

## Influence of Standard Work Process on Fall Risk Interventions in the Emergency Department

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# Influence of Standard Work Process on Fall Risk Interventions in the Emergency Department

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## BACKGROUND / INTRODUCTION

- During FY '15 there were 37 falls in the Cedar Crest Emergency Department.
- Currently, there is little evidence on fall prevention specifically in Emergency Departments.
- Falls are the most common adverse events reported in hospitals and more than 1/3 of falls result in one or more injuries (Terrell, Weaver, Giles, & Ross, 2009).
- Patients should be visibly and tactfully labeled as a fall risk (Terrell et al., 2009).
- There is limited evidence to suggest that multifactorial fall prevention programs in emergency department settings are effective in decreasing the number of falls or fall related injuries. (Gates, Fisher, Cooke, Carter, & Lamb, 2008).
- The most prevalent factors to falls include confusion, male, benzodiazepines, altered mobility, and altered elimination. (Terrell et al., 2009).
- A fall risk screening should be implemented in triage. Once a fall risk patient is identified interventions should be put in place (Alexander, Kinsley, & Waszinski, 2013).

## PURPOSE

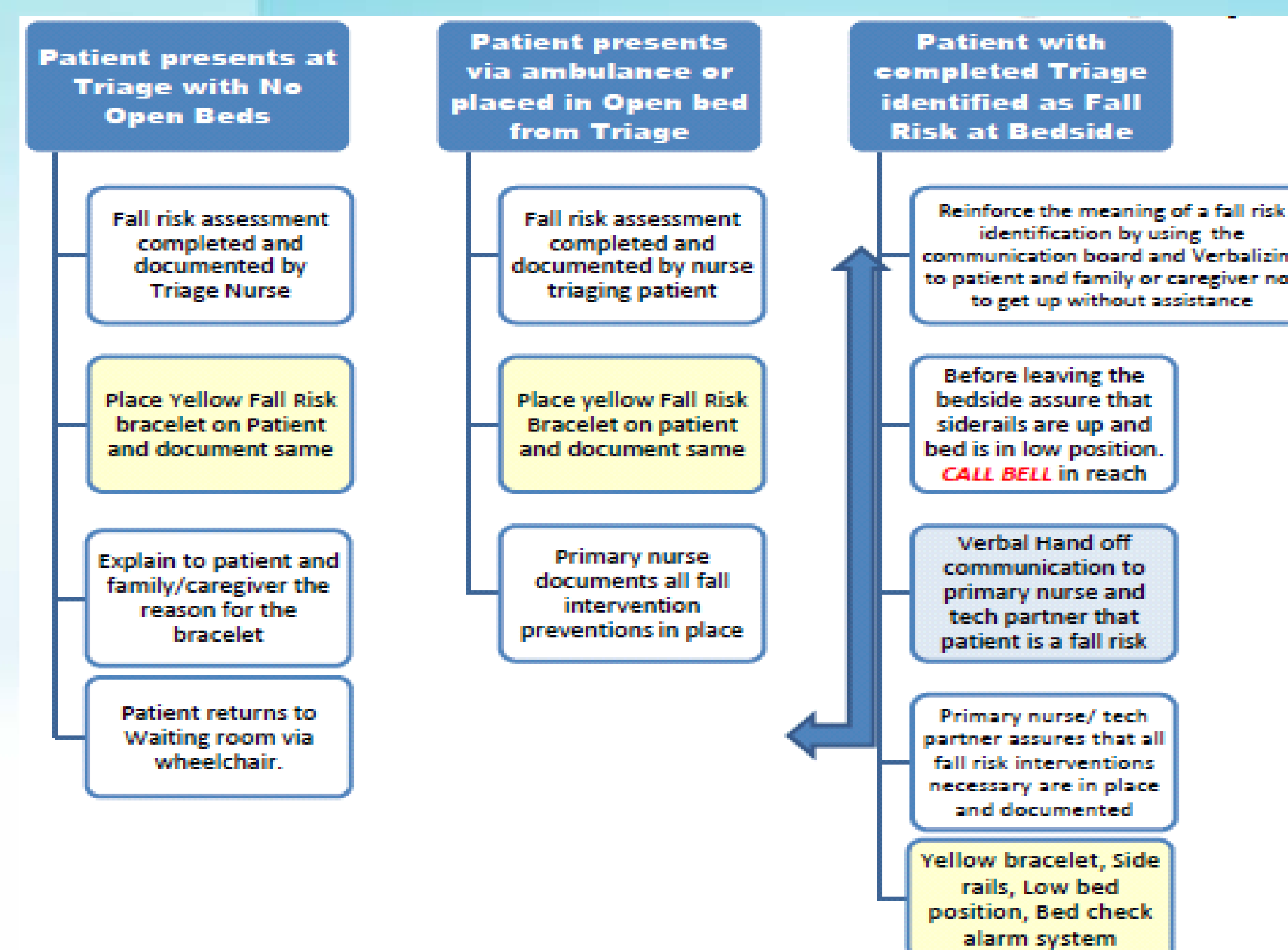
- Increase the communication of and the use of fall risk interventions for fall risk patients in the Emergency Department
- “For adult Emergency Department patients, does the use of a Standard Work Process Algorithm for the Identification and Communication of the Fall Risk Patient, compared with the current practice increase the compliance of fall risk interventions?”

## METHODS

- Notification of proposed interventions to Emergency Department staff
  - Triage RNs made aware of project
  - 1:1 education with staff
  - CRS incorporated evidence-based project into ‘Question of the Week’

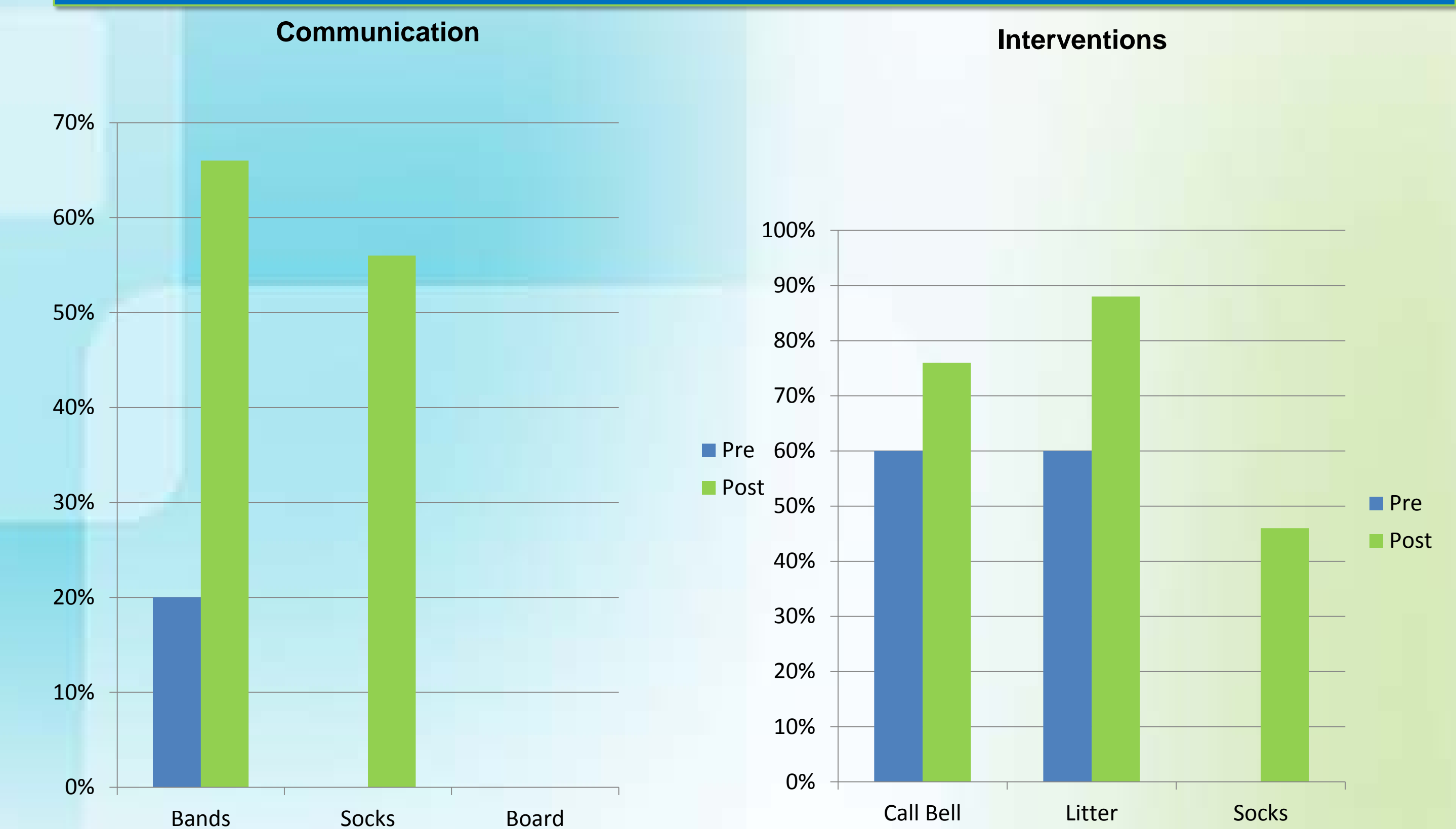
## METHODS

- Pre-Intervention survey to Nurses and Technical Partners to assess knowledge, feelings, and recommendations about current practice
  - Opinion on current fall prevention
  - Number of falls under staffs watch
  - When to complete a fall risk screening
  - Recommendations
- TLC module on new Standard Work Process Algorithm assigned during November 2015



- Implementation of Algorithm December 2015
  - Copies of Algorithm posted throughout the Emergency Department as reminder to staff
- **Fifty chart reviews** with corresponding patient room checks both pre and post intervention were completed. Patient room checks confirmed if fall risks were communicated and interventions were in place
  - Are interventions documented?
  - Does patient have non-skid socks/fall-band/call bell?
  - Is the litter in lowest position with side rails up?

## RESULTS



## CONCLUSIONS

- Progress of the intervention was seen with an improvement evident from statistics gathered from chart reviews and room checks
- Significant increase in documentation of bands and socks as well as implementation of all three interventions.
- Communication boards however are not being utilized
- Information on bed checks being sent out due to staff requests

Alexander, D., Kinsley, T., & Waszinski, C. (2013). Journey To A Safe Environment: Fall Prevention in an Emergency Department at a Level I Trauma Center. *Journal of Emergency Nursing*, 39, 346-352. <http://dx.doi.org/10.1016/j.jen.2012.11.003>

Degela, J., Belz, M., Bungum, L., Flavin, P.L., Harper, C., Leys, K., Lundquist, L., & Webb, B. (2012). Prevention of Falls (Acute Care). Institute for Clinical Systems Improvement. Retrieved from [https://www.icsi.org/\\_asset/dcn13z/Falls-interactive0412.pdf](https://www.icsi.org/_asset/dcn13z/Falls-interactive0412.pdf)

Dykes, P.C., Carroll, D.L., Hurley, A., Lipsitz, S., Benoit, A., Chang, F., Tsurikova, R., Zuyov, L., & Middleton, B. (2010). Fall Prevention in Acute Care Hospitals: A Randomized Trial. *Journal of the American Medical Association*, 304, 1912-1918. DOI: 10.1001/jama.2010.1567.

Gates, S., Fisher, J.D., Cooke, M.W., Carter, Y.H., & Lamb, S.E. (2008). Multifactorial assessment and targeted intervention for preventing falls and injuries among older people in community and emergency care settings: systematic review and meta-analysis. *BMJ*, 336, 1-9. <http://dx.doi.org/10.1136/bmj.39412.525243.BE>

Terrell, K.M., Weaver, C.S., Giles, B.K., & Ross, M.J. (2009). ED Patient Falls and Resulting Injuries. *Journal of Emergency Nursing*, 35, 89-92. <http://dx.doi.org/10.1016/j.jen.2008.01.004>

Weigand, J.V. & Gerson, L.W. (2001). Preventative Care in the Emergency Department: Should Emergency Departments Institute a Falls Prevention Program for Elder Patients? A Systematic Review. *Academic Emergency Medicine*, 8, 823-826. DOI: 10.1111/j.1553-2712.2001.tb00214.x

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