

Massachusetts Organization of Nurse Executives Best Practices for Fall Prevention May 2008

Gray-Miceli, D. (2007). Fall Risk Assessment for Older Adults: The Hendrich II Model. *Try This: Best Practices in Nursing Care to Older Adults*.

- Fall Risk Assessment for Older Adult: The Hendrich II Model
Has a statistically significant relationship with patient falls-Odds Ratio 10.12-1.00. The Instrument is sensitive (74.9%), specific (73.9%) with interrater reliability measuring 100% agreement.

Salsbury Lyons, S. (2005). Evidence-Based Protocol. Fall Prevention for Older Adults. *Journal of Gerontological Nursing*. (11), 9-14.

- Identifying Risk factors: Using an assessment which identifies the greatest risk factors=greater fall risk
 - Fall History Review.
 - Fall potential assessment- “up and go test” to screen for gait and balance
 - Comprehensive Fall Evaluation-describe fall related circumstances
- Medication Modification-whenever possible reduce medications
- Exercise, gait and balance training, appropriate use of walking aids
- Toileting promotion
 - No research to support these interventions alone: environmental modifications, physical restraints.

Mezey, M. et al. (2004). Nurses Improving Care to Health System Elders (NICHE). *JONA*. (34)10. 451-457.

- Use of a Geriatric Resource Nurse Model-models best practice and provides nurses with strategies, resources, bedside consultation, and feedback. Improves nurse’s accuracy in assessment.

Neilsen, G. (2007) Webex Training. Reducing Harm from falls: Closing the Gap on Harm. Institute for Healthcare Improvement.

- For patients that are admitted with “history of falls” use a multifactor approach: combine interventions
- Hourly rounds with paying specific attention to comfort, safety, pain and toileting.
- Environmental assessment: decreasing areas for potential injury. Consider floor mats, hip protectors, adjustable height beds, medication review
- Communication of Risk to fall patients with the intention of creating more observation of patient from staff and family members and accurate handoff relating to the patient’s risk for fall.
- Chair, bed and Posey alarms
- Use a Fall Prevention and Injury reduction matrix (can provide). Changing the interventions according to the risk for fall and risk for injury.

Conedera, F. (2004). Therapeutic Activity Kits. *Try This: Best Practices in Nursing Care for Hospitalized Older Adults*. 1(4)

- Activity Kit for adults with dementia to communicate frustration, boredom, fear, loneliness and anxiety. This feelings if not relieved can cause resistance to personal care and wandering. Wandering can cause patient falls. This list of activities addresses what activities are good for stimulation and relaxation.

McCarter-Bayer, A et al (2005). Preventing Falls in Acute Care. *Journal of Gerontological Nursing*. (3) 25-33.

- Three primary components of fall prevention literature in order to build a protocol include: identification of the at-risk-patient, communication of fall risk to patient, family and staff, and interventions to prevent falls.
- Study reviews interventions that are covered by other literature. Promotes the importance of defining falls in order to benchmark data and monitor progress.

Eldridge, C. (2004). Evidence-Based Falls Prevention. A Study guide for Nurses.
HcPro

- Comprehensive study guide with nurse competencies. Covers a complete inpatient fall protocol.