Assessing the Risk of Falls in the Elderly in the Emergency Care Center – How does an RN Administered 2-question survey compare with a Patient Perception 3-question survey in predicting fall risk?

**BACKGROUND**
- By 2060, the number of Americans age 65+ will exceed 98 million.
- Falls are the leading cause of fatal & non-fatal injuries in persons 65 years and older; one out of every 4 elderly will fall - many requiring acute care.
- By 2020, Medicare costs to care for falls in this age group will reach nearly $68 billion dollars.
- Annually, St. Joseph’s Emergency Care Center (ECC) sees 25,000 patients who are over age 60.
- The ECC provides a unique primary prevention opportunity for early ID of geriatric patients who may be at risk for falls.
- The Joint Commission and MAGNET recognize the importance of patient safety and evidence-based practice.

**PURPOSE**
The purpose of this research study is to evaluate two falls instruments to determine if either is predictive in the geriatric population of falls in the six months following care delivery in the ECC.

Two research questions guide this study:
1. How does an RN administered two-question survey compare with a three-question patient perception survey in determining fall risk?
2. Does the RN administered or patient administered tool predict falls in the 2 to 6 months following the ECC visit?

**REFERENCES**
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**METHODS**
- IRB approved, descriptive study.
- Sample of Geriatric patients, age 65 and older.
  - Exclusion:
    - non-English speaking patients
    - in-patient admits
    - cognitive impairment
    - those being seen in the ECC for a fall or fall-related injury
- Setting: SJO ECC.
- Instruments:
  1. PLOS Screening Tool – a validated 3-question self-scoring tool w/emphasis on patient’s own perception of falling.
  2. Nurse administered two-question screening tool validated during a 2012 study in Australia.
- Procedure:
  - The information sheet was provided to those patients meeting criteria.
  - Phone numbers were collected from patients who agreed to participate.
  - The patient answered the PLOS screening tool; the principal investigator (PI) administered the verbal tool.
  - 2 to 6 months post survey, all screened patients will be contacted via telephone by the PI. They will be asked if they have experienced a fall since the visit, and if yes - the number and severity of falls.
  - Results of patient phone calls will be compared with each survey to determine predictive ability of each tool.

**RESULTS**
- 52 patients were surveyed.
- PLOS Screening Tool:
  - 30.7% reported falling in last 6 months
  - 40.3% said yes when asked if they may fall again in a few months
  - 65% said it was a “low” probability that they would fall again; only 11.5% reported a “high” probability of a future fall
- Nurse Administered Tool:
  - 23% reported 2 or more falls in the past year
  - 48% reported taking 6 or more medications on a daily basis

**IMPLICATIONS FOR PRACTICE**
- Ideally, the selected tool will be implemented in the St. Joseph’s ECC.
- Once implemented, additional interventions directed at addressing fall risk while in the ECC and/or notifying PCPs should be considered.

**CONCLUSIONS / DISCUSSION**
- Initial findings show nearly 1/3 of participants had a history of falling yet less than 12% perceive their fall-risk as being high. Consistent with national findings, nearly half of those surveyed take 6+ daily Rx’s.
- Telephone follow-ups are currently in progress to determine predictive ability and ultimately, tool selection for department.