Reducing Emergency Department Patient Falls through Ownership and Drills

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Reducing Emergency Department Patient Falls through Ownership and Drills
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Background/Significance
- Patient falls contribute to increased morbidity and length of stay.
- Emergency department (ED) patient falls are a patient safety concern because of frequently challenging patient care environment.
- Successful fall prevention programs require policies and resources; but engagement, knowledge, ownership, and commitment of staff and leadership sustain improvement.
- One acute care hospital ED identified upward trend in patient fall rate in latter half of 2021.
- Although upward trend leveled off, ED fall rate remained high in first half of 2022. ED leadership identified opportunity to reduce patient falls.

Project Goal/Objectives
- Reduce patient falls in an acute care community hospital Emergency Department.

Methods
- Beginning in October 2022, during monthly staff meetings, nurses whose patient experienced a fall were required to present case in a more effective peer-to-peer communication to discuss lessons learned.
- Additionally, fall drills, an effective fall prevention strategy utilized in the inpatient area, were adopted in the ED.
- Response times and interventions are evaluated and an immediate debrief reveals lessons learned to help prevent future.
- During a fall drill, an ED leader activates a bed alarm from a room with an actual patient.

Results/Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Q4 2021 to Q3 2022</th>
<th>Q2 2023 to Q3 2023</th>
</tr>
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<tbody>
<tr>
<td>ED Fall Rate per 1,000 ED Visits</td>
<td>0.60</td>
<td>0.24</td>
</tr>
<tr>
<td>ED Falls</td>
<td>27</td>
<td>6</td>
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</tbody>
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Implications/Discussion
- Fall rate 0.60 patient falls per 1,000 ED visits (Q4 2021 to Q3 2022), 27 patient falls.
- Fall rate 0.24 patient falls per 1,000 ED visits (Q2 2023 to Q3 2023), six patient falls.
- 60%↓ ED fall rate; 78%↓ ED patient falls (YTD).
- Nurses taking ownership and responsibility for their patient who falls by reporting out on what they learned and sharing it with their peers is an invaluable passive exercise.
- The same way simulations prepare pilots to prevent a bad outcome, active fall drills are meant to do the same thing, train staff to respond appropriately to prevent a bad patient outcome from a fall.

Conclusion
- Clinical nurses taking ownership and nurse leader fall drills have proven to be successful passive and active interventions to reduce ED patient falls.

References