**NURS-6052** **Module 4 Assignment: Evidence-based Project Critical Appraisal Part 3**

Student Full Name

Institution Affiliation

Course Full Title

Instructor Full Name

Due Date

**Evidence-based Project Critical Appraisal Part 3**

Patient falls are adverse events that pose significant safety concerns by leading to prolonged hospitalization, increased care costs, deaths, and preventable patient harm. According to Jähne-Raden et al. (2019), individual factors like gait and balance disorders, vigilance disorders, neurodegenerative conditions like dementia and Parkinson's disease, and disorientation are primary risk factors for in-patient falls, especially in geriatric care settings. Equally, organizational issues, including the presence of slip hazards, a poorly-organized hospital environment, ineffective and deficient risk assessment practices, and a lack of patient monitoring activities, can exacerbate incidences of patient falls. Since healthcare professionals have an ethical and professional obligation to ensure patient safety and avert harm, they should embrace evidence-based strategies for preventing patient falls. The current scholarly research identifies various organizational-level and nurse-led strategies for preventing in-patient and out-patient falls. As a result, this paper is a critical appraisal of four articles that provide justifiable and proven interventions for fall prevention in different clinical contexts.

**A Critical Appraisal of the Selected Scholarly Articles**

Critically appraising evidence is a profound step of evidence-based practice (EPB). The primary objective of appraising evidence is to ascertain its relevance, consistency, and validity consistent with foreground (PICOT) questions. The clinical question selected in the previous assessment entails exploring the duty of each geriatric nurse in implementing fall prevention techniques to reduce the number of patient falls. As a result, identifying ideal evidence sources revolved around advanced and proven interventions for preventing falls. Upon leveraging keywords and subtitles to select scholarly articles, this search technique yielded four scientific studies; King et al. (2018), Radecki et al. (2018), Thomas et al. (2018), and Jähne-Raden et al. (2018). Each article provides insights into evidence-based strategies for preventing patient falls. They are current, peer-reviewed, and relevant to the foreground question. Finally, their findings are generalizable and transferable to different clinical contexts.

**Best Practice that Emerges from the Reviewed Research**

The reviewed research provides insights into different approaches for preventing patient falls. In a qualitative study, Radecki et al. (2018) describe the patient's perspective on fall prevention in an acute care setting. According to the researchers, patient fall assessments are vital in identifying fall risk factors. Nurses should develop meaningful relationships with patients during assessments and understand their priorities. Further, this study recommends creating patient-centered programs for assessing falls to reduce over-reliance on bed alarms. Other strategies identified in the study include maintaining safety precautions and alarms that notify clinicians about patients' movement.

Thomas et al. (2019) conducted a literature review to identify physical activity programs effective in increasing balance in the elderly. According to the researchers, resistance and anaerobic exercise, balance training, T-bow and wobble board training, and stability ball are ideal physical therapies for enhancing stability and mobility for the elderly. Other physical approaches for improving physical fitness are a Wii Fit training program encompassing yoga, downhill skiing, heading soccer, and game balls.

In a qualitative study, King et al. (2018) explore nurses' experiences with fall prevention in a hospital setting. According to the researchers, patient falls have multifactorial etiology that includes gait instability, fall history, environmental hazards, and staffing ratios. After reviewing responses from 27 RNs and CNAs, King et al. (2018) identified intense messaging from hospital administration, restricting patients' movement, and maintaining patients' physical strength and mobility as profound interventions for preventing patient falls. The study recommends a contingency plan that incorporates all these interventions.

Finally, Jähne-Raden et al. (2019) focus on a highly specialized solution for fall prevention and detection. This article explores the application of technology in preventing and detecting falls. The INBED system is a modular prototype consisting of wearable devices for detecting rising events, restlessness, fall, and high-risk areas. This system sends signals to nursing staff and seeks to eliminate the over-reliance on belt systems or bed rails that limit the patient's freedom of movement. This study recommends more research on the applicability of the INBED system to confirm its applicability in different clinical contexts.

**Conclusion**

Critical appraisal of evidence sources is a fundamental step for evidence-based practice because it allows researchers to understand the evidence's relevance, consistency, validity, and usability. In this paper, the selected articles provide information regarding the best practices for preventing patient falls. These interventions include alarm systems, risk assessments, improving patients' physical fitness and strength, and incorporating technological systems, such as the INBED system to alert clinicians of the imminent falls or restlessness events.

**References**

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