Falls in the Emergency Department (ADULT)

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Revise Submission

FALLS IN THE EMERGENCY DEPARTMENT

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Purpose

The purpose of this study is to determine the reliability and validity of a fall risk assessment tool to be used in the emergency department as a predictor for falls in the emergency department outpatient population.

PICO QUESTION

In the adult ED population, would utilizing the Morse Fall Risk Scale, as opposed to the current outpatient fall risk assessment, lead to more individualized patient interventions?

T System Fall Risk Assessment Tool

FALL- RISK ASSESSMENT
per protocol

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risk factors identified:
severe pain
postural hypotension
nausea dizziness vertigo

pt meds
age >65
hx of: fall fainting

impairment in: mobility sensation
sight hearing cognition

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interventions initiated:
stretcher wheelchair
side rails up x1 x2
bed low position brakes on
visible from nurses' station
ID'd pt as 'fall risk' band chart room

<u>at bedside:</u> family companion sitter staff
child held by parent
call light in reach of
pt parent family companion
<u>pt instructed:</u>
don't get up without assistance

Morse Fall Risk Assessment		
Risk Factor	**Scale**	**Score**
History of Falls	Yes	25
	No	0
Secondary Diagnosis	Yes	15
	No	0
Ambulatory Aid	Furniture	30
	Crutches/Cane/Walker	15
	None/Bed Rest/Wheel Chair/Nurse	0
IV/Heparin Lock	Yes	20
	No	0
Gait/Transferring	Impaired	20
	Weak	10
	Normal/Bed Rest/Immobile	0
Mental Status	Forget Limitations	15
	Oriented to Own Ability	0

Morse Fall Score*	
High Risk	45 and higher
Moderate Risk	24 – 44
Low Risk	0 - 24

EVIDENCE

- "The Joint Commission (2012) mandates that patients be assessed for fall risk and reassessed periodically." (Flarity, Pate, & Finch, 2013, p. 57)
- "The Institute for Emergency Nursing Research validated the need for an evidence-based ED-specific fall risk assessment tool to assist nurses in customizing prevention interventions related to ED patient fall risk." (Flarity, Pate, & Finch, 2013, p. 59)
- "[A]cute/critical care settings [suggest] that a large number of patients in this setting of care are at very high risk for anticipated physiological falls." (Quigley, Palacios, & Spehar, 2006, p. 172)
- "Risk profiling requires consistent application of a valid, reliable fall risk assessment tool that identifies patients at risk." (Quigley, Palacios, & Spehar, 2006, p. 169)

EVIDENCE

- "Authors of…meta-analysis [studies] on fall-risk screening concluded that the MFS [(Morse Fall Risk Scale)]…and nurses' clinical judgment are comparable in accuracy." (Wilder, Houser, Pitcher, & Qin, 2010, p. 486)
- "The MFS…[has] been developed using rigorous research design…[and have been] prospectively validated in more than one setting." (Kim, et al., 2007, p. 428)
- "[T]he training of the raters is considered essential if substantial differences in scoring across the raters in patient assessment are to be avoided." (Chow, et al., 2006, p. 562).
- The Morse Fall Risk Scale has been "tested clinically across different ranges of areas of specialty…and [has] demonstrated good clinical validity and reliability." (Chow, et al., 2006, p. 557).

BARRIERS & STRATEGIES

- **Barrier:** Fast pace of the ED combined with nurse habit, workload and time constraints
- **Strategy to Overcome:** Ease of utilization of the tool within the computer system, generalized education, ease of identification of nursing fall interventions

Expected Outcomes

Improved patient interventions and guidelines for preventing patient falls in the ED.

PROJECT PLANS

- Morse Fall Risk category survey among seasoned nurses to determine tool validity
- Morse Fall Risk Scale utilization among a select group of nurses, followed by chart review and follow-up to determine tool validity, reliability and ease of use

Make It Happen

- "Each nurse [must become]…accountable for preventing falls." (Alexander, Kinsley, & Waszinski, 2013, p. 350)
- "Fall prevention is a 2-step process of risk assessment and application of individualized fall prevention interventions." (Alexander, Kinsley, & Waszinski, 2013, p. 351)

Questions or Comments?

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