OUTCOMES STORY

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Quality Improvement Efforts in Emergency Department Lead to Sustained Fall Prevention During the COVID-19 Pandemic

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INTRODUCTION

In recent years, many emergency departments (ED) have started focusing on fall prevention, after reports of ED fall screening efforts falling short in many facilities and development of successful screening tools.[1,2] The ED is a clinical setting that is unpredictable and prone to accidental falls, and with the onset of the COVID-19 pandemic in 2020, the ED setting became even more challenging. With the changes in personal protective equipment requirements, visitor restrictions, and higher acuity, staff were challenged with implementing a strong fall-prevention program.

Insight to effective ED fall prevention bundles can be gained from an analysis of 11 successful fall prevention programs that identified 7 key factors of successful programs[3]:

- Leadership support
- Engagement of front-line staff in program design
- Guidance of the prevention program by a multidisciplinary committee
- Pilot tests of interventions
- Use of information technology systems to provide data about falls
- Staff education and training
- Changes in nihilistic attitudes about fall prevention"

The following outcomes story describes the successful quality improvement (QI) efforts of a busy ED leading to sustained fall prevention.

METHODS

Clinical Setting: This QI initiative took place in a community emergency department with approximately 20,000 to 22,000 visits annually, within a network of 6 hospitals.

Policy/protocol review: Mandatory fall-prevention policy and fall bundle review occurred with staff in staff meetings or on a one-on-one basis.

Fall Risk Assessment: The Kinder fall risk assessment tool modified for Honor Health was conducted on each emergency department patient in triage. The tool was implemented in October, 2018 and is specifically designed for the emergency department patient population.

Visual indicators: Visual indicators were utilized such as: yellow arm band placed, yellow socks and yellow fall magnets. Attempts were also made to place all fall risk patients in view of the nursing station.

Toileting and ambulation: Patients at risk for falling were supervised during toileting and ambulation. Staff encouraged patients to use a bedside commode if available.

Stretchers: Staff ensured patients at risk for falling were placed on stretchers* with alarms, which were set to low height, 2 siderails up, brakes set, and placed in Zone 2 after alarms were set. Call light and belongings were placed within reach of each patient.

Audits: Audits were completed on a regular basis by the author and Stryker personnel on fall prevention bundle compliance. Real-time feedback was provided to staff during audits. Ongoing audits are performed to ensure staff compliance to fall-prevention protocol.

* Prime Series® Big Wheel Electric Stretcher (Stryker Corporation, Kalamazoo, MI)

METHODS *continued*

Education: Education on appropriate use of the Kinder fall risk assessment tool and stretchers in conjunction with fall prevention best practices was provided during staff meetings and inservicing. Education was provided as follows:

- **6-9-20:** Fall Prevention Workshop presented to staff by Stryker during staff meeting
- **8-8-20:** Kinder fall risk assessment tool education and fall data updates provided by Stryker during monthly unit-based council meeting
- **10-13-20:** Results of fall bundle audits were presented at monthly unit-baesd counseil meetings, and discussion centered around opportunities for improvement among staff
- **October/November 2020 and January/February 2021:** ED Skills Fairs; Stryker attended ED RN and PCT Annual Skills Validation Days, which included best practices and features/benefits of the stretcher

RESULTS

This QI initiative resulted in a sustained period without falls and heightened awareness of fall prevention in this high-risk patient population. 365 days without a fall with injury.

Figure 1: Number of days without fall injury.

CLINICAL IMPLICATIONS

QI fall prevention interventions in the ED can be successful with:

- Leadership support
- Engagement of front-line staff in program implementation
- Leveraging technology built into stretchers
- Ongoing education on fall prevention
- Ongoing audits conducted by staff

REFERENCES

1. Alexander D, Kinsley TL, Waszinski C. Journey to a safe environment: fall prevention in an emergency department at a level I trauma center. *J Emerg Nurs.* 2013;39(4):346-52.
2. Southerland LT, Slattery L, Rosenthal JA, Kegelmeyer D, Kloos A. Are triage questions sufficient to assign fall risk precautions in the ED? *Am J Emerg Med.* 2017;35(2):329-332.
3. Beckers Hospital Review. 7 elements of successful fall prevention program implementation (2013). Available at: https://www.beckershospitalreview.com/quality/7-elements-of-successful-fall-prevention-program-implementation.html. Accessed: 29 November 2020.

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