

Stakeholders engaged in patient fall prevention program essay samples

[Technology](#), [Development](#)



Implementation of a Patient Fall Prevention Program

Stakeholders are those groups or people who are responsible or have a particular interest in the prevention of patient falls in a hospital or a healthcare setting. The nurses, patient, and the family are stakeholders who are engaged in the patient fall prevention program. Nurses play an important role in the patient fall prevention program. It is the duty of the nurse to ensure that the patient is safe and secure. The nurse aide would assist the nurse in the evaluation and documentation of the patient's environment, tasks and plan. The treating medical provider review specific types of rehabilitation therapy for the patient. The treating medical provider would also be engaged in reviewing medications and including activity for patients. The medical provider would also make necessary changes in the treatment interventions of the patient. The pharmacists would review and recommend alternative medications for the betterment of the patient. Physical or occupational therapist plays a key role in the patient fall prevention program. (Fitzpatrick, A. 2011).

Patients with moving disability or impaired communication are dependent on nursing professionals. The absence of a nurse in such cases would have negative impacts on the outcomes of the program. Patients need to be educated about the environment of the hospital or healthcare setting.

Education and awareness of patients would play an important role in patient fall prevention program. The patient's family to some extent can be part of the patient fall prevention program. It is important that the patient, nurse and the family are educated and made aware of the risk and prevention of patient fall interventions. They are involved in making recommendations for

adaptive equipment or assistive devices. They would also assist and provide the patient with new skilled therapy for better performance. (ACSQHC, 2009). The paper would also talk about the blockages and the strategies to combat those blockages in the patient fall prevention program. The paper also highlights the organizational, systems and changes theory associated with the nursing framework.

Specific persuasive arguments

Patient falls are preventable. Proper implementation of the patient fall prevention program can reduce the risk of patient falls to a significant extent. The strategy of the program should cover all major aspects of the patient and the healthcare setting. The patient's clinical history, the environment of the healthcare or hospital setting should be evaluated. Prior to the implementation of the patient fall prevention program, it is important that the nurse records and documents all essential risk factors. Thorough discussion with the administrative staff would ensure a well-planned patient fall prevention program. The nurse should discuss about the budget or finance for the program well in advance. The training of staff members, changes in the hospital or healthcare environment, and the expected costs for the program should be discussed and documented for future reference. (Child, S., et al; 2012)

The success of the patient fall prevention program is associated with the support from all stakeholders of engaged in the program. The patient is the primary stakeholder of the program. It is important to understand the negative impact of a patient fall. The loyalty and support received by the

stakeholders will have positive impacts in the program. As mentioned earlier, the entire program is dependent on the patient's support throughout the program. Since the program is entirely based on the patient, it is important that he or she rules this project as necessary and beneficial. Patient education throughout the program is highly recommended. Reassurance about the benefits of the program is given to the patient after successful participation. Nurses would also play an important role in the success of the program. Nurses would note down patient feedback and the amount of falls after the commencement of the program. Nurses would help the patients at all stages of the fall prevention program. The nurse would bridge the communication gap between the patient and the staff of the fall prevention program. Lastly, the administrators would support the program by altering the policies associated with the program. (Child, S., et al; 2012)

The anticipated blockages and strategies to employ to combat blockages.

Lack of patient education, untrained staff and unplanned healthcare environment are the main blockages of a patient fall prevention program. The lack of patient education is associated with minimal co-operation from the patient. At some instances, patients may feel embarrassed and conflicted during the course of the program. Effective communication between the nurse and the patient is highly recommended. The success of the program is associated with the complete participation and co-operation from the patient. Interactive sessions with the patient's family would ensure patient participation to some extent. The patient should be educated about the consequences of a fall. Effective communication with the patient

encourage him/her to participate in the program efficiently. Thus, patient education is vital in the success of a fall prevention program. (Child, S., et al; 2012)

It is important that all staff members are trained to handle aged, sick and disabled patients. A well trained staff is said to reduce patient falls by 45%. Training staff members like nurses, treating medical provider, and physical therapist could reduce the number of patient falls to a significant extent. Educating patients about the current healthcare or hospital setting would prevent falls to a significant extent. The inclusion of patient education would ensure that the patient is aware of the equipment in and around the hospital. The patient would become independent, confident and reliable after the implementation of patient education. Lastly, the environment or the organization of the hospital setting would have a great impact on the patient fall prevention program. A well-organized hospital setting would ensure patient safety and minimal risks of patient falls. (Child, S., et al; 2012)

Organizational theory: Organizational theory in nursing is associated with how the organization is structured and how that structure would impact the effectiveness, efficiencies, and productivity of the organization. In regards to the nursing framework, the organizational theory would focus on the healthcare facilities and the benefit of patients. The organizational structure in the nursing framework would include the department heads, technicians, operational managers, the executive and the nurse. Each person should understand his/her role to improve the healthcare facilities. The main goal of the organizational theory is the benefit of patients. The organization theory would help a nursing professional to understand the needs of the patient

with respect to the healthcare facilities. The successful application of the organizational theory would ensure better patient care. (Fitzpatrick, A. 2011).

Systems theory: The systems theory was developed by Ludwig von Bertalanffy in 1936. The systems theory was based on generalization of different systems. It was associated with a self-regulatory or self-correcting system. In the nursing framework, the nurse would change a system based on self-corrective or self-regulatory assessments. It would help a nursing professional to build an efficient system within a healthcare facility. The theory is based on current nursing research. It has been applied in the development of current nursing theories.

Change theory: The change theory also known as the three stage theory was developed by Kurt Lewin. Kurt Lewin was considered to be the father of social psychology. The theory is based on three stages: Unfreezing, change and refreezing. Unfreezing is involved in 'let go of an old pattern' in the nursing framework. The change stage is involved in the acceptance of a new or evolved pattern. Refreezing is the combination of the two stages that would ensure a comprehensive pattern in the nursing framework. The change theory is considered to be the most influential and widely used in the nursing framework. (Fitzpatrick, A. 2011).

References

U. S. Department of Veterans Affairs (U. S. VA). National Centre for patient safety. 2004 tools kit. [Online]. 2004 . Retrieved: <http://www.patientsafety.gov/SafetyTopics/fallstoolkit>.

<https://assignbuster.com/stakeholders-engaged-in-patient-fall-prevention-program-essay-samples/>

Fitzpatrick, A. (2011). Best Practices for Falls Reduction. American Nurse Today. Pdf file. Retrieved: <http://www.americannursetoday.com/assets/0/434/436/440/7364/7542/7544/7634/4e4e7c0a-fddc-498a-9e6b-2f8736c36adb.pdf>

Implementation Guide for Preventing Falls and Harm from Falls in Older People. Best Practice Guidelines for Australian Hospitals and Residential Aged Care Facilities.(2009). The Australian Commission on Safety and Quality in Health Care (ACSQHC). Pdf file. Retrieved: <http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/30567-Guidelines-ImplementationGuide1.pdf>

Child, S., Goodwin, V., Garside, R., Hughes, J., T., Boddy, K., & Stein, K. (2012). Factors influencing the implementation of fall-prevention programmes: a systematic review and synthesis of qualitative studies. Implementation Science 2012, 7: 91. Retrieved: <http://www.implementationscience.com/content/7/1/91>