Fall Reduction in the Emergency Department using a Fall Prevention Bundle

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Background:
- Falls in the Emergency Department (ED) account for 6% of organizational falls.
- Over half of the patients who fall in the ED require additional diagnostic testing and hospitalization.
- Patients that fall in the ED are more likely to sustain an injury or die as a result of their fall compared to other areas of the hospital.
- As a measure of the quality of care, the rate of patient falls in the ED influences overall organizational rankings.

Evidence-Based Solution:
- Combining fall prevention measures into a multimodal bundle can reduce the risk of falling by 30% in acute care.
- Extensive staff preparation brought about a high rate of participation in the fall prevention bundle.
- When these measures are tailored for the ED setting, a reduction in the number of falls has been observed.

Problem Statement and Project Purpose:
- The rate of patient falls in a 70,000 visit/year urban academic medical center ED averaged 0.44 and 0.06 falls with injury per 1,000 visits.
- The purpose of this project was to reduce falls and fall-related injuries through the implementation of an ED-specific fall prevention bundle.

Methods:
- The ED Fall Prevention Bundle was implemented over five months and consisted of a modified fall-risk screening, fall prevention equipment, and staff education.
- The fall-risk tool was modified to include ED-specific fall risk factors found in research literature and from a review of ED falls. An online learning module on the modified fall-risk assessment was developed to educate ED nursing staff.

Results:
- Evaluation of the ED Fall Prevention Bundle spanned six months and examined fall-risk screening, fall precaution application, and fall rates. At the end of the evaluation period:
  - More than 95% of ED patients were screened for fall risk on arrival.
  - More than 85% of patients at-risk had complete fall precautions in place during live audits.
  - The fall rate was reduced to 0.17 falls/1,000 visits by the sixth month and 0.27 falls/1,000 visits for the final quarter.
- There were no falls with injury in the six months post-implementation.

Discussion:
- A successful reduction in falls and falls with injury was achieved in this ED using a fall prevention bundle composed of a fall-risk screening with ED fall-risk factors, fall prevention equipment, and staff education.
- Extensive staff preparation brought about a high rate of fall-risk screening and fall precaution application, which ultimately cut the fall rate in half while avoiding even a single fall with injury.
- Involvement of interdisciplinary staff, support from organizational nursing leadership, and creating a culture of fall prevention were key components in the success of this bundle.
- Improved patient outcomes and ED rankings among peer organizations were also achieved as a result.

Conclusion:
Falls in the ED pose a significant risk to patient safety and require innovative approaches for mitigation. Use of multifactorial fall prevention bundles customized to the ED setting is an important strategy in reducing patient falls and fall-related injuries. Emphasis on fall prevention in the ED provides a safer healthcare environment and improves the quality of care for ED patients.

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References
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Rush Emergency Department Fall Risk Assessment