

INTRODUCTION or PURPOSE

Falls remain the most reported adverse event in the US hospitals. Over 700,000 falls reported in U.S. hospitals resulting in 25% of the injuries (LeLauren & Shorr, 2019).. Falls is the leading cause of injuries and prolonged hospital course in adults and individuals with acute medical conditions.

The Emergency Department (ED) project was to implement multifactorial fall prevention bundle interventions to reduce falls by 10% in the ED in 2024. Falls reduction was one of the ED Quality and Patient Safety (QPS) goals for 2014. The falls reduction initiative focused on screening, assessment, environmental improvements and enhanced staff training to promote a secure and much safer environment for all patients identified at risk for falls in the ED.

The Robert Wood Johnson Foundation in collaboration with the Institute for Health Care Improvement supported nurses in developing and implementing changes to reduce fall (Dykes et al., 2018) . Implementing a fall prevention bundle showed a decrease in falls and fall related injuries.

Falls are categorized as accidental, anticipated physiological and unanticipated physiological falls (Dykes et al., 2018). The project focused on reducing overall falls in the ED.

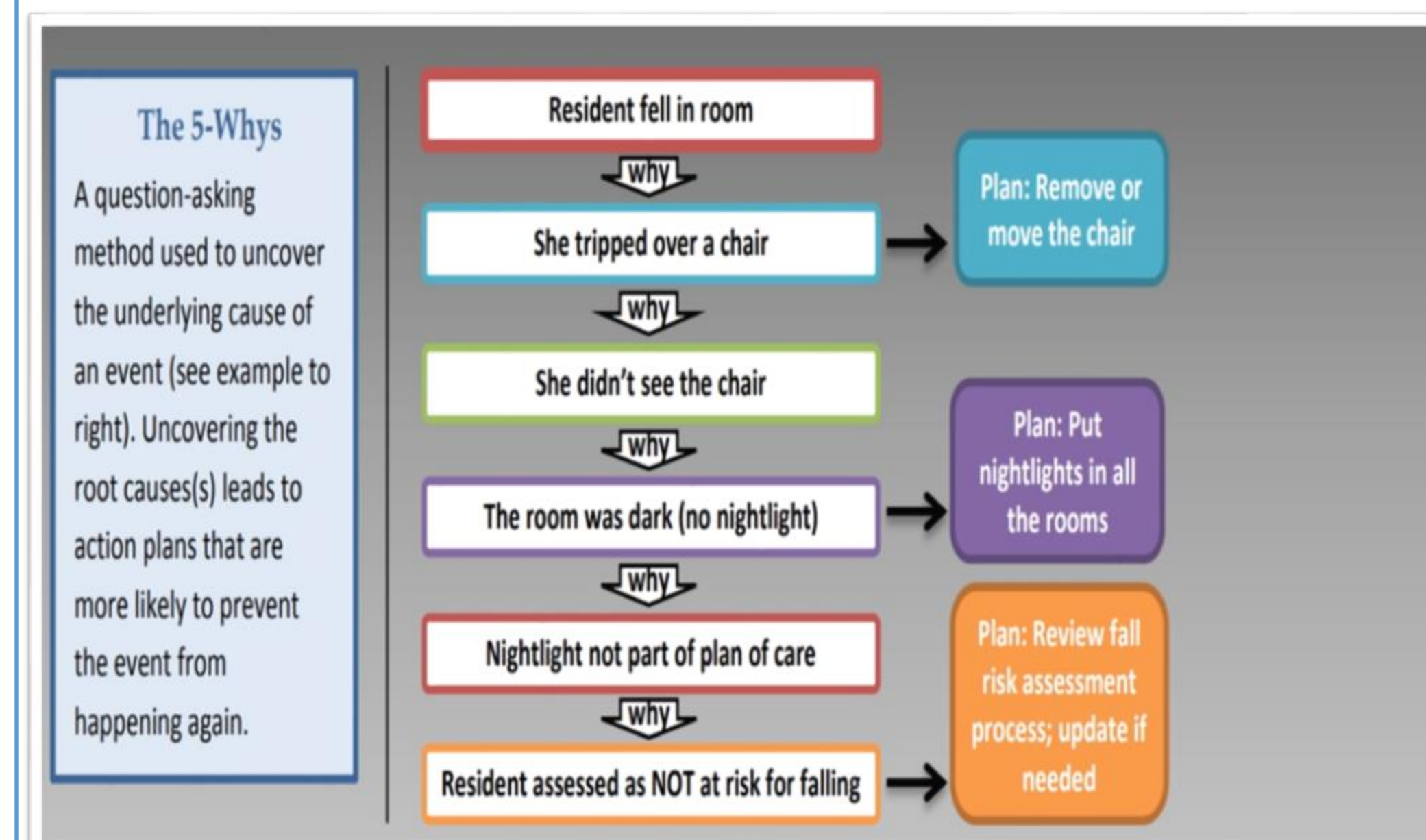
DESIGN SETTING

Quaternary Urban academic Medical Center with > 110, 000 adult ED visits annually. It is an 88-bed unit with over 209 Registered Nurses. The nurses are supported by Emergency Room Technician and Nursing Attendants who aids with toileting and ambulation, 2 Nurse Educators and 1 Patient Safety Nurse.

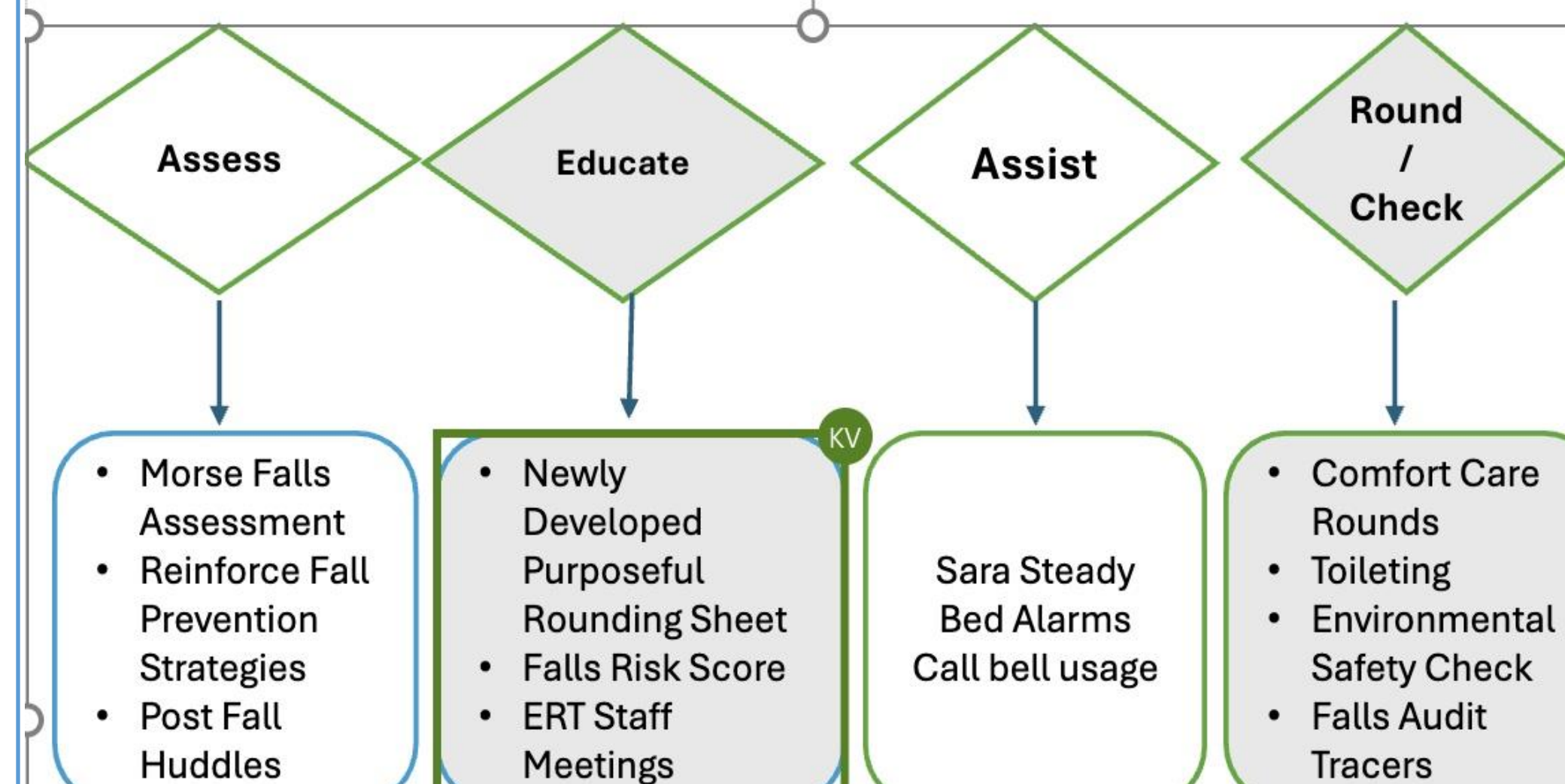


STRATEGIES & METHODS

- Analyzed baseline data and interventions
- Directed improvement cycle using Plan-Do-Study-Act (PDSA) model
 - Formed a local Falls Champion Committee
 - Developed an aim statement with smart goals with primary and secondary divers to identify the risks
 - Established measures
- Educated the staff on fall prevention bundles
- Monitored high risk patients every shift though validation rounds
- Tracked and trended all elements of the bundle
- Utilization of newly developed purposeful rounding sheet
- Increased utilization of bed /stretcher alarms on High Falls Risk patients
- Increased education of support Staff on the Fall Prevention Interventions and Revied at all Q 2 Month ERT Staff Meetings
- Biweekly Unit Falls Audit / Tracers completed
- Assurance that Post Fall Huddles are completed with every fall that occurs using The-5 Whys to understand the underlying cause of the fall.



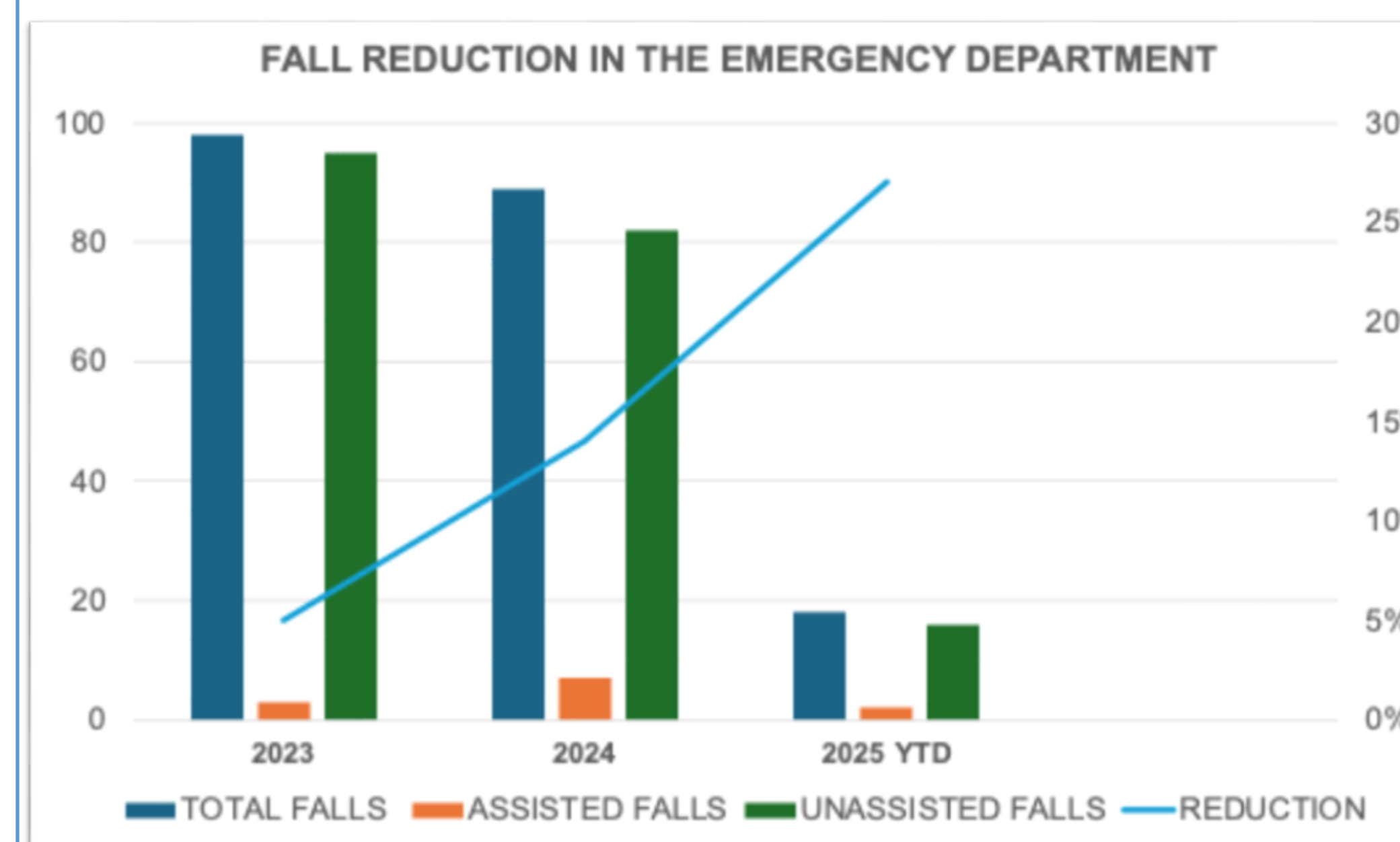
ED Falls Prevention



RESULTS

The Hospital have formed a Fall TIPSC Collaborative to spread the Falls TIPS Toolkit and ensure that all patients have access to evidence-based fall prevention care. The aggregate root cause analysis (RCA) tool was used to examine interventions and patient demographics and time of day when the patients were falling.

The project revealed significant opportunities to patient safety and highlighted the need for timely toileting to decrease falls. Post implementation the fall rate was decreased by 14%. The overall fall reduction of 35% with the multicomponent approach by the ED team.



IMPLICATIONS/ CONCLUSIONS

Fall prevention is an important aspect of patient safety in the ED. Implementation of fall prevention bundle, and interdisciplinary approach have proven to be effective in preventing patients falls.

It is important that members of interdisciplinary team are adept and invested in the process to sustain the impact of the falls bundle implementation. The multi-component intervention shave proven to be the most effective in improving fall outcomes. There is growing literature on strategies to prevent falls and further control studies will be needed to mitigate falls in the EDs.

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