FRAMEWORK FOR IMPROVING NURSE ASSESSMENTS OF FALL RISK AND DELIRIUM

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Category: Patient Safety

Background
Accidental falls and delirium management is a complex issue for hospitals. Houston Methodist Hospital (HMH) nurses use the Hester Davis Fall Risk Screening tool (HDS) and modified Screen for Delirium and Cognitive Impairment (4AT) with acute care patients every shift. While compliance is monitored electronically, monitoring of the quality of assessments and interventions is limited.

Objectives
Our objective was to develop pathways to improve the quality and consistency of nursing use of the tools and interventions. An audit and evaluation plan was developed with a QI process engineer involving comparison of nursing assessment with a PI expert rater to find areas of variability requiring more education and support.

Methods
Using strict definitions of tools, the PI functioned as an expert rater and assessed 50 patients on two different hospital units (n=100). PI performed an HDS and a 4AT assessment, documented fall prevention measures and patient perception of interventions

Results
For delirium screening, 4 of 85 (4.7%) patients were underscored by nursing potentially leading to unrecognized delirium. The orientation and acute change components (2 out of 4) of the delirium assessment had the greatest amount of underscoring at 9.4% and 7.1% respectively. Half (50/100) of patients were underscored by nurses on HDS for fall risk. Medication score, volume/electrolyte score, and toileting score (3 out of 8) were most greatly underscored by 45%, 42%, and 42%, respectively. Among interventions, there was wide variation. All patients had the bed in lowest position and call bell within reach; however, none reported they had been offered assistance to the bathroom hourly. Feedback on these areas for improvement were given to nursing leaders.

Discussion
Both tools present opportunities for targeted improvement by building upon the current compliance with usage and increasing the understanding of specific items within the tools. A major nursing initiative is planned in 2018 with the rollout of an upgraded HDS assessment. The framework for comparison of assessments followed by targeted interventions will be the focus of future PDSA cycles to capture delirium and fall risk.