



University of Washington Medical Center Shower Safety Screen (UWMC-SSS)

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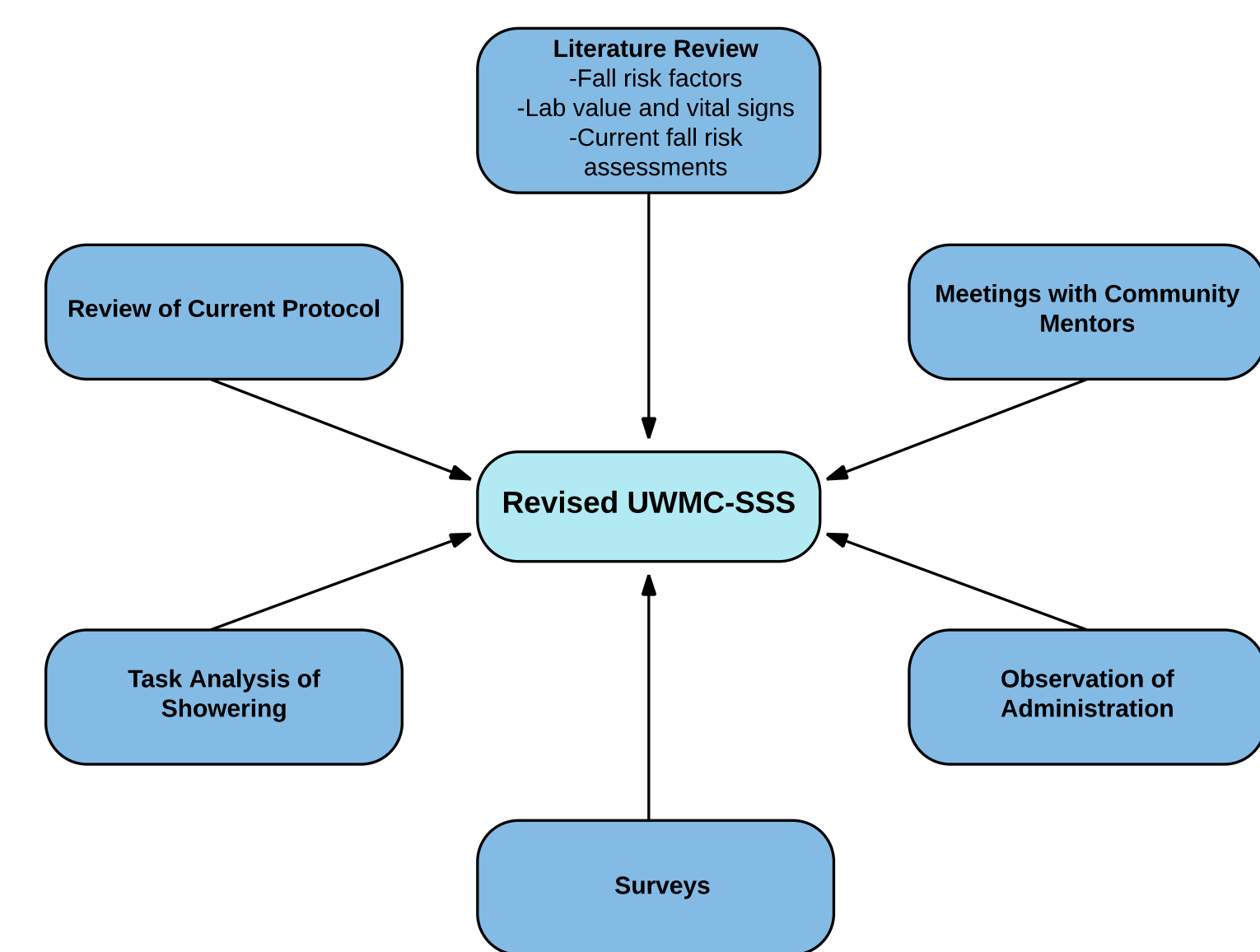
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INTRODUCTION

Falls are a serious issue in the acute care setting. Occupational therapists can play an important role in assessing a patient's risk of falling during activities of daily living (ADL) participation, including the task of showering. The purpose of this project was to revise the existing University of Washington Medical Center (UWMC) Pre-Shower Balance Screen to reflect current evidence and best practices.

METHODS



INTERVENTION

- Revisions made to Shower Safety Screen included: clearer instructions, better flow of task items, greater variety of fall risk factors, consideration of individual patient preferences during shower routine, and formatting improvements
- An in-service presentation was provided to 24 UWMC occupational therapists to review key findings from the literature review and to introduce the revised UWMC-SSS and instruction manual to promote use

RESULTS

Online survey results and in-person feedback showed:

- Revisions made to the existing shower safety screen increased the value of the tool for patients and occupational therapists
- Instruction manual makes the UWMC-SSS more accessible and easier to administer
- Revised UWMC-SSS results can be documented with an auto-text, which facilitates efficient communication and documentation in the medical record

Positive feedback confirmed the value of revisions and therapist education:

- "The assessment helps patient and staff to be more prepared"
- "Able to provide patients with specific reasons why we think they may be unsafe to stand in the shower"

Following revision of the UWMC-SSS, reported use of the screen in practice increased from 4 of 8 therapists to 10 of 10 therapists, based on online survey results.

DISCUSSION

Having a more comprehensive shower safety screening tool has the potential to help occupational therapists better assess fall risks in the shower, which may lead to reduced falls in acute care. The UWMC-SSS serves this purpose by assisting occupational therapists to determine patient safety during showers, guiding treatment and discharge planning including DME recommendations, and increasing patient safety awareness.

Future steps for the UWMC-SSS include:

- Standardization as a shower safety screening tool
- Educational tool for therapists new to UWMC
- Efficient communication of the screen results to other disciplines
- Possible use of the shower screening tool by other disciplines, such as nursing
- Determination of how the screen fits within hospital-wide fall prevention policy
- Dissemination of UWMC-SSS to other acute care hospitals

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REVISED SHOWER SAFETY SCREEN

Date of Assessment: _____ Therapist Name: _____
 Start Time: _____ End Time: _____ Re-test count (optional): _____

UWMC Shower Safety Screen

Lab Values and Vital Signs
 Blood Values: Hematocrit (HCT) _____ Hemoglobin (Hb) _____ Platelets (PLT) _____
 Pre-vital Signs: Blood Pressure _____ Heart Rate _____ O₂ _____ O₂ Suppl _____ Position _____

Minimum suggested values for therapy:
 HCT ≥ 25%, PLT ≥ 20,000, Hb ≥ 8 g/dL
 Normal ranges:
 Systolic BP 90-180 mmHg; Diastolic BP 40-110 mmHg; HR 50-120 bpm; O₂ Sat ≥ 90%

Fall Risk Factors

1. Over 65 years old? Y/N
2. On 2 or more medications (tricyclics, diuretics, beta-blockers, narcotics)? Y/N
3. Hospital stay greater than 2 days? Y/N
4. Do you usually sit in the shower? Y/N
5. Have you had any falls in the last 3 months? Y/N
6. Do you feel dizzy when you are standing? Y/N
7. Do you use a device for walking (cane, walker, etc)? Y/N

Complete Shower Safety Screen on other side

Post-vital signs: Blood Pressure _____ Heart Rate _____ O₂ _____ O₂ Suppl _____ Position _____

Screening Results:

Low fall risk while standing in shower
 Low fall risk while sitting in shower
 Recommended supervision and/or assistance during shower
 Not appropriate for shower at this time

Comments and Recommendations:

Version 1.3 - 05/01/16

LITERATURE REVIEW FINDINGS

Fall risk factors

- History of falls¹, age², mental function², medication³, mobility⁴, length of hospital stay⁵, and diagnosis⁴

Significance of falls in acute care

- Between 3% and 20% of patients fall in the hospital at least once¹
- Between 30% and 51% of falls result in an injury⁶
- Implications: injuries, increased length of stay, increased medical costs, and psychological effects^{3, 4}

Lab values and vital signs can vary depending on patient functionality and amount of deconditioning^{7, 8}

- Important to consider minimum hematocrit, hemoglobin, platelet, blood pressure and oxygen levels regarding tolerance for activity

Appraisal of fall risks and balance assessments

- STRATIFY⁹, MFS¹⁰, mJH-FRAT¹¹, BBS¹², FIM¹³, Henrich II¹⁴, Functional Reach Test¹⁵
- Assessments in current form are not adequate to assess a patient's ability to shower safely