Falls are a serious problem for hospitalized patients, resulting in injuries, longer hospital stays, and even death.

It is estimated that over 84% of all adverse events in hospitalized patients are related to falls.

Fall risk has been reduced in studies where inter-professional team members were actively engaged in fall risk reduction efforts.

This review is to determine the accuracy of instruments for detecting fall risk and predicting falls in acute hospitalized patients.

Provided education on the Schmid scale as an alternative way to assess fall risk.

Recruited nurses to select one of their patients to assess according to both the Conley and Schmid scales.

Provide nurses with surveys and questionnaires to compare results.

The only significant difference between the two scales was that the Schmid scale included medications.

4 of 7 thought the Conley scale was accurate to those who thought it was not.

All surveyed RNs thought the Schmid scale was a better predictor, yet there was no significant findings for whether the RN’s believed implementing a new scale would decrease falls or not.

According to these findings it would suggest that implementing the Schmid scale could be helpful.

Sample size: 7

All seven participants indicated that the Schmid scale better predicted their patient’s fall risk.

Summary/Discussion

Limitations

- Small sample size
- After our project was initiated, EMMC switched the fall scale used on the inpatient floors so the Conley scale does not apply anymore

Conclusion

- This project compared a new fall scale with our hospitals old fall scale, so it does not pertain to our practice today
- A new project should be implemented to compare fall rates with our old scale and our new scale to verify that we are making progress towards safer inpatient floors with less falls!