



47TH ANNA NATIONAL SYMPOSIUM
MAY 1-4, 2016 ~ MARRIOTT LOUISVILLE &
KENTUCKY INTERNATIONAL CONVENTION CENTER, LOUISVILLE, KY

Incidence, Cause & Prediction of Falls: A Quality Improvement Project

Claire Taylor-Schiller, RN, BAN, Rice Memorial Hospital, Spicer MN

Eric Haugen, MD, Affiliated Community Medical Center, Willmar MN

Deb Buffington, RN, CNN, Rice Memorial Hospital, New London MN

Eric Torkelson, student, Grand Forks, ND

Carlos Franco Palacios, MD, Affiliated Community Medical Center, Willmar MN

The goal of our QI project was to identify how often falls occur in our dialysis population. We also tried to identify causes of each fall. Finally, we wanted to see if a strength assessment tool would retrospectively help us predict who is at risk for falls. In June 2014, nursing staff began to ask each patient if they had a fall since their last treatment. In order to establish fall frequency baseline, we did a retrospective chart review of each dialysis session for the months of March, April, and May. If a patient did report a fall, they filled out a fall form. This form attempts to identify the cause of falling. A chairside strength test was created to see if we could retrospectively predict who is at risk. In the screening phase of the project (March-May), 5 falls were self-reported. In the next 3 months with nursing inquiry, 22 falls were identified. Regarding etiology, a form focused on 4 possible causes for falls. The most common issue reported was weakness/body position with 19 falls.

Mechanical/environmental factors, such as tripping, were reported with 14 falls. We retrospectively developed a strength assessment tool that can be done chairside in dialysis to see if this helped us to assess fall risk. The results of the strength test showed a median score of 10 in those that had fallen vs a median score of 28 in those that had not; the difference was statistically significant ($p=0.033$). There are 3 conclusions. The 1st is that patients under-report falls. By including a question about falls in our nursing assessment, we became aware of a fall epidemic. The 2nd conclusion is that loss of core strength is the leading cause of falls based on patient report. 72% of factors contributing to falls may be related to loss of core strength. Finally, a strength test may determine who is at risk for falls. Strengthening programs to increase core strength may be a strategy for fall prevention.

Abstract selected for presentation at 47th ANNA National Symposium, Louisville, KY, 2016