I am more than a fall risk score.

What matters most to her is what matters most to us.

A person-centered approach to injurious fall reduction

Many hospital fall prevention programs focus primarily on falls caused by environmental factors, such as clutter, slips and trips, and improper footwear, even though most injurious falls are caused by intrinsic risk factors that travel with the person. These programs often restrict the mobility of persons who would be strengthened by walking or other activity.

The unintended consequence: The hospitalized person’s functional and mobility skills decline, increasing the risk of an injurious fall and other hospital-acquired conditions, with potentially devastating physical, psychological, and financial outcomes.

The Hendrich II Fall Risk Model takes a different approach. By assessing eight scientifically valid risk factors known to predict falls, the model enables your team to efficiently target the modifiable root causes of the person’s fall risk with specific interventions that also prevent hospital-acquired complications and prepare the person for a healthier return to home and community.

Rate 8

- Confused/ disoriented/ impairs
- Symptomatic depression
- Altered elimination
- Dizziness/ vertigo
- Any administered benzodiazepine
- Any administered antiepileptics/ anticonvulsant
- Gender (male)
- Any administered antidepressants
- 1 simple gait and balance test
- Get-Up-And-Go Test

5 intrinsic risk factors

2 classes of medication
Here’s how the Hendrich II Fall Risk Model™ works:

1. You assess 8 risk factors that predict falls and identify persons at high risk.
2. Each risk factor is supported by a care pathway to guide you through assessment, diagnosis, interventions, and care transitions.
3. Each care pathway is paired with a care plan for a deeper, evidence-based dive into causes, diagnoses, and interventions, with helpful links to supporting resources.

Hendrich II Fall Risk Model validation

To create the model, more than 600 variables were evaluated in fall and non-fall patients to scientifically identify 8 factors necessary to predict falls.

The model is backed by more than 20 years of research and experience, appearing in more than 300 peer-reviewed articles and 30 validation studies in the U.S. and abroad.

A recent study of almost 215,000 patients, over a 3-year period, confirms sensitivity of 78.72% to predict falls. The negative predictive value is 99.9%, confirming fall potential is not missed.

A user agreement supports a state-of-the-art injurious fall reduction program across all sites of care within your system:

Consultation and analysis to understand your site’s baseline and to plan for successful adoption of the program.

Evidence-based care pathways and plans to address root causes of fall risk.

A customizable map for building risk factors and care pathways and plans into any electronic health record.

Isn’t it time to rethink your fall risk model?

To learn more, please visit us at: www.hendrichfallriskmodel.com or call us at 866.653.6660.

or contact:

Dwana Murphy
Vice President, Operations
dmurphy@hendrichfallriskmodel.com

Ann Hendrich, PhD, RN, FAAN
HIFRM Researcher and Author
ahendrich@hendrichfallriskmodel.com

or scan the code:

A case-study driven clinical resource guide that shows the model in action.

Toolkits to support rapid adoption and sustainment of the program, including methods, techniques and tools for change management, quality improvement/project management, and the creation of a culture of safety.