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# Fall Prevention in the Greenwich Hospital Emergency Department

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## Background:

Falls are an occurrence in all parts of a hospital, but in the Emergency Department, they can happen all the time. “Between 700,000 and 1 million patients suffer a fall – an unplanned descent to the floor with or without injury – in U.S. hospitals each year, according to the Agency for Healthcare Research and Quality” (Butcher, 2013). In the Emergency Department, there is a constant and fast paced environment which can be over stimulating for patients. Also, for the nurses caring for these patients, there is not always an important focus on falls since it is not a priority

## Goal:

- Work with the nurses on the unit to determine problems related to falls
- Research ways to prevent falls and work to implement them on the unit
- Reduce the incidence of falls on the unit

## Implementation of Project:

- Worked on the unit, observed the stigma of falls and the nursing role related to fall prevention
- Worked with the nurses on the Fall Committee for the Emergency Department
- Worked to make fall bracelets more readily available within triage for when patients first arrive as well as within nursing stations
- Presentation of final poster to nursing staff at RN Monthly Staff Meeting.

## Patient-Centered Care:

- Patients are at constant risk for falls when in the Emergency Department
- Changing patient acuity and rapid paced environment sometimes results in longer call bell response, there are multiple monitors and lines attached to the patient
  - This can cause the patient to move on their own and get caught up, leading to a fall
- Patients that experience a fall while in the hospital have an increased LOS of 627 days (Butcher, 2013).
- Hourly rounding on patients so that they feel important and nurses are better able to cater to the patient’s safety and general needs as well as meet them (Hutchings et al., 2013).

## Evaluation:

- Once the board was presented with the unit and then discussed, we examined how the fall rate could be affected.
- The last fall had been 35 days and most recently it is now 12
- With the addition of the board, the fall rate should decrease

## Conclusion:

All patients are at risk for falls whenever they come into the hospital and especially when they are in the Emergency Department. Preventing falls is about first seeing the risk factors in patients and make sure to identify them to everyone caring for that patient. With collaborative efforts by medical personnel, the number of days since a fall can be seen in do better over time.

**Prevent a Fall**

### Fall Prevention in the Greenwich Hospital Emergency Department

By: Emilia Bialy and Megan Kurten

**How bad does a fall hurt the wallet?**

- Falls on the unit= Increased \$\$ and increased stay (Gettens & Fulbrook, 2015).
- “The cost of a serious fall with injury averages \$14,056 per patient.” (Eliminating Alarms Can Help Reduce Falls, 2016).
- Patients that experience a fall while in the hospital have an increased LOS of 627 days (Butcher, 2013).

**EPIC SCREENING: Where do you find it?**

**How Falls in the Emergency Department differ from falls on the Inpatient Units?**

When in the Emergency Department, patients often have a different experience than on an inpatient unit that can contribute to falls. Some of these experiences are:

- Patient placement in small, ED rooms attached to monitors which can potentially cause patients to become tangled. Due to space constraints, patients can be placed in hallways where they might not have access to call bells when requiring assistance. This can all contribute to falls.
- Patients frequently being transported to different departments for a variety of tests by staff that might not adhere to Fall Prevention continuity.
- Briefed focused patient assessments where Fall Risk is often not assessed as a priority.
- Medications often given in quick succession, many times narcotics, which can result in patient confusion and dizziness contributing to the potential for falls.
- Changing patient acuity and rapid paced environment in the ED can result in longer call bell response time, resulting in increased risk for patient falls.

**Fall Prevention Interventions**

- Fall Bracelets (Leone & Adams, 2016)
  - Allows for everyone who is interacting with the patient to be aware that they are a potential fall risk (Leone & Adams, 2016)
  - **Fall Risk Bracelets are located at the secretary desk in the main nursing station.**
- Chair and Bed Alarms (Hutchings, Ward, Bloodworth, 2013)
- Hourly Rounding on Patients
  - Patients feel more important and nurses are better able to cater to the patient’s safety and general needs as well as meet them (Hutchings et al., 2013).
  - Call bells within reach of patients (AHRQ, n.d.)
- Side Rails up (AHRQ, n.d.)
- Family/Staff fall Education
- Fall Prevention Education for all disciplines (i.e. transport, nurses, ED technicians, physicians)
- Beds stretchers in the lowest Bed Position
  - Always making sure to place the bed in the lowest position when finished with tasks (Teong, Anderson, Prakash, 2012).

## Nursing Role/Responsibilities:

- Use fall bracelets and fall score for each patient. Also letting all individuals interacting with the patient their fall risk
- Use of chair/bed alarms, side rails up, call bell in reach, bed in the lowest position
- Work to prevent falls and advocate for patient safety

EPIC Screening Tool and Fall Risk Score:

ED Narrator

Refresh Triage/History Narrators Disposition Admission Call Back TV Team Data Validate References A/S PCP Trauma Assessments MRI Screening

Expand All Collapse All Not Scanned

Vitals/I&O

Core Assessments

Pain Assessment

Suggested Documentation (1)

Additional Assessments

Injury/Trauma

Alerts

Screenings

Abuse (Adult)

Sepsis Screening > 18 yrs old

Suicide Risk (Adult)

Fall Risk

Aspiration Risk Screen

CIWA (Adult)

CIWA B

Clinical Opiate Withdrawal Scale

Abbreviated NIHSS Scale

Full NIHSS scale

Find an Event + Add

Time Full Time Date Event Details User Name

Time taken: 0920 3/15/2017

Show Row Info Last Filed Details All Choices

Add Row Add Group Values By Create Note

Hester Davis Fall Risk - A value based on the patient's age is automatically added to the total score.

Last Known Fall

0=No Falls 1=Within the last year 2=Within the last 6 months 3=Within the last month 4=During the current hospitalization

Mobility

0=No limitations 1=Dizziness/generalized weakness

Medications (multi-select)

0=No meds 1=Cardiovascular or central nervous system meds

\* CV- Cardiovascular meds include but not limited to any medication administered for the purpose of lowering BP and/or decreasing cardiac load. Beta blockers, ACE inhibitors, Vasodilators, Calcium-channel blockers

\* CNS- Central Nervous System meds include any medication that affects the nervous system. Benzodiazepines, Narcotic pain meds, Muscle relaxants, Seizure and Anti-psychotics, Sedative-hypnotics

\* Diuretics- include any meds that cause diuresis regardless of the condition being treated and include meds like Lasix, bumex and mannitol

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