



Door to Door Focus on Preventing Geriatric Falls



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Background	Description		Conclusions
As the volume and acuity of the Ronald O. Perelman Department of Emergency Medicine at NYU Langone Medical Center began to rise in 2016, we saw an uptick in the number of falls taking place.	ED Geriatric Resource Nurses tackle falls in a multi-faceted unit improvement project. ● Accuracy of fall risk tool. ● Patient safety in the ED. ● Patient safety in the community.	● Early stages of implementation and data review is not available. ● Noted reduction in falls for patients 65 years old and above in the Emergency Department after implementing this project.	While the explanation for the reduction is likely multifactorial, we believe that staff awareness of fall risk in the department plays a large role. The falls rate in the ED fell significantly after the NICHE group began actively addressing this problem. Having a core group of nurses to advocate for patient safety as well as put fall prevention interventions in the forefront of coworkers’ minds contributes exponentially to the program’s success.
Literature Review	Interventions		References
● Deficit in ED-based fall prevention programs (Terrell et al., 2009). ● Multiple interventions targeting multiple risk factors (Cameron et al., 2012). ● Identification of high fall risk patients. ○ “Once a patient is identified as a fall risk, an assortment of fall prevention devices[can be made] available to ensure the patient’s safety.” ● “Emergency nurses have the opportunity to be leaders in the development and implementation of injury prevention programs,” and have a “unique perspective on the burden of injury in their community.” (Garrettson et al., 2013).	● Fall Risk Screening: ○ Conducted an audit of RN use of the Clinical Practice Model fall risk tool score. ■ Findings: Scores were an average of 3 points less than actual fall risk. ○ Peer Education - in service education on use of fall tool. ● Rounding: ○ Multidisciplinary patient rounding - providers, RNs, technicians. ○ Explain to patients safety measures to reduce falls while in the ED while initiating fall prevention measures - visual cues of fall risk, toileting, call bell, etc. ● Fall Prevention and Education: ○ Verbal education and printed fall safety information given at discharge.		Alexander, D., Kinsley, T. L., & Waszinski, C. (2013). Journey to a Safe Environment: Fall Prevention in an Emergency Department at a Level I Trauma Center. <i>JEN: Journal Of Emergency Nursing</i>, 39(4), 346-352. Cameron, I., Gillespie, L., Robertson, M., Murray, G., Hill, K., Cumming, R., & Kerse, N. (2012). Interventions for preventing falls in older people in care facilities and hospitals. <i>Cochrane Database Of Systematic Reviews</i>, (12). Clinical Practice Model Resource Center (CPMRC). <i>CPM Resource Center Fall Risk Assessment Tool (CPM)</i>. Retrieved from http://central.nyumc.org/clin/nursing/CPM_Spring_2015_Scales_and_Screens/CPM_Fall_Risk_Assessment_Tool_Spring2015.pdf Garrettson, M., Weiss, H., McDonald, E., & Degutis, L. (2008). A survey of ED injury prevention activities. <i>JEN: Journal Of Emergency Nursing</i>, 34(1), 61-68. Harrahill, M. (2001). Trauma notebook. Falls in the elderly: making the difference. <i>JEN: Journal Of Emergency Nursing</i>, 27(2), 209-222. Letvak, S. (2000). Falls in the elderly: a multifactorial problem. <i>JEN: Journal Of Emergency Nursing</i>, 26(5), 448-530. Terrell, K., Weaver, C., Giles, B., & Ross, M. (2009). ED patient falls and resulting injuries. <i>JEN: Journal Of Emergency Nursing</i>, 35(2), 89-92.