# Predicting the Risk Of Falling - efficacy of a risk assessment tool compared to nurses' judgement: a cluster-randomised controlled trial

<b>Recruitment status</b> No longer recruiting	[X] Prospectively registered		
	[X] Protocol		
<b>Overall study status</b> Completed	[] Statistical analysis plan		
	[X] Results		
<b>Condition category</b> Injury, Occupational Diseases, Poisoning	Individual participant data		
	No longer recruiting Overall study status Completed Condition category		

## Plain English summary of protocol

Not provided at time of registration

# **Contact information**

**Type(s)** Scientific

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## **Contact details**

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# Additional identifiers

**EudraCT/CTIS number** Nil known

IRAS number

**ClinicalTrials.gov number** Nil known Secondary identifying numbers 01GT0306

# Study information

## Scientific Title

Predicting the Risk Of Falling - efficacy of a risk assessment tool compared to nurses' judgement: a cluster-randomised controlled trial

Acronym PROF

**Study objectives** To determine if the administration of a fall risk assessment tool reduces the number of fallers.

**Ethics approval required** Old ethics approval format

**Ethics approval(s)** Not provided at time of registration

**Study design** Randomised controlled trial

**Primary study design** Interventional

**Secondary study design** Randomised controlled trial

**Study setting(s)** Other

**Study type(s)** Prevention

Participant information sheet

Health condition(s) or problem(s) studied Frail elderly

### Interventions

Education session for all clusters to optimise standard care and to minimise centre effects. Intervention group: Optimised standard care, administration of a standard fall risk assessment tool (Downton Index) alongside nurses' clinical judgement Control group: Optimised standard care with nurses' clinical judgement alone

Intervention Type

Other

## Phase

Not Specified

#### Primary outcome measure

Number of participants with at least one fall at 12 months.

### Secondary outcome measures

1. Number of falls

2. Clinical consequences, i.e., fall and injury prevention measures applied

3. Side effects, i.e., use of restraints

Other:

1. Injuries and fractures related to falls

2. Hospital admissions and consultations with a physician due to falls

3. Costs

Overall study start date

01/09/2005

## Completion date

31/03/2007

# Eligibility

## Key inclusion criteria

Cluster (nursing home by itself or an independently working ward of a large nursing home): 1. At least 30 residents

**Residents:** 

2.70 years or older

3. Not bedridden

4. Living in the nursing home for more than three months

**Participant type(s)** Patient

Age group Senior

**Sex** Both

**Target number of participants** 1080

**Total final enrolment** 1125

Key exclusion criteria

Cluster: 1. Less than 30 residents

Residents: 2. 69 years or younger 3. Living in the nursing home for less than three months 4. Bedridden

## Date of first enrolment

01/09/2005

Date of final enrolment 31/03/2007

# Locations

**Countries of recruitment** Germany

**Study participating centre University of Hamburg** Hamburg Germany D-20146

## Sponsor information

**Organisation** University of Hamburg (Germany)

### **Sponsor details** Unit of Health Sciences and Education Martin-Luther-King-Platz 6 Hamburg Germany D-20146 +49 (0)4042 838 7230

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**Sponsor type** University/education

**Website** http://www.chemie.uni-hamburg.de/igtw/Gesundheit/gesundheit.htm ROR https://ror.org/04bs1pb34

# Funder(s)

**Funder type** Government

### Funder Name

German Ministry of Education and Research (Germany) - within the Northern Germany Nursing Research Network

# **Results and Publications**

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	10/11/2005		Yes	No
Results article	results	01/07/2009	31/05/2019	Yes	No