Patient Care Services / Nursing

Impact of Fall Risk Assessment Tool Education on a Medical-Surgical Unit

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BACKGROUND / INTRODUCTION

- Falls are the 2nd most frequently reported adverse event, resulting in
  - decreased patient outcomes
  - increased LOS/cost (Fisher et al., 2014)

- Number of falls per FY is a LVHN QI measure

- Variation among individual patient fall scores on 6K → Critical assessments and resulting interventions are being overlooked
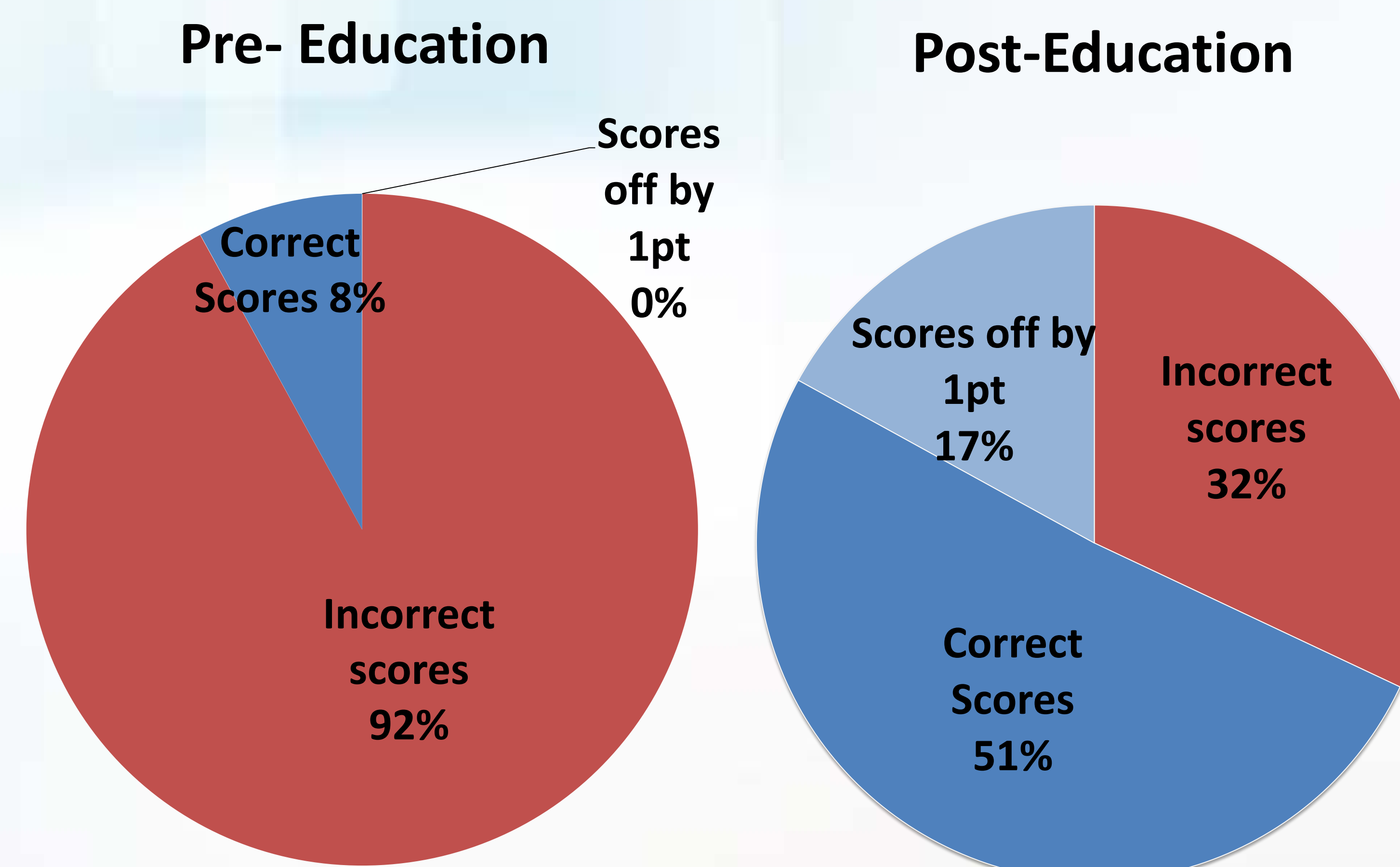
PICO QUESTION

- Do inconsistent fall scores by Medical Surgical nurses lead to decreased awareness of patients' risk for falls, leading to missed fall prevention opportunities?

EVIDENCE

- Fall risks assessed by nursing judgment are unreliable and vary depending on nurse experience level (Flarity, K., Pate, T., & Finch, H., 2013)

- An educated staff and the "transfer of knowledge to practice" is necessary for providing quality care (Lee, Staffileno, and Fogg, 2013)

- Academic detailing and verbal messages were most preferred educational methods (Caton et al., 2011) (Tzeng & Yin, 2014)

- Improved accuracy of fall risk assessment and compliance with policy was found after educational interventions (Kitchen, 2014)

- EMR can be used successfully to provide cues (Caton et al., 2011)

METHODS & OUTCOMES

- 20 pre-intervention chart audits were completed and a case study was distributed to nursing staff

- Educational review included: 1:1 detailing reviewing, CPM Fall Risk Tool assessment points, and common high fall-risk medications

- Reference sheets were hung at the nurses" work stations to reinforce education

- 20 post-intervention chart audits were completed, and a follow-up case study was distributed

Pre- Education
Correct Scores 8%
Scores off by 1pt 0%
Incorrect scores 92%

Post-Education
Scores off by 1pt 17%
Incorrect scores 32%
Correct Scores 51%

RESULTS/CONCLUSIONS

- Chart audits showed fall score accuracy improved → standard deviation (SD) decreased from 4.7 to 1.1

- Pre- and post-education case studies improved → 15% to 65% overall accuracy, SD decreased from 2.62 to 1.87

- Accurate fall scores lead to heightened nurse awareness and appropriate use of fall prevention measures

PRACTICE CHANGE

- Utilize "FYI" flag for patients with a history of falls
  - Add to unit admission checklist for accountability
  - Utilize FYI TLC education to disseminate network wide

- Assess and document fall risk upon return from procedure

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