



# Redefining Fall Risk Assessment for Rehabilitation Patients

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## Challenge

Rehabilitation patients are more susceptible to an increased risk for falls due to the very reasons they are in Rehab - altered elimination, poor mobility, generalized weakness, and altered mental status.

The UNC Rehabilitation Center had already implemented standard fall precautions used throughout the hospital, but we continued to have a high patient falls rate.

## Falls Prevention Committee

An interdisciplinary committee was formed to determine the underlying cause of our patient falls and to develop innovative strategies to reduce falls in our Rehab Center.

## Assessment

This Falls Prevention Committee determined that the currently used Morse Fall Scale was not sensitive enough to accurately determine the fall risk for the Rehabilitation patient population.

Since this scale indicated that *all* of our patients were at risk for falls, our staff needed to be alerted when a patient was at an even higher risk for falling.

Risk Factor	Scale	Score
History of Falls	Yes	25
	No	0
Secondary Diagnosis	Yes	15
	No	0
Ambulatory Aid	Furniture	30
	Crutch/Cane/Walker	15
	None/Bed Rest/Wheel Chair/Nurse	0
IV/Heparin Lock	Yes	20
	No	0
Gait/Transferring	Impaired	20
	Weak	10
	Normal/Bed Rest/Immobile	0
Mental Status	Forget Limitations	15
	Oriented to Own Ability	0

Morse Fall Score*	To obtain the Morse Fall Score, add the score from each category.
High Risk	45 and higher
Moderate Risk	24 - 44
Low Risk	0 - 24

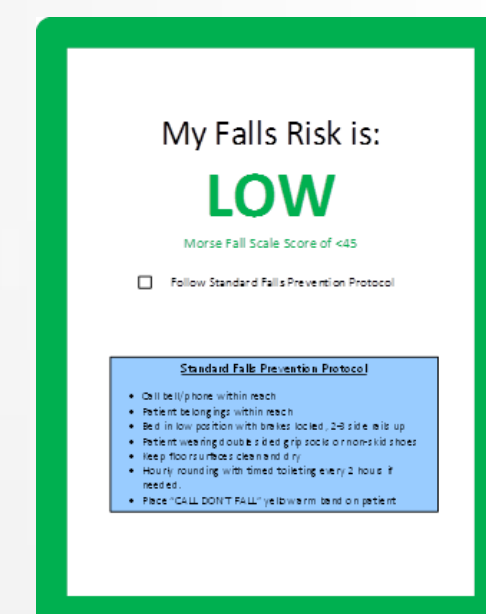
## Strategy

The committee's first suggestion was to create specific categories according to a high, medium, or low fall risk, based on the specific Morse Fall score.

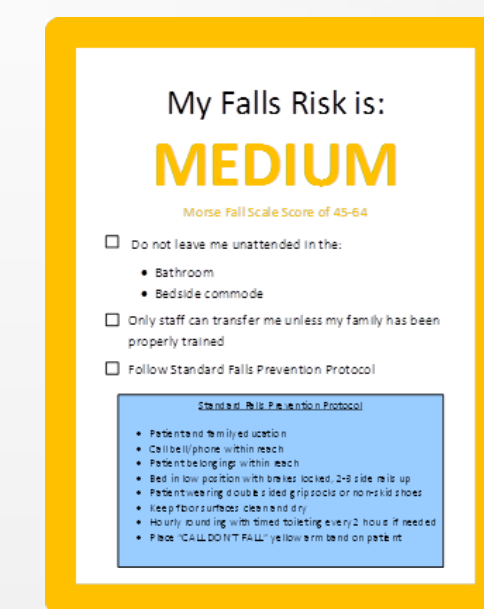
Signs posted above the patient's bed indicate the risk category and include instructions that correlate with the risk level so that all staff and visitors are able to understand the specific precautions required.

The signs were developed by the committee and reviewed by nursing staff in order to determine what content and layout would be most effective.

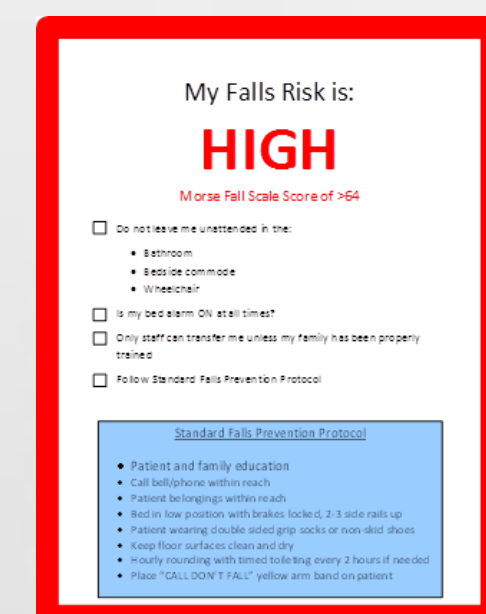
Nursing and therapy staff were educated through staff meetings and inservices, and the signs are currently in use for all Rehab patients.



- Follow Standard Falls Prevention Protocol

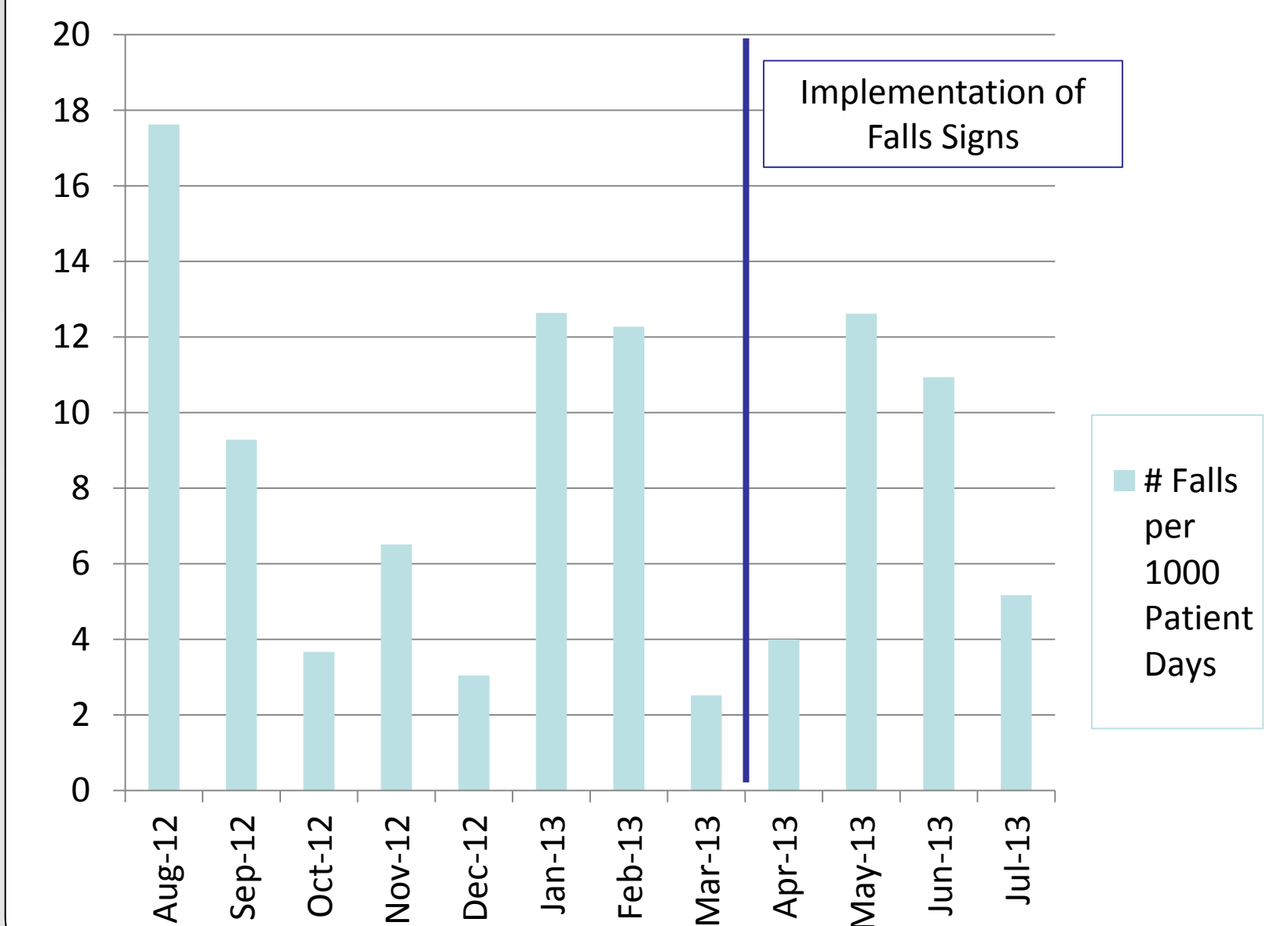


- Do not leave me unattended in the:
  - Bathroom
  - Bedside commode
- Only staff can transfer me unless my family has been properly trained
- Follow Standard Falls Prevention Protocol



- Do not leave me unattended in the:
  - Bathroom
  - Bedside commode
  - Wheelchair
- Is my bed alarm ON at all times?
- Only staff can transfer me unless my family has been properly trained
- Follow Standard Falls Prevention Protocol

Falls Rate Index – UNC Rehabilitation Center



## Standard Falls Precautions

- Patient and family education
- “Call Don’t Fall” yellow arm band placed on patient at admission
- Wear non-skid shoes or double-sided “grip socks”
- Bed in low position with brakes locked, 2-3 side rails up
- Call bell and phone within reach (adaptive call bell as needed)
- Patient belongings within reach
- Hourly rounding, with timed toileting every 2 hours if needed



## Conclusion and Future Considerations

While our falls rate has not decreased significantly, we are continuing to use the signs and work together to evaluate the data.

UNC School of Public Health graduate students will be working closely with our Rehab Center staff to perform a root cause analysis surrounding the occurrences of falls. We hope to identify even more opportunities to create a safe environment for our patients.

## Acknowledgements & Contact Information

We would like to thank the entire nursing staff of the UNC Rehabilitation Center for continually supporting and participating in new adventures in nursing care!

For more information, please contact Lesley-Anne Bandy at (919)966-5928 or [lbandy@unc.edu](mailto:lbandy@unc.edu)

## References:

Forrest, G., Huss, S., Patel, V., Jeffries, J., Myers, D., Barber, C. and Kosier, M. (2012), Falls on an Inpatient Rehabilitation Unit: Risk Assessment and Prevention. *Rehabilitation Nursing*, 37: 56–61

Salamon, L. A., Victory, M. and Bobay, K. (2012), Identification of Patients at Risk for Falls in an Inpatient Rehabilitation Program. *Rehabilitation Nursing*, 37: 292–297.

UNC Rehabilitation Center is a 30-bed inpatient facility which has received full accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our mission is to optimize the health and function of individuals with physical and cognitive disabilities through a patient-centered, interdisciplinary continuum of care. Our Rehabilitation RNs provide quality care and support while focusing on health education and promotion, including bowel and bladder retraining, managing skin health, and other medical management needs.