Problem: Which fall risk tool is most accurate in identifying hospitalized adult patients at risk for falling?

Evidence: Patient falls are the most frequently reported adverse event in hospitals today. With an aging population it is reasonable to assume the challenges related to patient falls will only continue to escalate.

Strategy: The strategy was to standardize nursing practice for fall prevention across a 14-hospital healthcare system based on current best evidence in order to provide a process baseline for the evaluation of improvement interventions.

Practice Change: The practice change first involved the evaluation of published research to identify the most accurate fall-risk tool for selection and use in standardizing practice.

Evaluation: A meta-analysis of published research was performed to evaluate and compare the accuracy of five fall-risk screening tools: Morse Fall Scale (MFS), Hendrich II Fall Risk Model, Schmid Fall Risk Assessment Tool, The Johns Hopkins Hospital Fall Risk Assessment Tool, and the St. Thomas’s Risk Assessment Tool (STRATIFY). Meta-analyses combine the results of similar studies in order to obtain a larger sample size thereby allowing valid conclusions to be drawn on the totality of the research evidence.

Results: Based on the available data, two fall-risk tools were identified as being the most accurate – MFS and STRATIFY. Some tools targeted for inclusion in the meta-analysis did not have sufficient research publications or obtainable data to be included.

Recommendations: Use of the MFS or STRATIFY is similarly accurate for use in clinical practice to identify adult patients at risk for falls.

Lessons Learned: 1) Meta-analysis is a useful methodology for evaluating current evidence when variation of the same practice is recommended in the literature. 2) It is imperative that published research include pertinent data as publications are sometimes lacking in data sufficient to perform meta-analyses and non-published data can be impossible to obtain. 3) Fall risk tools would be more beneficial if they included evidence-based interventions related to specific fall risks.

Bibliography