PICOT Question and Literature Search

Sirena A. Bruce RN

Grand Canyon University: NRS 433V-0503

February 16, 2020

“FALLS IN AT-RISK GERIATRIC POPULATION IN THE HOSPITAL/SKILLED CARE SETTING-DOES HOURLY ROUNDING AFFECT INCIDENCE OF FALLS DURING HOSPITALIZATION?”

 Falls is a major health morbidity of geriatrics. 30% of this population suffer injury from falls such as broken hip or death, requiring immediate medical attention. Fall prevention is necessary due to increased impact of hospital care costs, substantial change in social life and independency. (Liddle, et.al). No matter what, the older population should be supervised to some degree. As people older, we are at greater risk for falling and strategies can be developed to prevent dependency and depression due to social impact from falls. (Talarska, et. Al) Many practices can be utilized to prevent falls in facilities, gut it should not be the primary goal. Falls and fall related injury in the hospitalized setting is a persistent problem that warrants immediate attention. Fall prevention and keeping all patients safe does not require expensive equipment based on research. Rounding hourly more often than not, tends to decrease incidence of falls in the geriatric population based on research. Geriatric patients should be the center focus of nursing care and safety since they are the most vulnerable to injury and demise in these acute care settings. Hospital staff and management has failed to keep this population safe because falls and injuries related to falls continue to be the number one cause of disability and death in geriatrics.

MY PICOT QUESTION:

In the hospital setting/skilled-care settings, are geriatric patients who are at risk for falls; does hourly rounding compared with rounding every two hours affect the incidence of falls during hospital stay?

P-geriatric patients at risk for falls

 (in hospital/skilled-care settings)

I-comparing hourly rounding

C-to rounding every two hours

O-affect incidence of falls

T-during hospital stay

REFERENCES:

Liddle, Jeannine; Lovarini, Meryl; Clemson, Lindy; et al. (August 03, 2018). Making

 fall prevention routine in primary care practice: perspectives of allied health

 professionals. Retrieved from [www.bmchealthservres.biomedcentral.com](http://www.bmchealthservres.biomedcentral.com)

Talarska, Dorota; Strugata, Magdalena; Szewczyczak, Marlena; Tobis, Slawomir; et.

 Al. (March 14, 2017). Is Independence of older adults safe considering the risk of

 falls? Retrieved from [www.bmcgeriatr.biomedcentral.com](http://www.bmcgeriatr.biomedcentral.com).

Agency for Health Research and Quality. (January 2013). Which fall prevention

 practices do you want to use? Retrieved from [www.ahrq.gov](http://www.ahrq.gov).

Quigley PhD RN, Patricia A; White PhD RN, Susan V. (May 13, 2013) Hospital-

 based fall program measurement and improvement in high reliability

 organizations. Retrieved from [www.oji.nursingworld.org](http://www.oji.nursingworld.org). OJIN: The journal

 of issues in nursing vol 18, no 2, manuscript 2.

Dykes DNSc RN, Patricia C; Caroll PhD RN APRN FAAN; Middleton MD MPH

 MSc, Blackford. (June 2009). Why do patients fall in acute care hospitals fall?

 Can falls be prevented? Retrieved from [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

Goldsack MChem MA MS, Jennifer; Mascoli MS BSN RN, Susan, et al. (February 2015). Hourly rounding and patient falls: What factors boost success? Retrieved from www.researchgate.net.