

# Quality Improvement Initiative Results in Successful No Falls Challenge in a Busy Emergency Department

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## INTRODUCTION

Emergency departments (EDs) are inherently high-risk clinical settings for inpatient falls.<sup>1</sup> Although fall rates per 1000 patient-days in the emergency setting have not been broadly reported in the literature, they range from 0.29 to 0.73.<sup>1,2</sup> Patients who fall have an increased risk of fractures, head injuries, morbidity associated with injury, and death.<sup>3</sup> The Joint Commission reports that 30 to 50% of falls result in injury.<sup>3</sup> Falls are also associated with increased hospital

length of stay (~6.3 days) and excess costs (~\$14,000/admission).<sup>3</sup> Appropriate fall risk identification and targeted, multifaceted interventions have been shown to reduce falls.<sup>4</sup>

The following outcomes story describes the quality improvement (QI) efforts of a busy urban ED that resulted in a successful no falls challenge.

## METHODS

**Clinical setting:** This QI initiative took place in an ED with approximately 58,000 visits per year. This ED services a primarily Medicaid population with a high prevalence of illness.

**Root cause analysis:** A root cause analysis was performed. Strengths and areas for improvement were identified. Strengths included pre-existing patient/family fall contracts, nurse triage with Morse Fall Scale assessment, and a visual indicator of high fall risk (yellow gown). Areas for improvement included the fact that yellow gowns could be misplaced or blankets could cover them, and there was a need for additional visual indicators of fall risk. In addition, not all stretchers had alarm technology.

### Intervention:

- A no falls challenge was developed, which included baseline falls audits, educational workshops, and the use of new stretchers with alarm technology.\*
- A designated area was identified within close proximity of the Triage Station and Nurses Station.

- Triage nurses performed fall risk assessments for all patients and documented risk in electronic health records.
- Patients designated as high risk were assigned new stretchers and given a fall risk bracelet, yellow gown, and patient contract to sign.
- A fall prevention workshop was performed in May 2019 for 1 continuing education credit, reviewing best practices in fall prevention and QI interventions for the no falls challenge.

**Rounding:** Fall champions conducted rounding and fall audits. Separate leadership rounds were also performed.

### No falls challenge timeline:

- 03/19/19:** Initiated discussions on no falls challenge and literature review
- 03/19/19-05/19/19:** In-servicing on a regular basis accompanied by competency training
- 05/20/19:** No falls challenge kickoff with ongoing monitoring

## RESULTS

This no falls challenge has been successful as a result of ongoing continuous improvement efforts.



May 20, 2019 to October 1, 2019

\*One unanticipated physiological event took place during this time.

## CLINICAL IMPLICATIONS

Unit leadership was a major contributing factor to the success of this QI initiative. The combined efforts of the clinical team and updated technology resulted in a successful no falls challenge in a high-risk ED patient population.

## ACKNOWLEDGMENTS

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