

Geriatric Fall Risk Screening in the Emergency Care Center – A Process Improvement Project

BACKGROUND

- Geriatric falls are a prevalent and a growing health problem in the U.S.
- Unintentional falls are the leading cause of fatal and non-fatal injuries for adults, age 65 and older.
- One in four geriatric Americans will fall each year, resulting in approximately 2.8 million injuries, most of which are seen in the emergency department setting.
- In 2016, Orange County's geriatric population was noted to be the fastest growing population demographic in the County.
- Research indicates there is an appreciable gap in fall-risk evaluation practices with nearly 50% of PCP's omitting the fall-risk portion of a geriatric patient's wellness visit.

PURPOSE

- The purpose of this project was to screen geriatric patients with a short, sustainable fall-risk assessment performed during a routine visit to St. Joseph's Emergency Care Center (ECC).

REFERENCES

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METHODS

- Design: Evidence-based, quality improvement project.
- Sample/Setting: Convenience sample of geriatric patients (65 years of age or greater) discharged home from the ECC between March 15 and May 30, 2020.
- Exclusion Criteria:
 - Patients admitted for a fall related occurrence or injury.
 - Patients with Emergency Severity Index (ESI) score of <7.
- Instrument: 2 question validated fall-risk screening tool by A. Tiedemann et al. (2012).
- Procedure:
 - 2 question fall-risk screening tool was verbally administered to ECC patients.
 - All patients were contacted at 30 & 60 days post screening to determine if they had fallen.

LIMITATIONS

Limited numbers of patients meeting criteria (ESI acuity and discharge home) during COVID-19 pandemic.



RESULTS AND OUTCOMES

- A total of 30 patients were screened over 6 weeks.
- Fall-risk screening tool identified **13.3%** of participants as fall-risks.
- All patients who were scored as at risk for falls were referred to the department case manager for post-discharge Home Safety Evaluation; primary care providers (if available) were verbally notified of patient's positive screening.
- **33%** of geriatric patients screened in the ECC did not have an assigned Primary Care Provider (PCP).
- 3 patients (10%) contacted at 30 & 60 days reported an episode of falling.

DISCUSSION

- The one-third of patients without a PCP represent a gap for routine fall screening.
- Falls in the geriatric population are associated with high rates of morbidity and mortality.

CONCLUSIONS

- A routine visit to the ECC may be the heralding event that offers a unique opportunity for preventive fall-risk screening.
- Identification of community-dwelling seniors who are high-risk for falls promotes initiation of preventive resources such as case management evaluation, home assist devices, and additional safety evaluations prior to the patient departing the ECC.