



Falls in the Emergency Department

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ABSTRACT



Problem statement: After observing increased falls in older patients, our emergency department conducted a comprehensive retrospective review to determine factors that lead to falls and falls with injury. We found that falls had increased by 76% from the previous year. Minor and significant injuries have resulted, including death.

Purpose or objective: Patient falls in the emergency department are a unique patient safety issue due to the challenging environment and population. As there are many factors affecting risk of patient falls in the emergency department, this project utilized a multifactorial approach to prevent patient falls in an urban medical center emergency department.

Approach: We developed an intervention to reduce falls based on the Age-Friendly Health Systems framework by the Institute for Healthcare Improvement. An Age-Friendly Health System is one that guides care for older adults using the “4Ms” (What Matters, Medication, Mentation, Mobility) and causes no harm. A multidisciplinary team was assembled to develop a multifaceted intervention based on the 4M categories. Mentation: Complete the Brief Confusion Assessment Method identify mental status changes. Medication: Develop anticoagulant, opioid screening, and diuretic alerts to assess appropriateness of care and discharge readiness with gait and stability. Mobility: Conduct physical therapy provide care and equipment after discharge for safety; use bed alarms to alert staff. What Matters to You: Initiate rounding with items to assist in care while waiting for a bed on the inpatient unit to occupy time.

Findings: We compared the rate of falls and falls with injury per 1,000 emergency visits in the pre-intervention (Q2 2021) and post-intervention (Q3 2021) period, utilizing data from The National Database of Nursing Quality Indicators. The total patient falls per 1,000 visits was 1.23 in the pre-intervention period and 0.72 in the post-intervention period. Falls with injury per 1,000 visits fell from 0.48 in the pre-intervention period to 0.26 in the post-intervention period. Both differences were statistically significant.

Conclusions and Implications for Clinical Practice: The interdisciplinary 4M intervention was effective at reducing patient falls and falls with injury in our emergency department. As a next step to this work, our department will install video technology-assisted constant patient monitoring for falls prevention. In addition, our department is implementing a rounding protocol for geriatric patients.

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COMPETING INTERESTS

The authors have no competing interests to declare.

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