

Standardization of Fall Interventions in the Emergency Department.

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Standardization of Fall Interventions in the Emergency Department

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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.

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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.

Falls by Month



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).

RESULTS

Fall Intervention Compliance

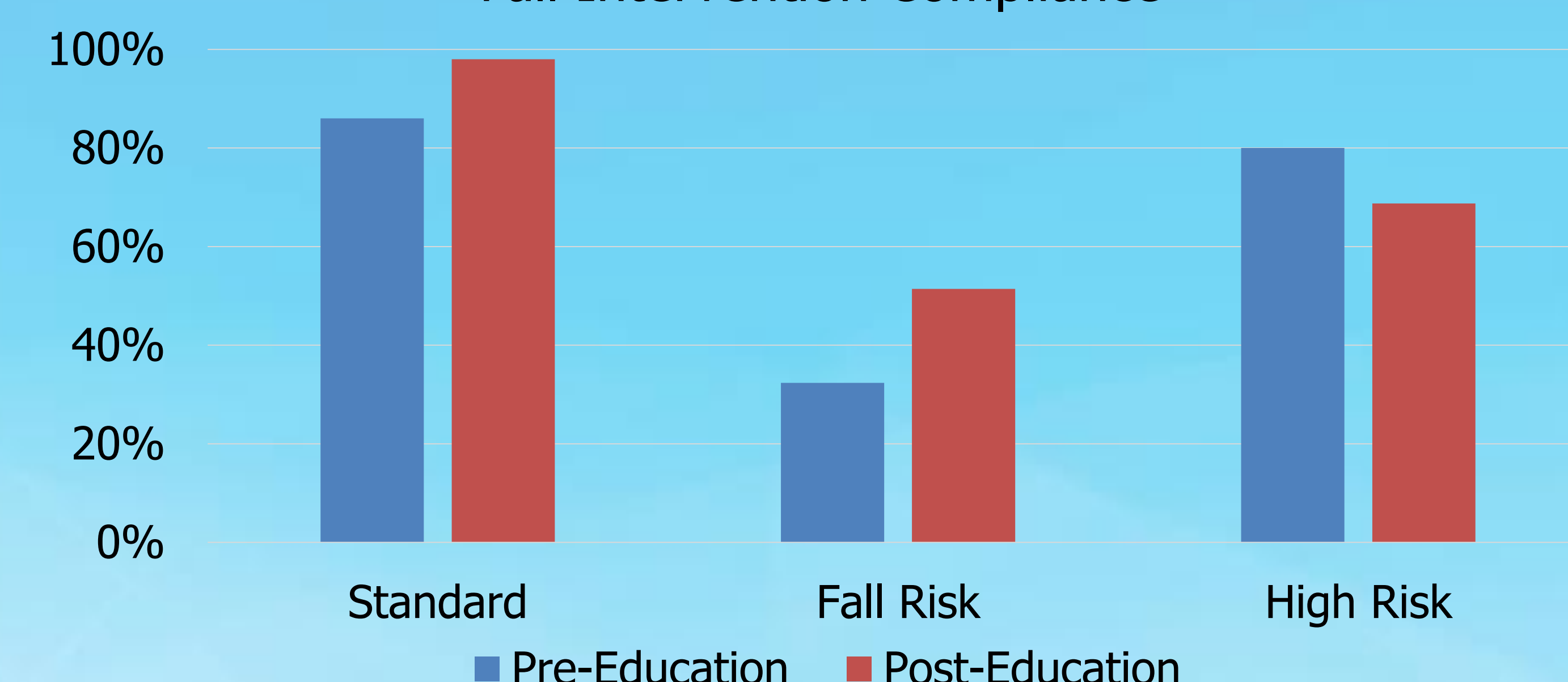


Figure 1. Compliance percentages of interventions and charting pre and post education

All Patients	Standard Bundle	Reassess After Pain / Cardiac Medications
Fall Risk	Fall Bundle + Standard Bundle	All patients with a positive fall risk assessment
High Risk	Bed check + Fall Bundle + Standard Bundle	Acute Mental Status Change, Dementia History, Intoxication, Recent Fall
1:1 used in all behavioral patients and patients failing bed check		

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.