

# Fall Risk Reduction Intervention Case Study Development Guide

The purpose of this guide is to direct you through steps to develop a case study to be used for staff education regarding how to link appropriate interventions to specific patient risk factors and apply your hospital's fall risk reduction policies to a patient case. Because there are a variety of fall risk assessment tools available for use to assess patient fall risk, the use of a case from your own patient population should make this exercise more meaningful to your staff.

- 1) Collect information from the medical record of a patient recently admitted to your hospital that was at risk for falling. It does not matter if the patient experienced a fall\* or not, but the patient should have been identified at risk for falling per your fall risk assessment tool.
  - a. Suggested information to collect includes: the total score on your fall risk assessment tool, score on individual items of your fall risk assessment tool, age, admitting diagnosis, comorbidities, behavioral issues, cognitive status, communication/sensory issues, family/social support, medications, transfer/mobility status including use of any equipment, toileting needs, vital signs, and volume and electrolyte status.
  - b. *\*If the patient experienced a fall while hospitalized*, also include information about the fall, as this exercise might enhance staff's ability to adjust the patient's plan of care during a post-fall huddle. Suggested information includes a narrative description of the fall, what the patient was doing or attempting to do at the time of the fall, whether the fall was assisted vs. unassisted, whether the fall resulted in injury, what interventions were in place at the time of the fall, what interventions were supposed to be in place at the time of the fall but weren't, and what staff were doing at the time of the fall.
- 2) Allow staff time to review the patient case information and identify specific fall risk factors present in the patient information. Encourage them to look beyond the total score on the fall risk assessment tool by considering the score on individual items on the fall risk assessment tool as well as other patient information that might impact fall risk that isn't captured on the fall risk assessment tool used by your hospital.

3) Discuss interventions to put in place for this patient. Suggested questions to discuss include:

**a. What interventions should be in place for this patient, even if they weren't at risk for falls?**

- i. Answer: [Universal Interventions](#) focus largely on reducing risks in the physical environment, but also address how patients interact with the environment and staff. Many are common sense steps to keep patients safe, as well as staff and visitors.

**b. Are there interventions that should be in place for this patient per your hospital policy because they are at risk for falling, regardless of the specific fall risk factors present in the patient?**

- i. Answer: Any interventions that your policies dictate should be in place for any patient identified to be at risk for falling, regardless of the specific risk factors present in the patient. Examples might include visual identification of patient fall risk status such as signage or a bracelet, handoff tools between staff, and patient/family education about fall risk.

**c. What interventions should be in place based on the specific fall risk factors present in the patient?** These may be left to the clinical judgement of the staff caring for the patient.

- i. Answer: Use the Quick Reference Guide: [Linking Interventions to Risk Factors – Expanded Version](#) to explore options that address risk factors identified in the patient case. Not all possible interventions for a specific risk factor may be needed, or even feasible. If the patient has multiple risk factors for falling, multiple interventions across risk factor categories may be appropriate. Lastly, it's worth recognizing that some interventions address multiple fall risk factors.