Fall Prevention

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Background

Patient falls are entirely preventable. Patient falls are also the second leading cause of accidental injury and mortality in the world (World Health Organization, 2018). These incidents plague our healthcare industries, and an effective method for prevention has yet to be uncovered.

In a clustered randomized controlled trial performed by Anna L Barker and associates (Barker et al., 2016), patients from a variety of hospitals across Australia were studied. Fall prevention tools such as high fall risk alert signs, staff supervision, toileting regimens, walking aides, low bed levels, and bed/chair alarms were used to support patient safety. The study found that despite the use of all of these fall prevention methods, there was no significant difference in the rate of in-hospital falls between the control group and the added fall preventions group. As a result, current fall prevention methods have no significant effect on increasing patient safety. There is an urgent need for modern solutions to slow the rate and severity of patient falls.

Another study surveyed physiotherapists as well as other healthcare professionals concerning their understanding and implementation of fall prevention strategies. Interviewees were randomly chosen from 6 different geopolitical zones. This study showed that only 64% of physiotherapists reported to practice fall prevention at a high level (Kalu et al., 2018). When a patient is admitted into a healthcare setting such as a clinic or hospital, they trust that they will remain safe. If our healthcare providers fail to recognize fall prevention as a priority, trends of fall-related injuries and morbidity will continue to rise worldwide. Not only will at-risk patient continue to be prone to bodily injury, but surgical complications, injury to staff members, and damage to clinic or hospital property will continue to complicate the healing process.

Significance

Inpatient falls can have serious effects on a patient's quality of life, bodily function, and financial resources. The biggest consequence hospitals experience from fall-related injuries during patient care are the expenses and legal responsibility. A study performed by Hoffman and associates (Hoffman et al., 2017) revealed the total fall-related injury expenses from a systemic review of Medicare's expenses in 2010. The results revealed that hospitals will spend anywhere from $5,500 to $43,000 American dollars per fall experienced during hospitalization. Hospitals are not the only one to experience financial burdens from patient falls. This same study showed that almost two-thirds of patients that sustained fall-related injuries in a hospital were later admitted to long-term care facilities. Between medical expenses, prolonged hospital stays, and long-term care, patient falls prove to be a large expense for both hospitals and patients alike.

When a patient experiences a fall-related injury in a hospital setting, the likelihood of requiring additional hospitalization increases drastically. Not only do prolonged hospital stays increase the expenses for both patient and hospital, but it also increases the risk of the patient developing a nosocomial infection. A study performed by Benenson and associates analyzed the cost benefit of infection prevention in hospitals. A university hospital was studied for an 18-month period, and nosocomial infections were recorded and analyzed. The study concluded that hospital-acquired infections cause a prolonged hospital stay, increase the cost of patient care, and increase hospital resource utilization (Benenson et al., 2020). As a result, the researchers determined that it was more cost effective to invest in fall and infection prevention than to cover the cost after each incident. Investing in fall prevention methods will decrease expenses and resource exhaustion as well as increase patient quality of care. Patient fall prevention methods

are currently ineffective and modern solutions are required to prevent the increasing expenses, risk for infections, and injury from patient falls.

References

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