

Nurses' thoughts on fall prevention actions and programs

Falls are the most commonly reported patient safety incidents in hospitals (Haines et al., 2013). Fall prevention actions that are customized to reduce patient-specific fall risk factors are essential to reduce falls and fall injuries. Evidence-based (EB) fall prevention actions and programs can decrease patient-specific fall risk factors and are readily available, but are not routinely used in hospitals. EB means that healthcare providers use their expertise, relevant research, and the patient's preferences and values in delivering care to their patients. Nurses play an essential role in preventing patient falls, but little is known about how nurses' perceive their role in patient fall prevention. Understanding nurses' thoughts are essential to understanding what actions work and how to prevent patients from falling.

The purpose of this research study was to explore nurses' thoughts about (1) use of EB fall prevention actions and programs customized to reduce patient specific fall risk factors, and (2) actions used to promote the use of these fall prevention programs. We interviewed nurses in focus groups because focus groups provide an opportunity where the nurses could talk freely, and where we (researchers) could collect their thoughts by audio recording. With the data analysis from the audio recordings, several major and minor themes were revealed.

After listening to and analyzing the audio recordings, the study findings revealed insights into nurses' thoughts about using EB fall prevention actions to reduce patient-specific fall risk factors and the strategies used to promote implementation. These thoughts indicated that the identification of patients' *specific* fall risks and use of fall preventions actions and programs to reduce the likelihood of patients' falling, changed the ways they helped patients from falling. In discussing their use of patient-specific fall prevention actions, nurses stated that it was the combination of the multiple patient-specific fall actions and the strategies that made the difference in their fall prevention practices. Nurses also stated that the use of fall prevention actions in three risk-factor categories: mobility (walking, exercising, etc.), toilet assistance, and medications (prescribed medicine) were very helpful. Nurses also said that there was increased awareness of monthly fall rates, and that it helped looking at fall rate charts. This is important because before this study, nurses stated that they used nonspecific fall prevention actions such as putting up signs on doors or in the patients' rooms. Nurses also stated that other research study tools were helpful: Change champions (specific nurses that promoted the use of the patient specific fall prevention practices), outreach by the study team, and coaching strategies from their managers and study team, and how these study strategies were constant reminders to know the specific risks for each patient.

To our knowledge, this is the first study that reports nurses' use of patient specific, EB fall prevention actions and programs that go beyond the use of nonspecific fall prevention actions.

These findings also present some possible links for current nursing practice, namely that successful patient fall prevention requires an individualized, patient-centered approach to meet the individual needs of patients; and, using these strategies for the prevention and reduction of patient

falls can not only improve patient safety, but also transform nursing practice as well.

**Marita G. Titler², Deleise S. Wilson¹, Mary Montie², Paul Conlon³, Margaret Reynolds³,
Robert Ripley³**

¹*Kettering College, OH, USA*

²*University of Michigan, Ann Arbor, USA*

³*Trinity Health, Livonia, MI, USA*

Publication

[Nurses' Perceptions of Implementing Fall Prevention Interventions to Mitigate Patient-Specific Fall Risk Factors.](#)

Wilson DS, Montie M, Conlon P, Reynolds M, Ripley R, Titler MG

West J Nurs Res. 2016 Aug