Update: A Comparative Analysis of Multi-Factorial Fall Prevention Intervention on Patient Falls on a Transplant Unit

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Background
- Inpatient fall related injuries cost more than $19 billion/year
- Evidence supports that multi-factorial interventions work best in fall prevention
  - TSU trialed several interventions with limited success.
- Adherence to safety instruction is a major contributor.
- Different perceptions about what is told & tolerated to wait for help
- Inpatient fall related injuries cost more than $19 billion/year (Schlenk & Boehm, 1998).

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Summary
- Patients who fell (60 years + 13) were 5 years older than those without a fall (p = 0.0000).
- 15 patients fell
- 3/15 confused
- 21 confused patients did NOT fall

Conclusion
- Using a structured process seems to be successful in hardwiring the fall prevention plan.
- Partnering for fall prevention empowered families in patient safety.
- Preliminary findings support a reduction in total falls and falls with serious injury.

Implications
- Future research should include qualitative designs exploring why patients disregard instructions and experience multiple falls.

References
- Research, 122(2), 138-144.