An Evidenced-Based Approach to Fall Risk Assessment and Management in an Outpatient Imaging Center: Morse Fall Scale Model

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Practice Concern

While the incidence of falls in the outpatient imaging center require an incident report, the outpatient imaging center does not currently have a tool to assess present concern for patient safety and incidence of falls, which presents a concern for patient safety.

Needs Assessment

Goal:
Identify patients at risk for falls to reduce fall incidences in an outpatient imaging setting
Objective:
1. Implement the use of the Morse Fall Scale to identify patients at risk for falls
2. Recommend a revised policy that would utilize the MFS to identify patients at risk for falls
3. Provide standardized guidelines for patients according to their fall risk score in outpatient imaging settings to promote safety
4. Decrease the incidence of falls in OPID
5. Comply with IOM initiative to promote patient safety

PICOT Question

Will the use of a fall risk screening tool, the Morse Fall Scale model, decrease the incidence of falls in an outpatient imaging center?
Will the current practice of simple observation without a standard screening tool be as effective in predicting falls as the MFS?

Literature Review

Databases: CINAHL, Journals @ OVID, MEDLINE and Cochrane
Search Terms: falls, fall prevention, fall risk assessment tools, and best practices
Publication Dates: Within in last five years
Findings:
  • MFS risk assessment tool shows efficacy in reducing falls; higher sensitivity in predicting falls, a high degree of internal consistency, and interrater reliability
  • Fill current gap in data on falls in-patient setting with little on outpatient data
  • Patients with previous history of falls, comorbidities, use of assistive devices, and cognitive limitations are at increased risk for falls, which are variables easily identified with the MFS tool

EBP Guidelines

Current Recommendations:
  • MFS Model use in outpatient imaging centers to identify patients at risk for falls
  • Standard guidelines (IOM) for patient safety and risk for falls
  • Standardized guidelines for patients that are identified at risk for falls
Future Recommendations:
  • Revision of policy to include use of the MFS to identify patients at risk

Theoretical Framework

Iowa Model of EBP
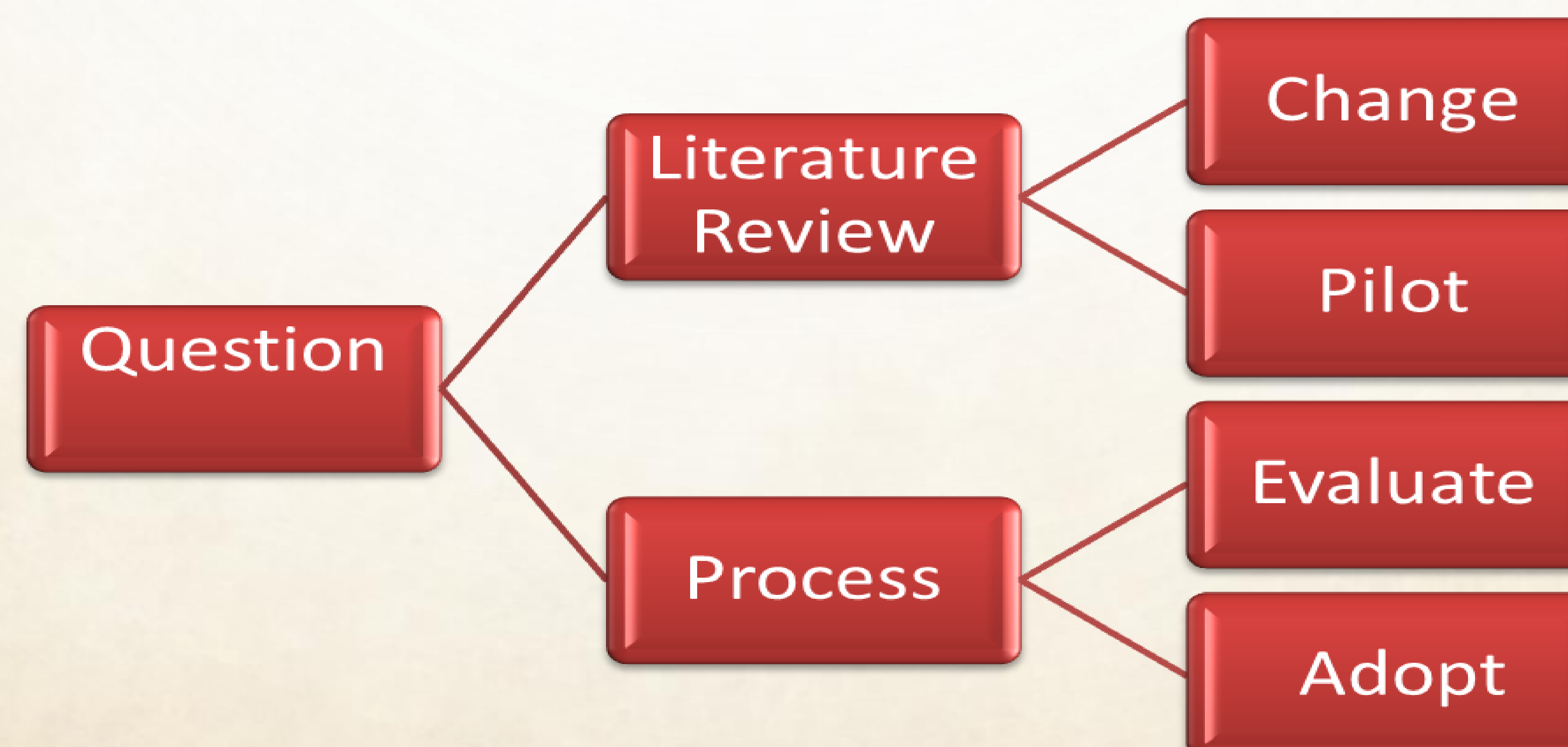
Implementation

The Iowa Model – used stakeholders and healthcare team to assure success for the project. Fall trends for OPID were reviewed for CY 2014. The MFS was completed upon patient registration. Fall risk scores of:
• 0-24 (**no risk**) require no interventions.
•Risk scores of 25-50 (**low risk**) require standard fall precautions and a yellow dot on patient's paperwork to highlight risk status.
•Risk scores $\geq$ 50 (**high risk**) require wheelchair or stretcher assistance with a yellow dot to highlight high risk status.
The EBP project, initiated in late August 2014, will be evaluated over a six month period and a policy will be implemented.

Evaluation

Two month evaluation of using the MFS, N550
  • 416 patients, 76% scored no risk for falls
  • 87 patients, 16% scored low risk for falls
  • 47 patients, 9% score high risk for fall
  • Zero falls during 2 month pilot study

One fourth of the population has been identified at risk for falls, prompting a need for a fall risk assessment tool to promote patient safety.

References

Available upon request.

Acknowledgements

I would like to thank the UHV School of Nursing Faculty, librarians, and technical support staff. In addition, I thank my family and friends for their continued support and encouragement.