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Background

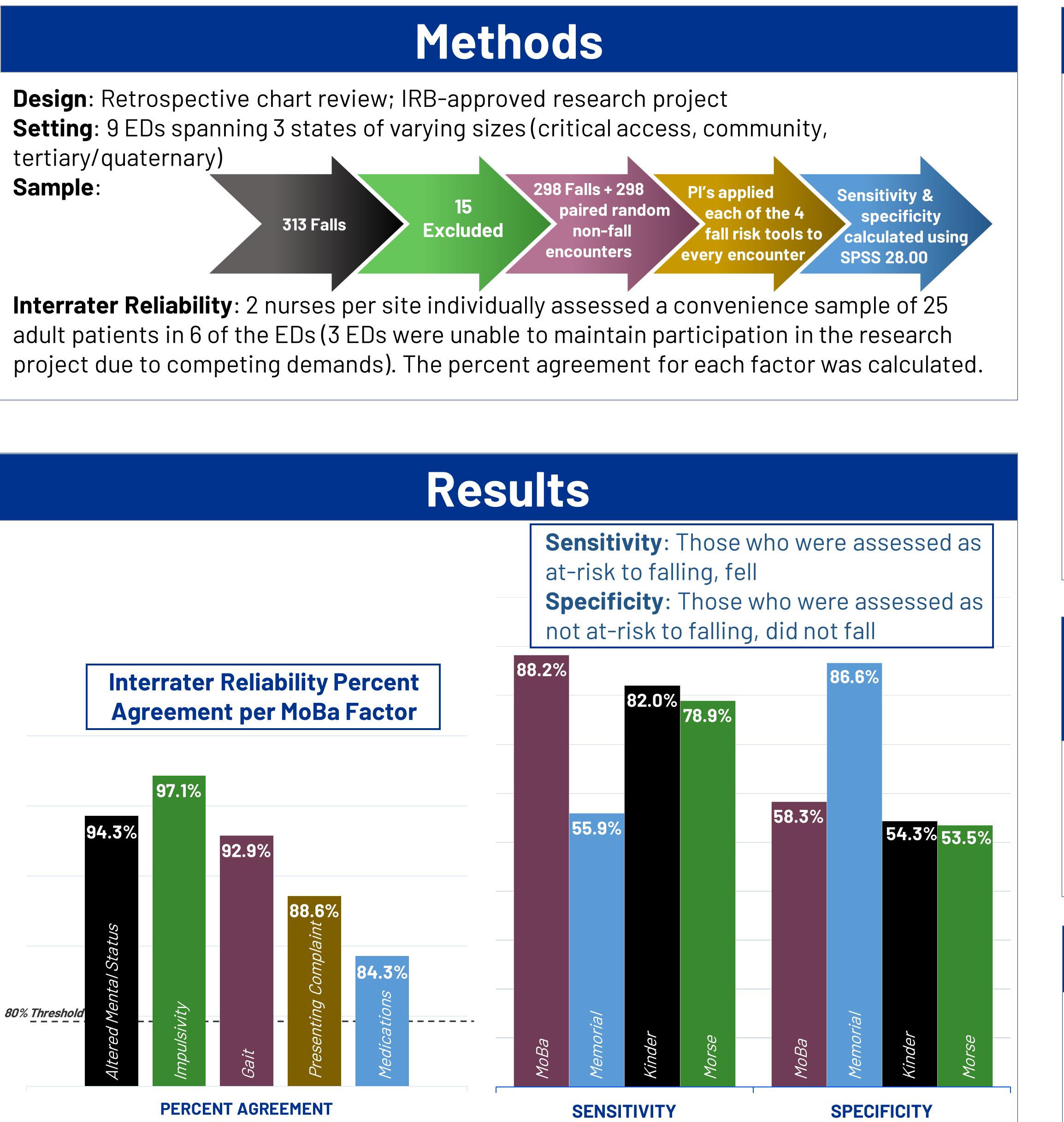
Patient falls commonly occur in emergency departments (EDs). Due to high patient volumes, patient acuity, and turnover in EDs, it is difficult to achieve timely and accurate identification of patients at-risk for falling.

- The researchers' organization utilizes the Morse Fall Risk Assessment Tool (Morse).
- With an increasing rate of patient falls in EDs, the researchers performed a review of literature to identify EDspecific fall risk tools:
 - Kinder 1 Fall Risk Assessment Tool (Kinder) and the Memorial ED Fall Risk Assessment Tool (Memorial)
- Based on the researchers' experience and the review of literature, additional ED patient fall risk factors were identified.
- This led to the development of the Monego-Barra ED Fall Risk Assessment Tool (MoBa).

Purposes

- To establish interrater reliability of the MoBa
- To evaluate sensitivity and specificity of three valid and reliable tools and the newly-developed MoBa at predicting ED falls

A Better Tool for ED Fall Risk Assessments: The Monego-Barra ED Fall Risk Assessment Tool (MoBa) Roxanne Barra, DNP, RN, CEN; Mary Waldo, PhD, RN, GCNS-BC; Angela Graves, MSN, RN, NE-BC; Jessica Monego, MSN, RN, NE-BC





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Discussion

Strong sensitivity is paramount for identifying patients at-risk to falling. The sensitivity was strongest for the MoBa. Limitations were based on the nature of a retrospective chart review and being reliant on the quality of documentation. For the Memorial, it was difficult to fully discern if a patient had fallen within the previous 3 months. For the Morse, it is unclear how to translate "secondary diagnosis" to the ED setting—Does it mean ≥ 2 Chief Complaints or ≥ 2 diagnoses in their medical history? The findings demonstrate the MoBa has strong sensitivity and reasonable specificity and could be a beneficial tool for use in the ED.

Implications For Practice

Appropriate fall risk assessment can contribute to patient safety. Next steps include deploying the MoBa in diverse EDs to understand feasibility of the tool in practice.

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