

PREVENTION OF FALLS IN THE EMERGENCY DEPARTMENT

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PREVENTION OF FALLS IN THE EMERGENCY DEPARTMENT

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BACKGROUND

In the Cedar Crest Emergency Department, there were 4 possible preventable falls from March to June 2018 with a total of 7 overall falls.

Preventable falls:

March: patient found on floor (Evening shift)

April: patient found on floor (Night shift)

May: patient got out of bed by self (Day shift)

June: patient got out of bed by self (Day shift)

PICO

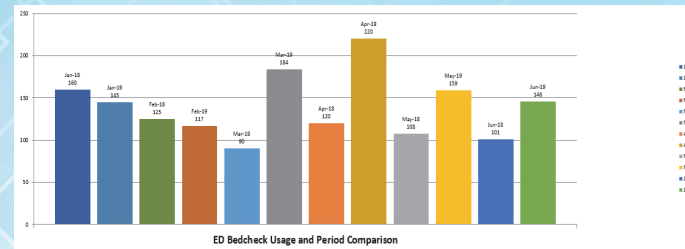
- P- Nurses and technical partners in the adult Emergency Department
- I- educating staff on the use and location of bed alarms
- C- education vs no education
- O- increased staff knowledge and usage of bed alarms

EVIDENCE

- Main causes of falls are increased age, impaired level of consciousness, balance disorders, medication side effects, multiple drug use, open bed rails and locks, lack of information, insensitivity, and unawareness of family members (Baris & Intepeler, 2019).
- Diagnoses identified by healthcare professionals as causes of falls are dementia, hypotension, anemia, incontinence, orientation disorder, amputation, fatigue, severe pain, diarrhea and more (Baris & Intepeler, 2019).
- Patients' risk of falling is affected by their state of chronic illness, individual characteristics, the reason for their admission, and the emergency department they presented to (Tanrikulu & Sari, 2017).

OUTCOMES

- In 2018 the number of possible falls was 4 and complete falls was 7. In 2019 the current number of possible falls is 7 with complete falls at 12.
- Number of bed checks used in 2018 was 704 and number of bed checks used in 2019 is 971.



Positives

- Nurses & technical partners liked the convenience of having bed checks within reach.
- Putting a bed check on patients who need one is becoming muscle memory since they are close.
- Increased use in bed check is not creating alarm fatigue.

Negatives

- ED-CC is still experiencing falls with increased bed check usage.
- Bed checks are not always replaced after they are used.
- Bed checks do work, but are sometimes not quick enough or not applicable.

IMPLEMENTATION

- 50 pre-surveys and 50 post-surveys
- The majority of nurses stated that they used a bed alarm for patients with a history of falls or altered mental status
- Nurses stated that the two major factors preventing the use of a bed alarm is the availability of the mats and/or the transponders and not having adequate staff to watch patients while getting one
- Nurses stated that they documented the use of a bed alarm in a blank note a majority of the time
- Nurses stated that they would be more likely to use a bed alarm if they were more easily accessible in patient rooms.
- Number of bed alarms used from March to June 2018 was 419.

NEXT STEPS

- Using the data collected through this project will allow for the emergency department leadership team to introduce a proposal for the newly built emergency department to be equipped with stretchers that have built in bed alarms.

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