Introduction

• In 2005 Joint Commission set a National Patient Safety Goal that all patients need to be assessed for falls risk
• Fall related injuries cost $1.08 billion annually
• It is estimated that by 2020 fall related injuries will cost close to $85.37 billion
• Medicare & insurances won’t pay injuries related to falls making hospitals reliable for the costs

Currently we use the Hendrich scale to assess for falls risk

PICO Question

P : HVPCU
I: Assessment of falls risk
C: Common fall assessment scales
O: Decreased rate in falls on our unit

Question:
• Is our current falls assessment tool placing the appropriate patients “at risk” for falls?
• Is there a better assessment tool?

Methods

• Performance of a literature review
• Utilization of databases including: CINAHL, Ovid, Health Source: Nurse/Academic Edition, Medline, & Science Direct
• Assessment of 21 patients with 3 individual falls assessment tools
• Comparison of 21 patients’ results

Results

Articles:

• 10 fall assessment scales reviewed: Hendrich, Morse, Conley, Falls & Injury Risk Assessment Tool/NY Presbyterian, Spartenburg Fall Risk Assessment tool, STRATIFY, etc
• There is no significant data to recommend any one scale
• However, the Hendrich, Morse, & STRATIFY scales showed the most promise

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<thead>
<tr>
<th></th>
<th>No Risk or Standard Risk</th>
<th>Low Risk</th>
<th>High Risk</th>
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</thead>
<tbody>
<tr>
<td>Morse</td>
<td>7 out of 21</td>
<td>9 out of 21</td>
<td>5 out of 21</td>
</tr>
<tr>
<td>Stratified</td>
<td>4 out of 21</td>
<td>17 out of 21</td>
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</tr>
<tr>
<td>Hendrich</td>
<td>5 out of 21</td>
<td>16 out of 21</td>
<td></td>
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</tbody>
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Conclusions cont.

• The Morse Scale groups patients into three different categories
• Thus singling out only a minority of patients as being at a higher risk of falling
• The Hendrick scale is too inclusive identifying too many patients as being a high risk
• Hendrick scale lacks differentiation between low and high risk fallers

References


