Abstract

Problem: Falls and fall-related injuries are considered preventable. Fall risk screening is crucial in the prevention of falls and fall-related injuries in community dwelling elders. The purpose of this quality improvement project was to initiate the use of the CDC’s self-rated Fall Risk Questionnaire (Self-rated FRQ) screening tool and CDC-guided education in a cohort of community dwelling seniors receiving in-home medical care or consumer-directed services.

Method: A pre-post assessment was conducted on community dwelling seniors 65-years and older. A convenience sample of eligible participants (N=16) was taken from a geriatric agency in a Midwest, metropolitan city. Fall incidence and fall-related injuries were assessed eight weeks before and after implementation of the Self-rated FRQ and CDC-guided education with a retrospective chart review and self-reported data. Individual Zoom calls were conducted with each participant by the principal investigator. At this time, the screening tool was verbally administered with a 15-minute open-ended education session. High risk participants were identified and encouraged to share information with their primary care provider. Common risk factors were identified based on the results of the Self-rated FRQ. Additional questions were addressed regarding utilization of an assistive device and self-rated risk for falling.

Results: After implementation, thirteen participants were considered a high risk for falling (81.25%). There was an 85% reduction in falls pre-intervention to post-intervention and a 0% reduction in fall related injuries. Despite this reduction, population means were not statistically significant based on the Wilcoxon-Signed Rank test (T=2.50, z=-1.725, p=0.84).

Implications for Practice: This quality improvement project demonstrates that fall screening can be effective in a community setting the screening tool can be utilized by the geriatric agency with routine annual assessments and after new falls.