Improving Patients’ Understanding of Fall Risk and Prevention Interventions with the Use of Multimedia Education

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Purpose
To determine if multimedia fall risk education, in comparison to current fall prevention teaching practices, given to cognitively intact patients, affects those patients’ understanding of their fall risks and prevention interventions during admission.

Background
Falls are a common occurrence in hospitals despite the implementation of multiple fall interventions strategies (Zavotsky, Hussey, Easter, & Incalcaterra, 2014).

Utilizing education as part of the multi-factorial program is effective for both cognitively intact patients and those with impaired cognition (Haines, Hill, Hill, McPhail, Oliver, Brauer, Hoffman, & Beer, 2011).

People learn in different ways and the clinical environment can be challenging for both the learner and the educator (Taylor & Hamdy, 2013).

A common approach to reduce falls in hospitals is by implementing universal multiple interventions, such as risk identification and education (Ang, Mordiffi, & Wong, 2011).

Assessment
Fall risk identification and education are key in reducing falls. Multimedia education can help the nurse explain a patient’s fall risk and related prevention interventions in the clinical environment. This study can help indicate whether multimedia education has an impact on patients’ understanding of risk to fall and prevention strategies and in turn, will help to reduce patient falls long term.

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Goals
To assess cognitively intact patients of their understanding of their fall risk and prevention interventions upon admission
To administer multimedia fall risk education during admission.
To reassess the patients’ understanding of their fall risk and prevention interventions at discharge.

Intervention
Upon admission, assess the patient’s cognitive status. If patient is cognitively intact, proceed with questionnaire.

Administration of questionnaire and rating of fall risk.

Multimedia fall risk education during admission:
1. Patient questionnaire
2. Printed patient teaching sheet.

During discharge, administration of the questionnaire.

Patient #1:
The patient felt she was a low risk for fall, but did feel that she could be risk for decreased mobility and independence during this admission. Hendrich Fall Scale score = 2 related to altered elimination & dizziness. No discharge questionnaire was obtained.

Patient #2:
The patient felt she was at a low risk for falls during her admission. Hendrich Fall Scale score = 1 related to her ability to get up from a sitting position after one try. No discharge questionnaire was obtained.

Evaluation
The study was incomplete due to multiple factors:
1. Concurrence with a hospital-wide fall prevention program roll-out.
2. Lack of buy-in from nursing staff on the unit

Next Step
The study of patients’ understanding of their risk of falls during a hospitalization is key to improving patient safety. Another replication of this study could yield more results to analyze if some changes were applied.

1. More time for staff education on the study to increase buy-in and participation in the study.
2. Creation of more multimedia education tools
   • Short video showing what increases a patient’s risk of falls while in the hospital.

References

