Fall Prevention: An Educational Program to Improve Practices

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Background

- Falls are a serious problem for hospitalized patients, resulting in injuries, longer hospital stays, and even death.
- It is estimated that over 84% of all adverse events in hospitalized patients are related to falls.
- Fall risk has been reduced in studies where inter-professional team members were actively engaged in fall risk reduction efforts.
- This review is to determine the accuracy of instruments for detecting fall risk and predicting falls in acute hospitalized patients.

Practice Change

- Registered nurse's will determine which scale more accurately represents a patient's fall risk according to the primary nurses' judgment.

Methods

- Provided education on the Schmid scale as an alternative way to assess fall risk.
- Recruited nurses to select one of their patients to assess according to both the Conley and Schmid scales.
- Provide nurses with surveys and questionnaires to compare results.

Measures

Conley Scale

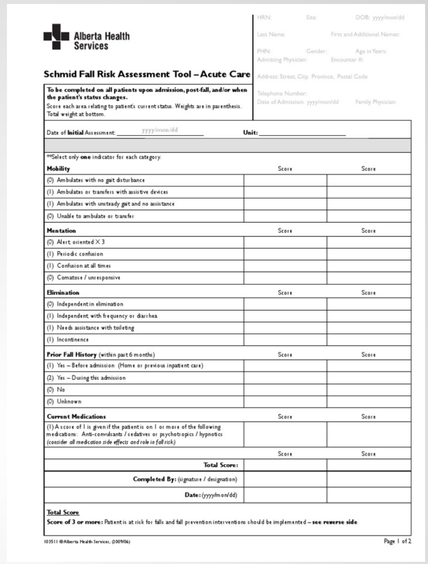
History
- On admission, history of falling in last 3 months (2)

Observations
- Impaired judgement/lack of safety awareness (3)
- Agitation (2)
- Impaired gait, shuffle/wide base, unsteady walk (1)

Direct Questions
- Do you ever experience dizziness of vertigo? (1)
- Do you ever wet or soil yourself on way to BR? (1)

Scoring: Score of 2 or greater or a fall during hospitalization should initiate fall prevention strategies.

Schmid Scale



Alberta Health Services

Schmid Fall Risk Assessment Tool – Acute Care

To be completed on all patients upon admission, post-fall, and/or when the patient's status changes.
Score each area relating to patient's current status. Weights are in parenthesis. Total weight at bottom.

Date of **Initial** Assessment: _____ yyyy/mm/dd **Unit:** _____

**Select only one indicator for each category.

Mobility	Score	Score
(0) Ambulates with no gait disturbance		
(1) Ambulates or transfers with assistive devices		
(1) Ambulates with unsteady gait and no assistance		
(2) Unable to ambulate or transfer		
Mentation	Score	Score
(0) Alert, oriented X 3		
(1) Periodic confusion		
(1) Confusion at all times		
(2) Comatose / unresponsive		
Elimination	Score	Score
(0) Independent in elimination		
(1) Independent, with frequency or diarrhea		
(1) Needs assistance with toileting		
(1) Incontinence		
Prior Fall History (within past 6 months)	Score	Score
(1) Yes – Before admission (Home or previous inpatient care)		
(2) Yes – During this admission		
(0) No		
(0) Unknown		
Current Medications	Score	Score
(1) A score of 1 is given if the patient is on 1 or more of the following medications: Anti-convulsants / sedatives or psychotropics / hypnotics (consider all medication side effects and role in fall risk)		
	Score	Score
Total Score:		
Completed By: (signature / designation)		
Date: (yyyy/mm/dd)		

Total Score
Score of 3 or more: Patient is at risk for falls and fall prevention interventions should be implemented – **see reverse side**

Results

	YES	NO
Do you feel the Conley Scale is accurate in assessing a patient's fall risk?	4	3
Do you think a fall scale contributes to patient safety?	5	2
Had you heard of the Schmid fall scale before reading the education handout?	0	7
Is one scale a better predictor than the other?	5	2
Do you think implementing a new fall scale would help decrease falls on the unit?	4	3

Sample size: 7
All seven participants indicated that the Schmid scale better predcted their patient's fall risk.

Summary/Discussion

- The only significant difference between the two scales was that the Schmid scale included medications.
- 4:3 thought the Conley scale was accurate to those who thought it was not
- All surveyed RNs thought the Schmid scale was a better predictor, yet there was no significant findings for whether the RN's believed implementing a new scale would decrease falls or not
- According to these findings it would suggest that implementing the Schmid scale could be helpful

Limitations

- Small sample size
- After our project was initiated, EMMC switched the fall scale used on the inpatient floors so the Conley scale does not apply anymore

Conclusion

- This project compared a new fall scale with our hospitals old fall scale, so it does not pertain to our practice today
- A new project should be implemented to compare fall rates with our old scale and our new scale to verify that we are making progress towards safer inpatient floors with less falls!

References

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