

## Peer Education in Improving Falls Risk Assessment

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**PICO:** Does providing evidence-based training on implementation of the Schmid Fall Risk Assessment Tool to nurses on an adult surgical oncology unit increase knowledge of and improve accuracy in scoring the scale?

**Background:** Patient falls on 5 North at UCSF quadrupled in the first quarter of FY 2011. A key finding from a comprehensive chart review of patient falls on the unit for the prior two years showed that only 40% of fallers had been identified as being at risk. Formal training on the Schmid tool at UCSF is minimal for new nurses and not consistently included in annual review modules. This project was conceived to improve identification of patients at risk by educating nurses using a one-on-one coaching intervention to improve accurate assessments.

**Methods:** This project was completed on an adult surgical oncology unit at a tertiary medical center in San Francisco. Our intervention was peer education, with development, email and hard copy dissemination of a handout including scenarios on correctly scoring the Schmid Falls Assessment Tool. RNs on all shifts received handouts via both hard copy and email explaining the rationale for the training, and 92% of nurses (n=45) received peer education in the form of individual coaching by the fellows for an average of 5-10 minutes during regular working shifts. Additionally, posters were displayed in charting rooms as reminders. Measurement tools included pre- and post-intervention audits conducted from March through May 2011 comparing staff RN falls assessments with those of the fellows as expert users (EUs). SAS software was used to analyze the data. Our evaluation strategy was to assess the effectiveness of our intervention by comparing pre- and post-intervention audit scores of RNs and EUs.

**Results:** Pre-intervention, 75 patient evaluations by RN's (UCare) were compared with assessments by expert users (Schmid). Post-intervention, 78 assessments were audited with the following findings:

	<b>Training Impact:</b> RN evaluations became more consistent with EU assessments
Mobility	↑ assessments of inability to ambulate without assistance or devices
History	↓ assessments of "unknown" patient history of falls
Elimination	↑ RN-EU agreement on incontinence or other conditions requiring assistance
Mentation	↑ acknowledgement of confusion
Medications	↑ awareness/documentation of meds affecting CNS patients were taking

**Discussion:** Peer teaching was successful in reducing discrepancies between nurse and expert user patient evaluations of falls risk. Time and resource constraints were limitations as they reduced our intervention options. Research evidence on nursing education is scant with minimal randomized controlled trial data and unclear outcomes comparisons among training modalities. Literature reviews support web-based training as well as auditing and feedback strategies to offer trainees maximum flexibility/access as well as reinforce learning. However the time requirement to either develop a web module or provide feedback after auditing ruled out that possibility. As no training funds were specifically allotted for this project, all coaching was done during regular shifts. Additionally, UCSF nurses were undergoing mandatory Annual Skills Review training this spring which further curtailed their availability for additional "optional" teaching. The ANA and ANCC support peer teaching as a pragmatic approach which we adopted and proved successful in changing practice.

**Conclusion/Implication:** Peer teaching is an excellent training modality nurses should adopt given competing priorities on time and resources and the constant need to update knowledge.

### Next Steps:

1. Focused training on identified weak areas including mentation assessments and awareness of red-flag medications

2. Continue peer-to-peer reinforcement of teaching by cultivating interested RNs as champions

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