

Table of Evidence: Fall Prevention in a Medical-Surgical Setting

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**PICOT Question**

In medical-surgical patients (P), does the implementation of evidence-based prevention practices (I) compared to current standard floor practice (C) minimize fall occurrences (O) within 1 month of a patient's hospital stay (T)?

**Table of Evidence**

<b>Study (Authors and date)</b>	<b>Methodology (design, participants, statistical tests)</b>	<b>Intervention</b>	<b>Level of Evidence</b>	<b>Outcomes</b>	<b>Implications for Practice</b>
Cuttler, S. J., Barr-Walker, J., & Cuttler, L. (2017).	A performance improvement study was conducted among adult medical-surgical in-patients' units in acute care hospitals. Four medical-surgical units in urban public safety net teaching hospitals were selected. Descriptive statistics of frequency and Bivariate statistics were all calculated	A 4-minute video was shown to patients. -The icons of individual patient risk factors together with interventions were set at patients' bedsides,	Level III	Falls declined 20% from 4.78 to 3.80 per 1000 patient days	Volunteer-administered video education can be used in a medical-surgical setting to reduce falls. There is inadequate evidence on the effectiveness of falls icons in falls preventions because they were never fully implemented in the study.
Davis, J., Kutash, M., & Iv, J. W. (2016).	In-room sitters and video monitoring were studied in two adults, medical-surgical units, through the use of evaluative research design, with a quasi-experimental approach. Participants included	Use of in-room sitters and video monitoring.	Level III	The use of in-room sitters and video monitoring are effective in reducing and preventing patient falls	Medical-surgical nursing units can use both in-room sitters and video monitoring to prevent patient falls.

	adult medical-surgical patients aged 18 years and above in the Cardiology unit and a 44-Neuroscience unit. Both descriptive statistics and independent samples t-tests were performed for analysis.			in medical-surgical nursing units. However, video monitoring is costly compared to in-room sitters.	
King, B., Pecanac, K., Krupp, A., Liebrecht, D., & Mahoney, J. (2016).	<p>A qualitative study was conducted using Grounded Dimensional Analysis to explore nurses' experiences with fall prevention in surgical medical hospital settings and the effect of those experiences on nurses</p> <p>A sample of 27 registered nurses and certified nursing assistants participated in this study. Axial, open, and selective coding was used to analyze data.</p>	Dependency on a bed and chair alarms to alert nurses when fall risk patients were moving.	Level VI	Nurses gave three main strategies for fall prevention falls: (a) Identifying patients at risk; (b) placing bed/chair alarms on patients; and (c) running to alarms.	The results of this study identified the unintended consequences of fall prevention messages on nurses. The findings can be used to encourage nurses to encourage fall prevention in a surgical medical setting.
Phelan, E. A., Aerts, S., Dowler, D., Eckstrom, E., & Casey, C. M. (2016)	<p>The study was conducted in an academic primary care clinic in the Pacific Northwest.</p> <p>The authors conducted a retrospective chart review to assess the extent patients aged</p>	A multifactorial approach and a structured visit note template	Level IV	<p>The evidence-based intervention approach reduced falls with the medical setting.</p> <p>- A structured</p>	A multifactorial approach is useful in the prevention of falls.

	<p>65 -95 years with a documented history of repeated falls received multifactorial risk assessment and interventions. Also, 116 patients met the inclusion criteria and were included in the study.</p> <p>-Frequency of assessment of fall-risk factors was conducted</p>			<p>visit note template facilitates assessment was likely to be used by nurses</p>	
<p>Quigley, P. A., Barnett, S. D., Bulat, T., &amp; Friedman, Y. (2016).</p>	<p>The study was conducted across inpatient medical-surgical units from 6 medical centers. The evaluation entailed both quantitative and qualitative methods. Data collected was used for quantitative analysis. Qualitative data were generated from face-to-face meetings.</p>	<p>An operational, strategic plan was developed and implemented to address falls and injuries prevention programs in six medical centers.</p>	<p>Level III</p>	<p>Expert faculty provided lectures on nurses can reduce falls and injury prevention.</p>	<p>Continued efforts to integrate measures to reduce serious fall-related injuries can be effective measures.</p>
<p>Walsh, C. M., Liang, L.-J., Grogan, T., Coles, C., McNair, N., &amp; Nuckols, T. K. (2018).</p>	<p>Existing data was used to establish the rates of falls after the implementation of a multifaceted fall program. Piecewise negative binomial regression was used to evaluate temporal trends in injuries.</p> <p>All statistical</p>	<p>Reorganizing the Falls Committee; improving fall reporting; increasing scrutiny of falls; instituting hourly nursing rounds; standardizing fall prevention</p>	<p>Level V</p>	<p>The primary outcome measures were falls per 1,000 patient days. The secondary outcome was injury falls</p>	<p>A multidimensional fall prevention program can be useful in reducing falls.</p>

	analyses were conducted with SAS 9.3.	equipment; routinely investigating the root causes of falls; instituting hourly assessment and mitigation of fall risk; educating patients about fall risk		The crude fall rate declined from 3.07 to 2.22 per 1,000 patient days, while the injury falls reduced from 0.77 to 0.65 per 1,000 patient days.	
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