Title:
Evaluating Differences of Implementing Fall Prevention Strategies on Low and High Risk of Falling Inpatients

Yueh-Li Yu, MSN
Department of Nursing, Kaohsiung Medical University, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan
Shu-Yuan Lin, PhD
College of Nursing/Department of Nursing, Kaohsiung Medical University/Kaohsiung Medical University Hospital, Kaohsiung, Taiwan

Session Title:
Research Poster Session 1
Slot (superslotted):
RSC PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM
Slot (superslotted):
RSC PST 1: Friday, 28 July 2017: 12:00 PM-1:30 PM

Keywords:
Fall Prevention Strategies, Falling risk and inpatients

References:


Abstract Summary:
The result has shown existed differences between high-risk and low-risk inpatient in implementation of fall prevention strategies. There’s still an improvement room for nurses to select and consider fall prevention strategies, and that would be a reference for further studying of fall prevention strategies.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will be able to understand the differences of implementing fall prevention strategies between the two groups of high and low fall risk inpatients.</td>
<td>Six fall prevention strategies were implemented 100% for both group patients, they were “optimize environmental safety,” “regular equipment and aids maintained,” “obtain details of previous fall to determine</td>
</tr>
</tbody>
</table>
Abstract Text:

Purpose:
To investigate the differences of implementing fall prevention strategies between the two groups of high and low fall risk inpatients.

Methods:
This is a prospective survey study. Data collected from a convenience sample. A total of 380 inpatients were recruited from 12 medical / surgical wards in a medical center located in south Taiwan. Inpatients selected in this study were met criteria of having an age above 20 years old, admission to hospital within 3 days, and fall risk as identified by the Hendrich II scale (Fall Risk Score ≥ 5). Inpatients were excluded if they were long-term bedridden, severe/ moderate impaired without ambulation capability, and critical ill or absolutely bed rest by doctor orders. Structured questionnaires including personal demographic information, the Hendrich II scale, Peninsula Health-Fall Risk Assessment Tool (PH-FRAT), of which composed the “risk factor checklist” and “strategies for patients at risk of falling”. Questionnaires and intra-hospital electronic information system were used to collect data and this survey conducted during Nov 5, 2015 to Feb 26, 2016. Totally 375 valid questionnaires were analyzed. Descriptive statistics and Chi-square test are done via SPSS 19.0 software.

Results:
Results: The mean age was 69.1 years old for all inpatients. Approximately 60% of inpatients were male, and 71% admitted to medical wards. Patient who had a score higher than 11 on the risk factor checklist of the PH-FRAT was assigned to the high risk group (23.8%). Their counterparts were assigned to the low risk group (76.2%). Six fall prevention strategies were implemented 100% for both group patients, they were “optimize environmental safety,” “regular equipment and dynamic assistance maintained,” “obtain details of previous fall to determine any pattern,” “document in nurse care plan,” “place fall alert identifier in chart and nurse care plan,” and “medication review in the last month”. Not any patient in two groups received the following fall prevention strategies: vision or hearing tests within the last year, communication with gestures, cues and assistances from family members, referral to speech therapists, evaluation an appropriate incontinence management plan and referral to urologic or gynecological clinics. Results of Chi-square tests showed there were significant differences of eight fall prevention strategies implementing between two groups. They were: ensure the wheelchairs as safe (p=.04), evaluate causes of a patient’s anxiety and agitated behavior (p <.01), referral to dietitian (p <.01), offer nutritional supplement (p <.01), monitor the heights of beds and chairs (p <.01), consider removal of gait aid if patient consistently used in unsafe manner (p <.01), and consider engagement in physical activities or other activities (p <.05).
**Conclusion:** The results showed there were differences existed on implementing fall prevention strategies between inpatients with high falling risk and low falling risk. The high risk group received more fall prevention strategies than the low risk group. Fall prevention strategies, of which had not received by any patient, deserved more concern. Eight fall prevention strategies that implemented differently between two groups needed more attention. An improvement of selecting appropriate fall prevention strategies in nurses is suggested. The results would be a reference for training nurses to consider the feasibility of fall prevention strategies in the future.