

# Schmid Fall Risk Assessment

## Brendalyn Malimban

The Development of a Fall Risk Assessment Tool Nancy Ann Schmid,1988

Fall Prevention in Acute Psychiatric Patients Jeannette Deano,2016 Patient falls have been an issue in hospital settings for many years. Patient falls not only lead to increased costs for the hospital, but affects the safety and care for patients. Many studies have assessed potential, contributable factors leading to falls, fall risk assessment tools, and fall prevention interventions in different settings. However, there are limited studies done in inpatient psychiatric settings. The acute-psychiatric unit at a large metropolitan hospital has seen an increase in falls in the last year, yet current interventions have not addressed this issue. The purpose of this project is to conduct an assessment of the unit's current fall risk assessment tool, interventions, and processes, while collecting and analyzing data of each fall and patients who have fallen. The results will help determine potential causes to the increased falls and help lead to solutions that can prevent future falls. Data was collected from patients' chart reviews, Unusual Occurrence Reports, and RN interviews. Analysis of data show that many patients were not identified as a fall risk at the time of his or her fall, while nurses on the unit had differing definitions of the current falls protocol and policy on the unit. The following interventions are recommended: education on the use of a fall risk assessment tool that is appropriate for the acute-psychiatric population, instead of the current Schmid Fall Risk Assessment Tool that is used for all departments of the hospital and training for nurses on the unit to provide a clearer understanding of the unit's falls protocol and policy and fall prevention interventions.

Falls Program on an Acute Psychiatric Unit Joseph Hunter Rose,2016 In the metropolitan hospital's acute psychiatric unit there has been an increase in falls incidence as well as need for evaluation of the effectiveness of Schmid Fall Risk Assessment tool in its ability to properly identify those at risk. In the last fiscal year there were 45 falls among 28 patients on the acute psychiatric unit. Falls are harmful to the patients and can cause prolonged hospital stays with non-reimbursable costs to the hospital. Falls amongst psychiatric patients is an even greater challenge to address due to the nature of the mental health disease process. This project addresses general costs of falls among psychiatric patients, identifies successful interventions presented in the literature that have addressed falls in psychiatric patients, conducts a root-cause analysis, and lastly offers suggestions on how to decrease falls among this patient population.

*Instruments for Clinical Health-care Research* Marilyn Frank-Stromborg, Sharon J. Olsen,2004 Instruments for Clinical

Health-Care Research, Third Edition will facilitate researching clinical concepts and variables of interest, and will enhance the focus on linking clinical variable assessment with routine measurement of everyday clinical interventions.

**Preventing Patient Falls** Janice M. Morse, PhD (Nurs), PhD (Anthro), FCAHS, FAAN, 2008-10-23 Patient falls continue to be a serious concern within hospitals, nursing homes, and other health care facilities. When caring for elderly and disabled patients, a fall prevention program is vital. This authoritative and practical book outlines the process for developing and maintaining a fall prevention program in health care institutions. Morse presents over two decades of research as well as the highly acclaimed Morse Fall Scale, which has been adopted by the VA Hospital System and numerous hospitals around the United States. This extensively revised edition serves the dual purpose of providing practical, how-to guidelines as well as presenting cutting-edge research on patient falls. The first section on clinical application discusses the complete process of implementing a fall prevention program using the Morse Fall Scale. The research section of the book explains how the scale works, and provides information on evaluating the incidence, frequency, and severity of falls. Highlights of this book: Thoroughly revised with three new chapters, a new research section, and a revised appendix Contains key clinical applications, such as monitoring falls, predicting physiologically anticipated falls, and conducting a fall assessment Research section contains appendices on determining the level of fall risk, suggested methods for testing the Morse Fall Scale, and fall rates This book contains all the essentials needed to implement and coordinate a fall prevention program. A definite must-read for nurse and hospital administrators, nurse and clinical managers, and risk managers.

**Gerontology Nursing Case Studies** Donna J. Bowles, MSN, EdD, RN, CNE, 2015-04-08 Praise for the first edition: "This is an excellent teaching guide and resource manual for instructors, gerontological nursing students, and practicing nurses and social workers who wish to learn more about geriatric concerns and care. It will be kept by nursing students long after they graduate as a guide to resources that will be valuable throughout their nursing careers. As a home care nurse working mainly with the geriatric community, I found the resources helpful in my practice. As an instructor, I found the book to be a very useful guide for teaching geriatrics." Score: 90, 4 Stars —Doody's Medical Reviews "[This] is a unique volume that effectively addresses the lack of gerontology case studies for use with undergraduate nursing students. Case studies are a pedagogically powerful approach to active learning that offer opportunities to apply content to clinical practice." —The Gerontologist "The case narrative approach of this book promotes active learning that is more meaningful to students (and practicing nurses) and more likely to increase the transfer of evidence into practice. An excellent resource for faculty (staff educators) to facilitate critical learning skills." —Liz Capezuti, PhD, RN, FAAN Dr. John W. Rowe Professor in Successful Aging Co-Director, Hartford Institute for Geriatric Nursing New York University College of Nursing Vivid case examples help guide nurses in developing appropriate interventions that include complementary and alternative health therapies and provide a basis for evaluating outcomes. Exercises interspersed throughout each case study include numerous open-ended

and multiple-choice questions to facilitate learning and critical thinking. The text is unique in that some of the presented cases focus on psychosocial issues such as gambling addiction, hoarding behavior, emergency preparedness, and long-distance caregiving. Cases also depict geriatric clients who are living healthy, productive lives to counter myths and negative attitudes about older adults. Scenarios demonstrating ethical dilemmas prepare students to appropriately respond to “gray area” situations. The text is geared for AACN and NLN accreditation and is organized according to the needs of actual clinical settings. With cases that take place in the home and community or within primary, acute, and long-term care facilities, this book will be useful for courses specific to gerontology nursing or across any nursing curriculum. New to the Second Edition: A completely new section of Aging Issues Affecting the Family New cases addressing health care disparities, aging in place, and prevention of catheter-associated urinary tract infection Additional contemporary case studies The addition of Quality for Safety in Nursing Education (QSEN) initiatives A greater focus on prioritization and delegation of client’s needs infused throughout exercises

**Capstone Project** Tracy Strawser, 2013 Delirium has been closely linked with increased potential for falls in the 65 year old and older population (Catic, 2011). Prevention therefore is imperative, studies regarding the use sedatives and broad spectrum antibiotics have been known to increase the potential of a delirious episode occurring, which would increase the patient for the risk of falls versus patients not receiving those classifications of medications (Alexander, 2009). Symptom assessment and prevention would be a means to decrease the occurrence of acute delirium. A proposed assessment tool for patients age 65 and older with standardized interventions would be appropriate. By assessing for those medications that can contribute to delirium, it will make the care provider aware of potential problems that may affect the patient. A list of alternatives could be attempted in place of medications, thus reducing risk and decreasing the fall (Slobodin, Elias, Zaygraikin, Sheikh-Ahmad, Sabetay, Weller, and Odeh, 2009). The problem identified within Wellspan and does not presently have a policy pertaining to, is delirium assessment and prevention, but it does have a policy regarding falls assessment and a fall prevention plan. The Schmid fall risk tool is currently used which does account for medications that may contribute to increased falls, but not delirium specifically (Cooley, 2013). The facility has had difficulty with fall rates, consistently above the National average of 2.5 falls per 1000 patient days (Appendix A). The plan will include the following pieces; an initial screening tool (Appendix D), plan of care (Appendix B) and continued intervention checklist (Appendix E). This assessment tool has the potential to increase patient safety, create better patient outcomes, and decrease length of stay.

Pflegebezogene Assessmentinstrumente Bernd Reuschenbach, 2020-03-09 Reuschenbach und Mahler legen mit diesem Meilenstein das umfassendste Handbuch über pflegebezogene Assessmentinstrumente für Pflegeforschung und -praxis vor. Pflegenden benötigen gültige und verlässliche Assessmentinstrumente, um den Pflegebedarf von Patienten einschätzen und Pflegephänomene, wie Angst, Dekubitus, Ernährung, Fatigue, Kognition, Kontinenz, Lebensqualität, Mobilität,

Mundgesundheits, Sturz, Schlaf, Schmerz und Übelkeit gültig und verlässlich erforschen zu können. Das vorliegende Handbuch fasst die wichtigsten Assessmentinstrumente zusammen, erklärt ihren Nutzen, bildet sie ab und kommentiert ihre Reliabilität, Validität und Praktikabilität. Pflegende benötigen gültige und verlässliche Assessmentinstrumente, um den Pflegebedarf von Patienten einschätzen und Pflegephänomene, wie Angst, Dekubitus, Ernährung, Fatigue, Kognition, Kontinenz, Lebensqualität, Mobilität, Mundgesundheits, Sturz, Schlaf, Schmerz und Übelkeit gültig und verlässlich erforschen zu können. Das vorliegende Handbuch fasst die wichtigsten Assessmentinstrumente zusammen, erklärt ihren Nutzen, bildet sie ab und kommentiert ihre Reliabilität, Validität und Praktikabilität.

**Sensor-based Fall Risk Assessment - Dagger of the Mind?** Michael Marschollek, Mareike Schulze, Matthias Gietzelt, Nigel H. Lovell, Stephen J. Redmond, 2013

*Fall Prevention Through Proactive Toileting* Kristin Smith, 2014 This paper will summarize the quality improvement falls prevention project conducted by a University of San Francisco Clinical Nurse Leader student. Falls in the hospital setting are an ongoing problem in our healthcare system as they have great physical and financial impacts (Salamon, Victory, & Bobay, 2012). Hospital A, an urban teaching hospital, uses the Schmid scale for determining if a patient is a fall risk which includes the assessment of need for ambulatory aids, history of falls, and impaired cognition among other criteria (Schmid, 1990). Fall rates are climbing in the United States and the trend is similar on Hospital A's hematology-oncology and BMT unit hereby referred to as Unit B. Because of the impact on patient safety, a falls prevention project performance improvement project was implemented. An assessment of Unit B's needs, diagnosis of Unit B's presenting problem, and the intervention implemented will be discussed followed by an evaluation with further recommendations. The implementation process and design of this paper follow the theory of change theories of Kurt Lewin and Ronald Lippitt (see Appendix A; Mitchell, 2013).

Orthopedic Anesthesia, An Issue of Anesthesiology Clinics Nabil Elkassabany, 2014-12-24 Guest editors Nabil M. Elkassabany and Edward R. Mariano have assembled an expert team of authors on the topic of Orthopedic Anesthesia. Articles include: Evidence-Based Medicine for Ultrasound-Guided Regional Anesthesia, Role of Regional Anesthesia in Orthopedic Trauma, Which Outcomes Related to Regional Anesthesia Are Most Important for Orthopedic Surgery Patients?, Optimizing Perioperative Care for Patients with Hip Fracture, Regional Anesthesia-Analgesia: Relationship to Cancer Recurrence and Infection, Developing a Multidisciplinary Fall Reduction Program for Lower-Extremity Joint Arthroplasty Patients, Optimizing Perioperative Management of Total Joint Arthroplasty, and more!

*Journal of Rehabilitation Research & Development*, 2010

**Falls in Older People** Stephen R. Lord, Catherine Sherrington, Hylton B. Menz, 2001 Covering epidemiology, evidence-based risk assessment and falls-prevention strategies, this book will be invaluable to all involved with health care of the elderly.

*Home Care for Older Adults Using Interprofessional Teams* Danita H. Stapleton, Sekeria Bossie, 2023-10-16 This textbook fosters a deeper understanding of how home healthcare goals for older adults can be achieved through interprofessional collaboration. The contributors create a context where allied health and healthcare professionals can acquire and exchange knowledge about their diverse disciplines and practices for the betterment of the home care population. The book also reinforces what the COVID-19 pandemic made quite apparent to health institutions and providers: patients can receive adequate and acceptable care within the home setting. The pandemic also highlighted the important role that interprofessionalism can play in attaining desired patient outcomes. Statistics reveal that the population of persons over the age of 65 years is the largest that it has ever been. This volume focuses on older adult patients because caring for these individuals from an interprofessional perspective is now more important than ever. Through the ten chapters of this edited book, the contributors including home care providers offer their perspectives on interprofessional collaboration and the provision of quality home care services. They use the Interprofessional Education Collaborative's (IPEC) four core competencies as a framework for improving the collaborative practice of home health care for older adult patients with complex medical issues. Among the topics covered: Medical Social Work and Case Management Skilled Nursing Physical Therapy Occupational Therapy Behavioral Health Care Other Relevant Home Care Services: Prosthetics and Orthotics, Pharmacy Services, Durable Medical Equipment and Nutritional Services *Home Care for Older Adults Using Interprofessional Teams* is intended for advanced undergraduate and graduate students in health or allied health programs and can be used as a primary text for interprofessional education courses. The text benefits students, instructors, and faculty who have stakes in obtaining positive health outcomes for older adult patients. Today, more and more programs are requiring the development of interprofessional competencies. This book provides a forum where students can obtain in-depth knowledge of teaming, as well as the roles and functions of various care providers.

**Neurocognitive Risk Assessment for the Early Detection of Violent Extremists** Geoff Dean, 2014-06-10 This Brief provides a theoretical and conceptual development of a new Risk Assessment Toolbox (RAT) for the early detection of violent extremists. It is based on a neurocognitive perspective, conceptualized as 'neuroplasticity-in-action' arising from brain-based neural patterns expressed in mind-based cognitive pathways likely to form a mind-set of violent extremism. This neurocognitive-based Risk Assessment Toolbox (RAT) is comprised of two distinct components: a cognitive indicators instrument that serves as an early detection checklist for trained practitioners, and a software visualisation program. The Brief includes: A framework of contemporary approaches to the risk assessment of violence as well as the background context for the current research project on 'violent extremism' and its related concepts of 'terrorism' and 'radicalisation,' out of which the RAT was developed. A detailed overview of RAT and a pilot case study experiment to highlight the practical value and utility of this neurocognitive Risk Assessment Toolbox. Preliminary research findings of a study conducted with a

sample of recognized experts (academics and practitioners) in several countries around the world, to fine tune and validate the risk parameters of the two components that constitute RAT (Risk Assessment Toolbox). The current stage of development of RAT as a practitioner-based system for the early detection of potentially violent extremists as well as its strategic intelligence implications for using a neurocognitive risk assessment approach to violent extremism is discussed. Research limitations and plans for future research studies. This work will be of interest to researchers in Criminology and Criminal Justice interested in studying violent extremism, terrorism and crime prevention and intervention and policing, as well as researchers in related fields of Forensic Psychology, Cognitive Neuroscience and Social Work or Social Intervention.

Leadership and Management Review Module ,2008

Decreasing Falls in a Medical Surgical Unit: A Quality Improvement Project Ann Chetty,2018 Abstract The purpose of the project was to decrease the number of falls occurring in the 48-bed medical-surgical unit by building standard work for hourly rounding and communication. Falls are a patient safety issue and are preventable. Since the Institute of Medicine has published *0–To Err is Human0+* in 1999, there have been a multitude of studies on falls, yet falls continue to be prevalent in health care organizations. The increase in patient falls adversely impact the patient09s length of stay, discharges to nursing homes and the facility09s reputation for providing safe care. The staff in this microsystem used the Schmid falls risk assessment and several other universal falls prevention practices. To decrease the patient falls and increase patient safety, these current practices were evaluated, to determine the most effective evidence-based practices. The unit achieved a 30% reduction in falls in six months after simulation training on the correct processes for hourly rounding. Concurrently the staff utilize the patient care board for communication between workers on the type of assistance and device the patient will need to get out of bed safely for toileting needs. Development of a method for training and educating new staff on the practice of standard work for hourly rounding and communication on patient09s toileting is needed for continuous improvement.

Keywords: falls, hospitalized, prevention, work flow and evidence-based practice, fall assessment

**The Fall Free Zone** Brendalyn Malimban,2019 The fall prevention project is designed to decrease fall rates in the medical-surgical units by promoting accuracy in identifying fall risk patients and engaging patients in participating with their own safety. The project will follow Kotter's change model to address the urgent need for reducing fall rates (Webster & Webster, 2018). A falls taskforce committee is already in place pursuing the goal mentioned. Engaging the staff members and leaders will be accomplished through reeducation of policies and procedures, admission process and the accurate use of the SCHMID Assessment Tool. These will take place during staff meetings, huddles and roving learning cart. Unit champions will be assigned in each unit to help reinforce information and process changes. A continuous evaluation will be recorded through risk management chart audits and environmental checks that will be done by the risk manager and unit leaders respectively. All actions will be geared towards increasing awareness of the importance of accurate documentation and collaboration of all

staff members, leadership and patients towards achieving a culture of patient safety (HPOE, 2016).

**Outcomes of Fall Risk Assessment** Lorraine L. Iocca, 1995

Journal of Rehabilitation Research and Development ,2010

## Whispering the Secrets of Language: An Mental Quest through **Schmid Fall Risk Assessment**

In a digitally-driven earth where screens reign supreme and immediate connection drowns out the subtleties of language, the profound secrets and mental nuances concealed within phrases usually get unheard. Yet, set within the pages of **Schmid Fall Risk Assessment** a fascinating literary value blinking with natural emotions, lies an extraordinary journey waiting to be undertaken. Published by an experienced wordsmith, this charming opus encourages visitors on an introspective trip, gently unraveling the veiled truths and profound affect resonating within the material of each word. Within the mental depths of the moving evaluation, we shall embark upon a honest exploration of the book is key styles, dissect its charming publishing design, and succumb to the effective resonance it evokes deep within the recesses of readers hearts.

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## Introduction

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