Standardization of Fall Interventions in the Emergency Department.

Shena Alvarado BSN, RN
Lehigh Valley Health Network, shena.alvarado@lvhn.org

Andrew Chinofsky BSN, RN
Lehigh Valley Health Network, andrew.chinofsky@lvhn.org

Nicole M. Lucchese BSN, RN
Lehigh Valley Health Network, nicole_m.lucchese@lvhn.org

Christopher E. Painter BSN, RN
Lehigh Valley Health Network, christophe_e.painter@lvhn.org

Nicholas R. Tucciarone BSN, RN
Lehigh Valley Health Network, nichola_r.tucciarone@lvhn.org
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Shena Alvarado BSN,RN; Andrew Chinofsky BSN,RN; Nicole Lucchese BSN,RN; Christopher Painter BSN,RN; Nicholas Tucciareone BSN,RN
Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND / INTRODUCTION

Cedar Crest Emergency Department has noticed a significant statistical increase in patient falls between the 2015 and 2016 fiscal years.

- CPM fall risk assessment tool scores do not correlate to appropriate fall interventions.
- Many practitioners need assistance with appropriate bed-check set up.
- Cost: Bed-check device $22/each vs. increased length of stay/avoidable hospitalization

Purpose: To standardize implementation of fall risk interventions based on patient's assessed fall risk and impulsivity factors.

PICO QUESTION

For patients identified as a fall risk in the adult ED, does standardization of fall risk interventions lead to increased use of appropriate interventions?

P - Adult patients in the Emergency Department.
I - Standardization of fall risk interventions based positive fall risk screening and impulsivity factors.
C - Pre-standardization versus standardization of interventions.
O - Increased use of appropriate interventions.

REFERENCES


METHODS / IMPLEMENTATION

- Pre-standardization fall intervention chart audit.
  - Review of previous fall charts.
  - Audit of fall scores, history, chief complaint/medications given.
- Education / Observation
  - Verbal promotion and education.
  - Spot checks during evaluation period.
- Post-standardization of fall interventions audit.
  - Interventions and fall score correlations were audited and spot checked.
  - 50 pre-education/ 50 post-education audits and spot checks.

RESULTS

Fall Intervention Compliance

![Figure 1. Compliance percentages of interventions and charting pre and post education](image)

<table>
<thead>
<tr>
<th>All Patients</th>
<th>Standard Bundle</th>
<th>Reassess After Pain / Cardiac Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Risk</td>
<td>Fall Bundle + Standard Bundle</td>
<td>All patients with a positive fall risk assessment</td>
</tr>
<tr>
<td>High Risk</td>
<td>Bed check + Fall Bundle + Standard Bundle</td>
<td>Acute Mental Status Change, Dementia History, Intoxication, Recent Fall</td>
</tr>
</tbody>
</table>

1:1 used in all behavioral patients and patients failing bed check

BARRIERS

- Inconsistent education of staff regarding the use of bed-check devices.
- Loss of bed-check transmitters during patient transport to assigned unit.
- Staff noncompliance/misunderstanding of purpose of fall interventions.
- Inconvenient location of fall risk assessment in the electronic medical record (ASAP in Epic).

CONCLUSION

- Standardized Fall Prevention education is necessary for all members of ED.
- Increased patient and family education to engage in fall prevention strategies.
- Project results showed increased use of bed-check devices and appropriate allotment of one-to-one personnel.
- An increase in appropriate fall scoring and re-evaluation of fall risk was achieved after educating staff.
- Reevaluation of fall risk post-administration of medications that increase fall risk continues to be a challenge.
- New room/hallway/bathroom signage and efforts to prominently feature fall score evaluation in the electronic medical record promote the topic.