

Assessment 5: Synthesis of Evidence Substantiating a Practice Gap

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Synthesis of Evidence Substantiating a Practice Gap

Falls among patients represent an enormous concern for many care facilities, often causing anxiety and distress for related family members, patients, and staff. Falls also cause fractures, lacerations, and internal bleeding among hospitalized patients. A fall is an unplanned descent to the floor that might or might not result in physical injuries. Patient falls are becoming a common problem because of the involved healthcare costs and risks to patients' well-being, especially elderly patients receiving treatment in different nursing care homes across the country. The Centers for Disease Control and Prevention (CDC) (2022) shows that about one out of every four adults (28%) aged 65 years and older report falling annually, and there are about 36 million falls recorded annually. In addition, about 37% of those who experience falls experience injuries that need medical treatment and restrict their activities. These falls increase healthcare utilization amongst the elderly and augment the costs involved in treatment as affected persons limit their activities due to loss of strength and independence. Hence, this review paper synthesizes five evidence-based research studies to substantiate the practice gap in patient falls at local and national levels and develop plausible interventions to alleviate the situation.

Critical Review of Literature

The first study assessed the implementation of a custom fall prevention program and its related facilitators or barriers. In their research, Carter et al. (2020) use the Fall Tailored Interventions for Patient Safety (TIPS) to identify increasingly dominant barriers and facilitators of adopting the Fall TIPS clinical decision-supported and patient-centered program. They interviewed 50 patients using focus groups and analyzed the findings using a conventional content analysis approach. Barriers identified included poor engagement practices, hoping for a "one size fits all" approach, and willfulness from patients in adopting the approach. Based on the

Johns Hopkins evidence-based practice for nurses and healthcare professionals' model, the evidence gathered from the study is a multisite qualitative study. This study features level VI evidence. More importantly, the researchers highlight a need to engage staff and partner with patients to assist healthcare facilities in adopting the Fall TIPS program.

The second research uses patients' perspectives to examine inpatient fall prevention. In their research, Radecki et al. (2018) studied patients' perspectives of prevention in a setting of acute care in designing different patient-centered approaches. The researchers try to understand fall risks and plausible prevention strategies in an area with limited research. They conducted semi-structured interviews to help comprehend patients' experiences through the perspectives of twelve patients in a healthcare center. Based on the Johns Hopkins evidence-based practice for nurses and healthcare professionals model, the evidence garnered from the study is qualitative. The research features level VI evidence. The researchers show that most programs involved in fall prevention often favor development plans led by clinicians and need to shift to become centered on the patients. Nurses need to develop relationships with patients and understand their needs. Overall, patient-centered approaches will help reduce dependence on bed alarms and adopt tactics that can help modify conditions leading to falls.

The third study assesses the impacts of fall prevention initiatives on elderly patients through a pragmatic observational study. Røyset et al. (2019) have a clear objective. While the research questions are not explicitly stated for the study, the goals are clearly stated. Notably, the researchers examine the impacts of a fall prevention program on patient fall rates, the culture of patient safety, and the perceptions of safety amongst patients. The conceptual framework for the research was absent. The researchers used a survey research design to report the study's results. However, the fall prevention program did not reveal a significant impact on patient safety and

the falling rate. The study features level II evidence, and the data quality from a large multisite is impeccable. Based on the Johns Hopkins critical appraisal tool, this study had a high-quality score and showed consistent expertise in concluding.

The fourth article uses a three-step intervention to help in reducing the risk of falls. Dykes et al. (2018) sought to prevent patient falls among patients who had been hospitalized. The researchers note that the study examined how to involve patients and their families in inhibition processes to help in reducing falls. The conceptual or theoretical framework for the analysis is not stated. More importantly, the research features level I evidence through a systematic literature review on relevant randomized controlled trials (RCTs). Key search terms for the systematic review included fall risk factors and fall prevention statistics amongst the elderly. The findings from the study depicted that patients need to be assessed, care plans must be personalized, and chosen interventions must be constantly applied. Based on the results, future research must address difficulties in adopting the three-stage prevention process to curb patient falls. Overall, the researchers used the assessment of multiple systematic reviews (AMSTAR) to appraise their evidence critically and ascertain the quality of data gathered.

The fifth research article examines the relationship between fear of falling, osteoporosis, and daily restrictions based on a sample of older adults in the immediate community. Meyer et al. (2019) highlight the lacking research to examine the association between fear of falling and osteoporosis among elderly patients. That said, the researchers determine whether these two variables relate. While the study's research questions are not explicitly stated, the aims are evident. Besides, the conceptual framework used by the researchers is not well-detailed. A cross-sectional survey was used for a community of 7,808 people. Multiple regression models on patients' lifestyles, socio-demographic profiles, and health-related facets determined the

association between both studied variables. The study features level III evidence. The results show that osteoporosis can be connected with the fear of falling, and more limitations in patients' lives and effective interventions are needed. Based on the John Hopkins appraisal tool, the research has evident expertise, provides scientific rationale, and draws definitive conclusions.

Synthesis of Literature

Different studies have examined the efficacy of fall prevention programs within nursing homes and offer pertinent evidence favoring and countering the adoption of the intervention. Falls lead to increased healthcare costs, extended stays, and preventable patient harm (Radecki et al., 2018). They lead to osteoporosis and fear of falling among the elderly, affecting their strength and independence and restricting their daily lives (Meyer et al., 2019). Still, no one size fits all measure can be applied to curb the occurrence of these patient falls (Carter et al., 2020). A successful program combines logical or technological interventions (lowering the heights of the bed or using bed alarms), cultural interventions (emphasis on the notion that preventing falls is multidisciplinary), clinical interventions (using a standard tool in risk assessment), and different environmental techniques (ensuring patients are hospitalized within the nurses' sight and adoption of nonslip floors) (Carter et al., 2020; Meyer et al., 2019; Radecki et al., 2018). Having patient-centered approaches reduces dependence on bed alarms and adopts procedures to improve conditions leading to falls. Røyset et al. (2019) note that effective fall prevention programs encompass modification and assessment of the environment, staff education, and individualized assessment that reduces the number of occurring falls. Based on the chosen approaches, patients need to be assessed, care plans must be personalized, and chosen interventions must be constantly applied (Dykes et al., 2018; Meyer et al., 2019; Røyset et al., 2019). Thus, having a fall prevention program will help mitigate the impact of the practice gap

and curb the incidence of falls for elderly patients at local and national levels. **A transition sentence needed here (MEAL Plan).**

Writing Feedback

The feedback provided has helped to improve current writing skills. For instance, it has assisted in producing a paper with minimal grammar, mechanical, and spelling mistakes by using Grammarly and other proofreading tools. The feedback from previous assignments focused on adhering to the MEAL plan of writing paragraphs, and the results are notable in helping to structure the current literature review paper effectively. Besides, insights provided by Bramer et al. (2018) have also been adopted in searching for evidence that would help substantiate the research gaps identified in the previous assessments. Based on garnered insights, it is possible to recognize existing research gaps and suggest future research areas. Based on the feedback, it is also possible to plan on improving writing by using these resources to advance the current academic writing skills. Implementing these changes also helped to improve the writing quality indicators identified in the previous feedback, such as in-text citations and referencing.

Conclusion

Elderly patients have multiple needs in healthcare that limit their physical, sensory, and cognitive functioning. All the measures used in fall prevention efforts need to be individualized. Thus, a successful program must include technological or logical, cultural, clinical, and diverse environmental interventions. The chosen program should be able to handle different underlying assumptions in multiple care facilities that the occurrence of falls is not necessarily preventable and is inevitable through practical measures. When implementing the program, buy-in should be obtained from all stakeholders involved, and their contributions should also be integrated into the implementation process.

References

- Bramer, W. M., de Jonge, G. B., Rethlefsen, M. L., Mast, F., & Kleijnen, J. (2018). A systematic approach to searching: An efficient and complete method to develop literature searches. *Journal of the Medical Library Association: JMLA*, *106*(4), 531–541.
<https://doi.org/10.5195/jmla.2018.283>
- Carter, E. J., Khasnabish, S., Adelman, J., Bogaisky, M., Lindros, M. E., Alfieri, L., & Dykes, P. (2020). Adoption of a patient-tailored fall prevention program in academic health systems: A qualitative study of barriers and facilitators. *OBM Geriatrics*, *4*(2), 1.
<https://doi.org/10.21926/obm.geriatr.2002119>
- Centers for Disease Control and Prevention (CDC). (2022, July 9). *Older adult falls reported by the state*. CDC. <https://www.cdc.gov/falls/data/falls-by-state.html>
- Dykes, P. C., Adelman, J., Adkison, L., Bogaisky, M., Carroll, D. L., Carter, E., ... & Yu, S. P. (2018). Preventing falls in hospitalized patients: Engage patients and families in a three-step prevention process to reduce the risk of falls. *American Nurse Today*, *13*(9), 8-14.
<https://www.falltips.org/wp-content/uploads/2018/09/Fall-TIPS-CE-American-Nurse-Today-September-2018.pdf>
- Meyer, F., König, H. H., & Hajek, A. (2019). Osteoporosis, fear of falling, and restrictions in daily living. Evidence from a nationally representative sample of community-dwelling older adults. *Frontiers in Endocrinology*, *10*, 646.
<https://doi.org/10.3389/fendo.2019.00646>
- Radecki, B., Reynolds, S., & Kara, A. (2018). Inpatient fall prevention from the patient's perspective: A qualitative study. *Applied Nursing Research*, *43*, 114-119.
<https://doi.org/10.1016/j.apnr.2018.08.001>

Røyset, B., Talseth-Palmer, B. A., Lydersen, S., & Farup, P. G. (2019). Effects of a fall prevention program in elderly: A pragmatic observational study in two orthopaedic departments. *Clinical Interventions in Aging, 14*, 145.

<https://doi.org/10.2147/CIA.S191832>