Deriving a Model for Predicting Hospital Falls

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Purpose
• Derive and validate predictors of falls by identifying criteria responsible for falls.
• Compare research findings responsible for falls with current fall scales.
• Increase awareness with bedside nurses of patients most at risk for falls.

Background
• Annually, 700,000 to 1,000,000 people fall in hospital in the US; 1/3 resulting in injury.
• Single fall = $14,000 hospital costs, adding additional 6.3 days in typical hospital stay.
• St. Joseph Hospital had an increase in falls in 2019, with 178 patients. 12 patients had a telesitter initiated after fall.

Methods
• Validation study with retrospective cross-sectional chart review
• Patients admitted inpatient units during CY 2018-2019 and screened for risk for falls using Morse Falls Scale
  • 1,247 randomized chart audits
  • 318 patients have fallen during admission.
• Descriptive statistics, Continuous, Categorical variables, and Bivariate Analysis

Results
• Patient Demographics (p<0.0001):
  • Male, Age 41-64, length of stay more than 5 days and Neurology diagnosis
• Patient Mood (p <0.0001):
  • Withdrawn, Restless, Anxious, and Agitated at most risk.
• Patient Activity (p <0.0001):
  • Wandering, attempt to get out of bed, pulling on medication equipment
• Patient Symptoms (p <0.0001):
  • Vision Impairment and Dizziness.
• Medications (p <0.0001): Sedatives, Anticonvulsants, Antipsychotics, and Anticoagulants.

Discussion
• Dizziness / vertigo are 7.2 times more likely present for a patient to fall.
• Model predicting 82% of falls.
• Results demonstrated 2-level “high” Morse Fall Risk, with score greater than 65, double the risk of falling than those scoring 45-64.
• Limitations: missing chart documentation and subjective data collection

Implications for Practice
• Policy and Procedure changes to low, medium, and high fall risk interventions
• Nurse education and patient safety
• Improve hospital budget through decrease in falls
• Utilize data collected to develop Model for Predicting Falls

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