

Fall Prevention in the Emergency Care Center (ECC)

Background

- Annually in the US, 1 million patient falls occur resulting in prolonged hospitalization & higher medical costs.
- Falls rise with aging & are the leading cause of injury-related deaths among adults ≥ 65 .
- Patients underreport the nature of falls and injuries resulting in imposed Emergency Care Center (ECC) visits.
- Fall Risk Assessment Tools (FRAT) implemented in the electronic health record (EHR) should be specific to the specialty unit (e.g., Kinder-1 for ECC).
- Limited research available on falls & injuries in the ECC.

Purpose

- To screen persons in the ECC for fall risk using the Morse Fall Scale and the Kinder-1.
- Employ targeted interventions for those who are at increased risk of falling while in the ECC.

Methods

- Design: EBP with quality measures.
- Retrospective review of Datix incident reports & concurrent quality metrics.
- Participants: ECC RNs & PCTs
- Procedure:
 - Fall prevention education provided on documentation, risk factors, & strategies to mitigate falls.
 - KINDER-1 added for patients scoring >45 on Morse Fall Scale.
 - Use of fall risk identifiers: yellow wrist bands, non-skid slippers, signage in/out of patient rooms & computer workstations.
 - Ensured operational patient call lights in ECC exam rooms.

Results

- 66% of random audits for "At Risk" patients (≥ 65 with a psychiatric, neurological or fall admission diagnosis) had Morse Fall Scale documented after initial education.
- Subsequent random audits failed to show improvement (30% compliance).
- 58 completed Kinder-1 tool when Morse score >45 .
- Falls in ECC N=32 per Datix incident reporting system for 2022 through Q2 - 2023.

Discussion

- Small sample size n=82.
- Some reductions realized in total falls, however, cannot attribute this to education.
- Fall documentation focused on patients: ≥ 65 with dizziness, falls, or psychiatric / behavioral presentation.
- Inconsistent or underutilized documentation recorded using Morse FRAT and / or Kinder-1 tool.

Implications for Practice

- High fall rate in ECC highlights the need for consistent, efficacious identification of at-risk patients.
- Adoption opportunity: implementation of ED-specific FRAT (e.g., KINDER-1) into EHR.
- Methods to ensure documentation and implementation of fall risk are essential.
- Consistent FRAT auditing for compliance and "just in time" education may improve compliance.

