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## Improving the evaluation of risk of fall through clinical supervision: an evidence

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### Abstract

Falls are frequent adverse hospital events and the second accidental cause of death worldwide. In previous research we identified that nurses have difficulties in the application of the Morse Fall Scale (MFS) and in the falls prevention protocol. A quantitative, descriptive and correlational study was conducted with the purpose to improve nurses' skills to evaluate patients' risk of fall and to improve patient safety and the quality of nursing care through the implementation of a clinical supervision (CS) model. We had a convenience sample constituted by 132 patients who were hospitalized between the 19<sup>th</sup> of March and the 19<sup>th</sup> of May 2014. We collected data through several procedures such as the application of a questionnaire to assess the risk of fall and the parameterization defined in the nursing records system. The MFS was correctly applied in 69,2% and the risk of fall was monitored each 48hours in 98,5% of the cases while in the previous research only in 33,3% and 84,1% this happened respectively. With this study we point out the improvement in the assessment and monitoring of the risk of fall with the MFS and its relationship with the implemented CS model.

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### 1. Introduction

It is undeniable that our society is constantly in cultural, financial, social and technological transformation. This demands from the health institutions changes in its dynamics in order to provide quality and safety in health care.

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Quality in healthcare can be achieved when is taken into account the technical and scientific resources, the best available evidence in order to satisfy the clients' needs and expectations and keep the service as a low cost one. So, quality is influenced by several factors and it is necessary to implement political, organizational and personal strategies in order to protect clients and develop a culture of quality and safety in healthcare. Therefore, clinical supervision (CS) for health professionals, such as nurses, is in agenda because as it is a formal process that enables professionals to have more knowledge and skills in their professional field could have impact on quality in health care. Through CS, nurses develop reflection and critical thinking and progressively becoming more autonomous in decision making.

This paper is divided into several main sections such as: methodology, results and conclusions.

## 2. Methodology

There are several risk factors for falls in the elderly (Kendall, Hartvigsen, French & Azari, 2015) and in the literature we can find reference that in hospitals and in long term care facilities that older people have more falls. So, preventing falls in those environments is a top priority (Stubbs, Denking, Brefka & Dallmeier, 2015).

Through preventing adverse events, such as falls, we improve the clients experience, increase his/her trust in the healthcare professionals and decrease costs in health (Fragata, 2011). Recently, a study showed that the cost of care after a hip fracture is \$39,507 (Woolcott, Khan, Mitrovic, Anis & Marra, 2012). According to Ferrer (2015), there is an increase of the risk of fall in older people and this lead to an increase of serious outcomes and health care costs but it also lead to patients' health deterioration and restrain physical activities (Zakaria, Kuwae, Tamura, Minato & Kanaya, 2015).

Promoting safe care is a concern for nurses and fall prevention, a nursing care quality indicator which is highly sensitive to nursing interventions. All the investment in this field is relevant and with impact on patients, staff and institution. Authors argued that health professionals should carefully identify the causes of fall and give information to the patients' family and then prescribe effective interventions (Philip, Sengupta & Benjamin, 2015). So, we decided to carry out a study which problem was: which is the impact of the implementation of a clinical supervision (CS) model in the evaluation of the risk of fall by nurses?

The purpose of the study was to improve nurses' skills to evaluate patients' risk of fall and to improve patient safety and the quality of nursing care through the implementation of a clinical supervision model.

This quantitative, descriptive and correlational study took place in a Portuguese medicine ward from an Hospital Centre and it is a part of a large research entitled – "Clinical Supervision for safety and Care Quality (C-S<sup>2</sup>AFE CARE-Q). Given the evidence of inadequate use of the Morse Fall Scale<sup>®</sup> (MFS) documented in the first phase of C-S<sup>2</sup>AFE CARE-Q project and the nurses' doubts in the application of the scale, the Morse Fall Scale User's Manual was developed (Cruz, Carvalho, Barbosa, Lamas, 2015) in the scope of clinical supervision with the intent to help nurses in the assessment of the risk of fall with the MFS. In Portugal, this scale is widely used and the Portuguese General Directorate of Health indicates the need to assess the fall risk as an appropriate and personalized preventive intervention (DGS, 2011). The scale consists of six items with two or three possible answers for each (with different scores for each possibility). According to the performed evaluation, the total of the scores in each of the six items, results in a global score that indicates the fall risk. This score ranges from 0 to 125 points.

The aims of the study here presented were: to characterize the risk of falling of hospitalized patients in a unit of the medicine department of a Portuguese Hospital Centre; to relate the risk of falling with the patients' personal attributes (age, sex); to evaluate the impact of the implementation of a clinical supervision model with relevance for the prevention of falls in a unit of a medicine department.

We had a convenience sample constituted by 132 patients who were hospitalized from the 19<sup>th</sup> of March 2014 until the 19<sup>th</sup> of May 2014. Inclusion criteria were: the patient should remain hospitalized for more than 24 hours, the patient should not have readmissions in the unit during the data collection.

We collected data through several procedures such as the application of a questionnaire to assess the risk of fall, an observation grid and the parameterization defined in the nursing records system. Due to the research question for this study and the aims defined we selected several research hypotheses, such as:

H1- There is a statistically significant relationship between age and the risk of falling of the hospitalized patients

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