Development of the Sydney Falls Risk Screening Tool: phase two

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Co-investigators

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METHODS: Multisite prospective cohort study

- 4 18-month prospective cohort study in 3 metropolitan brain injury rehabilitation units (n = 140)
- 41 (29%) patients fell (nonfaller-to-faller ratio = 2.4:1)
- 4 Data collected at admission and at time of first fall

<u>Analysis</u>

- 1. Univariate logistic regression examining 21 independent variables THEN
- 2. Backward elimination AND elastic net (λ_{min} and λ_{1se}) logistic regression to identify significant predictors THEN
- 3. Hierarchical logistic regression used to identify final tool items





METHODS: Multisite prospective cohort study

4. Variable predictive strength examined using inclusion frequency during bootstrapped (1000 iterations with replacement) regression modeling

5. Developed tool's clinical validity was compared to the Ontario Modified STRATIFY (Sydney Scoring) falls risk screening tool





	Nonfallers	Fallers	
	(n = 99)	(n = 41)	p-Value
Sex (male), <i>n</i> (%)	83 (84)	30 (73)	.145
Age, mean	38.6	42.6	.148
Acute LOS (days), mean	45	53	.126
Rehabilitation LOS (days), mean	57	154	.001
Rehab admission GCS score, median	15	14	<.001
Admitted in PTA (yes), n (%)	70 (71)	40 (98)	<.001
Admission FIM total score, mean	72.3	34.8	.001
Interquartile range	40-106	18-48	
Admission STRATIFY score, mean	14.4	23.6	.001

STUDY COHORT: Multisite prospective cohort study





	Nonfallers	Fallers		Unknown on	Present at time of
	%	%	p-Value	admission, %	l 1 st fall, %
Fall since admission to H.	8	22	.019	-	-
Impaired cognition	80	100	.001	-	85
Impaired memory	75	100	.001	l 12	¦ 78
Impaired orientation	43	89	.001	12	66
Confusion	47	89	.001	12	63
Impaired insight	62	97	.005	12	83
Impaired mobility	62	95	.002	-	93
Ataxic/uncoordinated gait	39	86	.001	24	73
Impaired balance	54	94	.003	21	90
Hemiparesis	22	46	.003	7	49
Dizziness	8	42	.001	46	7
Mobility aid	43	93	.001	-	76
Assistance required for:				- 	
mobility	64	95	.002	-	¦ 85
transfers	61	95	.002	-	¦ 83
toileting	62	95	.004	-	¦ 83
Incontinence	38	85	.001	-	63
Neurobehaviours	43	78	.001	-	81
Noncompliance	35	63	.002		66
Impulsivity	39	78	.001	-	78
Impaired communication	30	46	.056	-	20
Visual impairment	30	83	.003	54	i 34

RESULTS: Univariate logistic regression

	Bootstr	apped pend	alized	regression	Ba	ckward
		(Elastic	Net)		elir	nination
	λ_{min}	Inclusion	λ_{1se}	Inclusion	 	Inclusion
	OR	frequency	OR	frequency	OR	frequency
Mobility aid	3.78	100%	1.83	100%	14.4	97%
Impaired orientation	1.88	97%	1.33	95%	3.19	80%
Incontinence	1.97	96%	1.48	96%	 	
Impulsivity	1.94	95%	1.32	94%	3.65	51%
Fall since admission	1.67	93%			3.24	61%
Dizziness	1.30	81%			 	
Visual impairment	1.02	72%			 	
Impaired insight	1.05	68%			, 1 1 1	
Neurobehaviour	1.15	67%	1.13	74%	 	
Confusion	1.09	67%	1.10	74%	 	
Impaired balance	1.24	66%	1.03	55%	1 	

RESULTS: Elastic net and backward elimination regression

Model 1	Model 2	Model 3	Model 4		Model 10
Mobility aid	Mobility aid	Mobility aid	Mobility aid		Mobility aid
Orientation	Orientation	Orientation	Orientation		Orientation
	Incontinence	Incontinence	Incontinence		Incontinence
		Impulsive	Impulsive		Impulsive
			Fall since ad		Fall since ad
					Behaviour
					Confusion
					Balance
					Insight
					Dizziness
					Visual
OCT: <.001	OCT: .24	OCT: .01	OCT: .04		OCT: .79
McF: 0.27	McF: 0.28	McF: 0.32	McF: 0.34		McF: 0.37
AUC: 0.83	AUC: 0.84	AUC: 0.86	AUC: 0.87	7	AUC: 0.89

RESULTS: Hierarchical regression

(Note: first 4 and last of 10 models shown)

RESULTS: Risk factor item weighting and tool cut-off score

Risk factor items	OR	Unweighted Coefficients	Weighted coefficients
A prescribed mobility aid	9.13	2.21	22
Fall since admission	4.41	1.48	15
Impaired orientation	3.83	1.34	13
Impulsive behaviour	3.32	1.20	12
Incontinence	1.93	0.66	7

 $4 \geq 33$ indicates patient is a high falls risk





The Sydney Falls Risk Screening Tool (SFRST)

Falls risk scoring not completed for completely immobilised patient	s including:	
patients in a minimally responsive state;		
patients with extremely severe motor impairment; or		
patients with tetraplegia.		
Rate as low falls risk and continue periodic re-screening for risk of	falling.	
Risk factors	Score if YES	Date
1. History of falls	15	
Has the patient fallen since admission to hospital?	15	
2. Mobility aid		
ls the patient prescribed a mobility aid?	22	
Such as wheelchair, frame, crutch/s or walking stick.		
3. Cognition		
ls the patient disorientated?	13	
Poor awareness of environment including time, place and person.		
4. Behaviour		
ls the patient displaying impulsive behaviour?		
Risk taking and spontaneous actions occurring without recognition	12	
of consequence or impairment or assistance required for		
activities such as mobility or toileting.		
5. Altered elimination	7	
Is the patient incontinent of urine and/or faeces?		
\geq 33 indicates patient is a high falls risk	Total score	

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SFRST CLINICAL VALIDITY AND COMPARISON TO ONTARIO MODIFIED STRATIFY (Sydney Scoring) FRST

	Weighted SFRST	STRATIFY	<i>p</i> -Value
Cut-off score	≥ 33	≥ 9	
Sensitivity	90%	98%	.25
Specificity	64%	26%	<.001
PPV	49%	35%	.057
NPV	94%	96%	.637
Accuracy	71%	47%	<.001
Youden index	0.54	0.24	.005
AUC	0.87	0.80	.037





WHERE TO FROM HERE

Designing a validation study using a larger sample size

4 Trial tool in mixed general patient populations



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ORIGINAL ARTICLE

WILEY Clinical Nursing

Development of the Sydney Falls Risk Screening Tool in brain injury rehabilitation: A multisite prospective cohort study

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