Development of Falls Risk Tool Specific to Obstetric Patients

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INTRODUCTION/BACKGROUND

- Fall rates for pregnant women have been reported to be as high as 27%. Infants born to injured pregnant women are more likely to have a low birth weight or to have been born prematurely, according to one study (Heafner, et. al. 2013).

- Previous practice within our institution was to utilize the Morse Falls Risk Assessment Tool upon admission in all adult inpatient settings. This tool has not been validated or deemed reliable for the obstetric population.

- In the obstetric patients that fell, the Morse Falls Risk Assessment Tool only identified our patients as high risk 60% of the time and fall rates continue to rise.

- The Fall Risk Assessment for Perinatal Patients (FRAPP) Tool (Figure 1) was created using evidence based obstetric risk factors that have been supported in the literature to contribute to an obstetric woman falling in the antepartum, intrapartum, and postpartum period.

PURPOSE

PICO

Population – Perinatal Patients

Intervention- Fall Risk Assessment for Perinatal Patients (FRAPP)Tool

Comparison- Morse Falls Risk Assessment Tool

Outcome – Decrease the Number of Falls Throughout the Hospital Stay
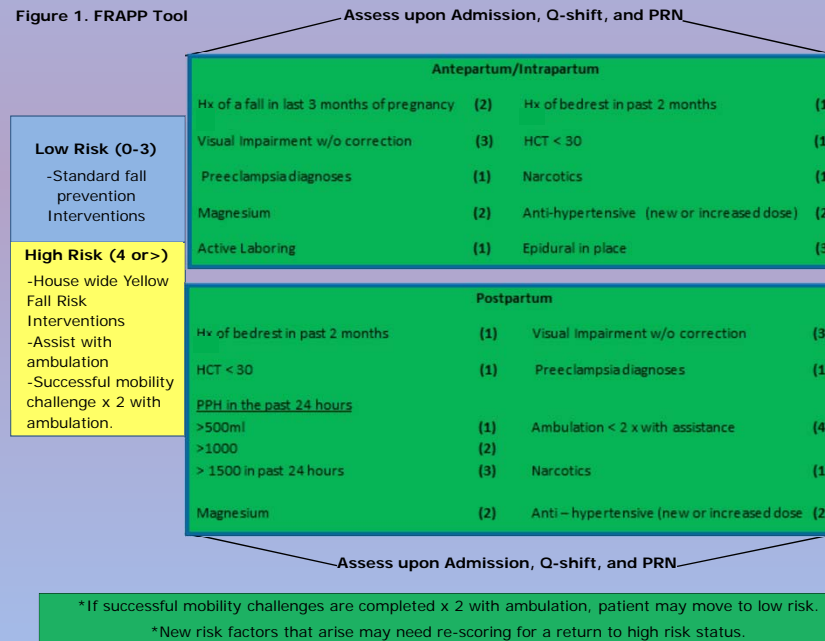
PICO Question:

In perinatal patients, does the implementation of the FRAPP Tool compared to the Morse Falls Risk Assessment Tool decrease the number of falls throughout the hospital stay?

METHODS

- Retrospective audits were conducted identifying trends of obstetric falls over a three year period. Eleven patient falls were archived using our hospital's event management system.

- A literature review was conducted to research risk factors associated with falls in perinatal patients.

- An evidence based tool was created based on the perinatal risk factors identified and implemented in October of 2016.

- Risk levels were stratified as Low and High to align with hospital wide levels and interventions. A mobility challenge was included within the interventions to assist in preventing falls in the high risk patient.

Figure 1. FRAPP Tool

Assess upon Admission, Q-shift, and PRN

Low Risk (0-3)
-Standard fall prevention Interventions

High Risk (4 or>)
-House wide Yellow Fall Risk Interventions
-Assist with ambulation
-Successful mobility challenge x 2 with ambulation.

Antepartum/Intrapartum

Hx of a fall in last 3 months of pregnancy	(2)	Hx of bedrest in past 2 months	(1)
Visual Impairment w/o correction	(3)	HCT < 30	(1)
Preeclampsia diagnoses	(1)	Narcotics	(1)
Magnesium	(2)	Anti-hypertensive (new or increased dose)	(2)
Active Laboring	(1)	Epidural in place	(3)

Postpartum

Hx of bedrest in past 2 months	(1)	Visual Impairment w/o correction	(3)
HCT < 30	(1)	Preeclampsia diagnoses	(1)
PPH in the past 24 hours			
>500ml	(1)	Ambulation < 2 x with assistance	(4)
>1000	(2)		
> 1500 in past 24 hours	(3)	Narcotics	(1)
Magnesium	(2)	Anti – hypertensive (new or increased dose)	(2)

Assess upon Admission, Q-shift, and PRN

*If successful mobility challenges are completed x 2 with ambulation, patient may move to low risk.
*New risk factors that arise may need re-scoring for a return to high risk status.

Figure 2. Mobility Challenge Tool

ADULT INDIVIDUALIZED SAFETY TOOL

RESULTS

- The tool was implemented among antepartum, intrapartum, and postpartum patients. Since implementation of the FRAPP tool in October 2016, fall rates on the Childbirth Center were compared to those patients that fell in the control group using the Morse Falls Risk Assessment Tool.

- Since implementation of the FRAPP tool, there was one fall recorded in July of 2017.

- In October 2017, the data will be analyzed for statistical significance using SPSS.

Obstetric Fall Rates — Intervention
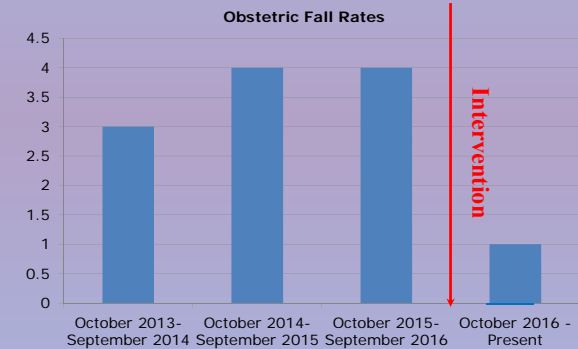
CONCLUSION

- Ongoing assessment of the FRAPP tool's validity and reliability will be considered.

- Perinatal risk factors have now been captured within the new tool in order to recognize proper risk categories and improve reporting of patient falls.

LIMITATIONS

- The possibility exists of desensitizing clinical staff in recognizing patients at high risk for falls due to more patients falling into the high risk category.

- There is a lack of evidence based research related to perinatal specific fall risk.