Decreasing Falls in the Emergency Department

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Introduction

Emergency department (ED) patient falls have skyrocketed with increase in the numbers of visits, especially those patients being treated aged 65 and older. Falls significantly impact within the ED regarding injury, length of stay, health care cost, and quality of life. The Agency for Healthcare Research and Quality in 2016 identified that one-third of fall events can be prevented with appropriate screening tools and the use of appropriate interventions and devices. Emergency department yearly falls and injuries have increased over the last several years. Moses Cone ED had 54 documented fall cases from April 2017 to April 2018. Since April 2018 to May 2018 the ED had 15 documented patient falls with two having injury. The reason the project was implemented in Moses Cone ED was due to eight reported falls in July 2018, with three intentional and five were unintentional. The main trigger for concern caused focused intervention related to three falls over a four-day period and two occurred on the same right.

This opportunity ignited utilization of the A3 thinking tool as a lean strategy framework to identify current state and our future ideal state in prevention of falls within the emergency department.

The project goal was to decrease falls in our ED environment thus impacting the experience of our patients, patient satisfaction, decreasing length of stay, and prevention of mortality.

Methodology/A3 Process Problem Solving

- Two members of the ED attended a two day A3 Training Class and then an interdisciplinary team was developed. Aligning efforts, accountability, and engagement around the lean fall prevention initiative.
- The lean team was pulled together to initiate an A3 problem solving report to provide a road map into a deeper dive into the causes of falls in the ED.
- The steps of the A3 were to systematically think through the problem, identify root causes, possible solutions, and plan experiments to solve the problem.
- The A3 tool recognized significant gaps in fall prevention practice from:
  - Chart Audits: Main timestep patients fell in the ED occurred between 1800-0100.
  - Gemba Walks: Captured current state of potential reasons associated with our increase in falls through observation.
  - Gemba Walk Survey Questions: Captured current state of staff education awareness of fall prevention through injury.

- Current State identified patients scored as moderate or high risk for falls which did not have the following interventions in place:
  - No application of yellow socks or yellow bracelets.
  - Staff were not completing our new fall risk assessment tool (Memorial Fall Assessment Tool) or implementing additional fall interventions.

- The team recognized falls were occurring during shift changes while interviewing staff.
- Staff shared they did not understand how to score patients according to the questions being asked on our new Memorial Fall Assessment Tool.

Methodology/A3 Process Implementation

- Right side of the A3 process focusing on implementation of interventions.
  - Re-education staff on how to use the “RİGW” information which displayed the fall risk scoring questions and associated to streamline the work for the clinical staff.
  - The Clinical Nurse Specialist (CNS) and ED Leadership made rounds in the ED.
- Huddle message was developed supporting 3 things:
  1. Score the patient by asking the questions appropriate to the Memorial Fall Assessment Tool with emphasis on patients with altered mental status or intoxication. Nursing judgement to base fall risk score interventions as needed for safety of patient
  2. Standard Work Flow Instruction broke down the process of identifying fall risk status, assessment of fall risk, and implementation of fall risk interventions. All fall risk scores were brought to the staff with development of fall prevention do's in each nursing pod.
  3. Simplified guide to what staff should do when a fall does occur and tools for additional interventions to keep the patient safe.

- Fall Prevention Drawers:
  - Wall of Falls displaying current Fall Cases and striking inquiry, education on correct scoring.
  - Falls were placed in each nursing pod.

- The Agency for Healthcare Research and Quality in 2016 released data that each fall case results in an average length of stay of 4.5/month and increase in the numbers of visits, especially those patients being treated aged 65 and older. Falls significantly impact within the ED regarding injury, length of stay, health care cost, and quality of life.

- Emergency department (ED) patient falls have sky rocketed with increase in the numbers of visits, especially those patients being treated aged 65 and older. Falls significantly impact within the ED regarding injury, length of stay, health care cost, and quality of life.
- The ED has implemented several interventions and devices. Emergency department yearly falls and injuries have increased over the last several years. Moses Cone ED had 54 documented fall cases from April 2017 to April 2018. Since April 2018 to May 2018 the ED had 15 documented patient falls with two having injury. The reason the project was implemented in Moses Cone ED was due to eight reported falls in July 2018, with three intentional and five were unintentional. The main trigger for concern caused focused intervention related to three falls over a four-day period and two occurred on the same right.

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Discussion

All of the innovations and educational developments/rollouts were shared and implemented system-wide throughout our five Cone Health Emergency Departments to help with aligning our True North Quality Metric Goals and to decrease patient falls.

The MIC ED Falls project was a success within a two-month timeframe we only had two falls with no injuries. This supports a potential savings of $48,000 dollars and prevented a potential increase in length of stay.

Resources


Contact Info

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