll, D. L., Hurley, A. C., Benoit, A., Middleton, B.
2009 | Journal of Nursing Administration
Volume 39, Issue 6, Pages 299-304

Key Concepts/Context

Despite a large quantitative evidence base for guiding fall risk assessment and not needing highly technical, scarce, or expensive equipment to prevent falls, falls are serious problems in hospitals.

Methods

Basic content analysis methods were used to interpret descriptive data from four focus groups with nurses (n = 23) and four with assistants (n = 19) in four acute hospitals, two urban academic medical centers, and two suburban teaching hospitals in the same hospital system.

Findings

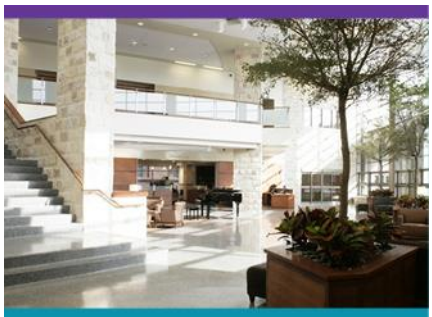
Positive and negative components of six concepts–patient report, information access, signage, environment, teamwork, and involving patient/family–formed two core categories: knowledge/communication and capability/actions that are facilitators or barriers, respectively, to preventing falls.

Limitations

Linkage between risk assessments and individualized care plans were not determined.

Design Implications

Incorporate a mechanism to systematically communicate current and accurate fall risk status with associated tailored and feasible interventions needs to be easily and immediately accessible to all stakeholders (entire healthcare team, patients, and



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family). Enhance visual cuing related to fall risk for direct care providers who may have a delay or not receive patient reports, such as a pictogram that depicts a nurse helping a patient to ambulate to the bathroom. Design patient rooms to minimize "clutter" and provide a visible and unobstructed path to the bathroom with easily accessible assistive devices.