

# A Multidisciplinary Fall Risk Identification and Prevention Program in the Emergency Department

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## Population Health Overview

Every 11 seconds an older adult is treated in the emergency room for a fall and every 19 minutes an older adult will die because of a fall (Collins & Casey, 2019)

Falls are the leading cause of injuries among older adults and cost more than \$31 billion in Medicare costs. (Centers for Disease Control, 2017)

Older patients who fall experience a readmission rate of 44% within that next year and mortality rate of 33%. (Ayong, McIntyre, Ebel, Mack, McCormick, Maier, 2014)

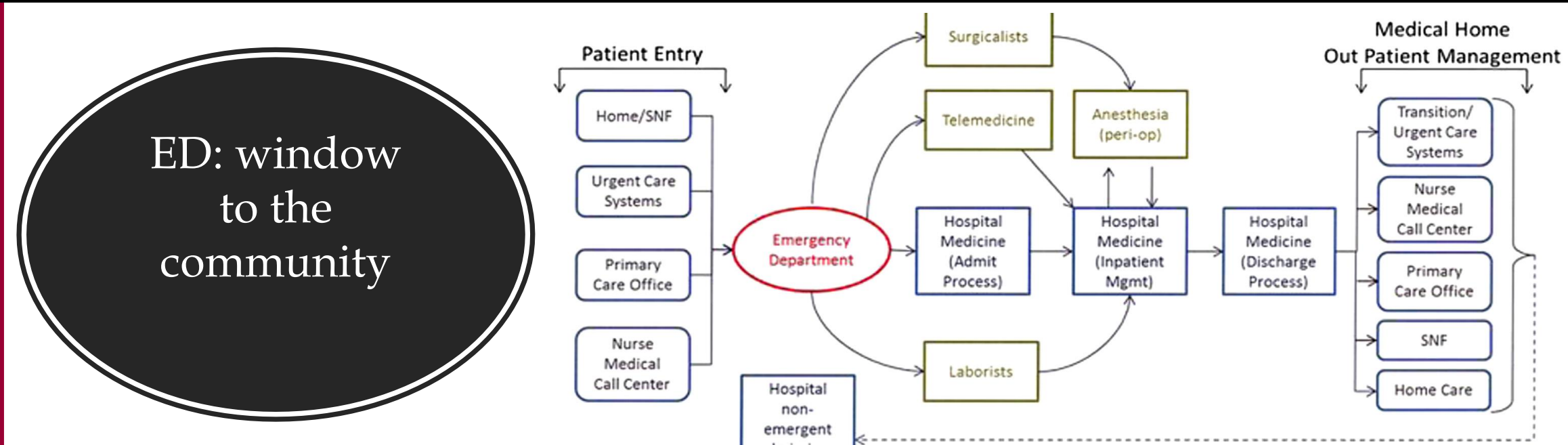
## PICO

Does Implementation of the Schmid Fall Risk Assessment Tool, in addition to Multidisciplinary Geriatric Education, Electronic Fall Risk Alerts and Hourly Rounding aid in identification of Fall Risk and decrease the number of falls in patients 65 and older in the Glenbrook Emergency Department (ED)?

## Organizational Assessment

- Glenbrook ED: high percentage of patients 65 and older
- Fall risk assessment is a Joint Commission requirement
- ED Fall Rate increased 10%, an increase in 2017-2018
- Falls represent a high claims cost for NorthShore
- We consistently fail to identify injuries in the elderly who fall

## Context



Reprinted from: Geriatric Emergency Department Guidelines. (2014). *Annals of Emergency Medicine*, 63(5), e25. doi:10.1016/j.annemergmed.2014.02.008

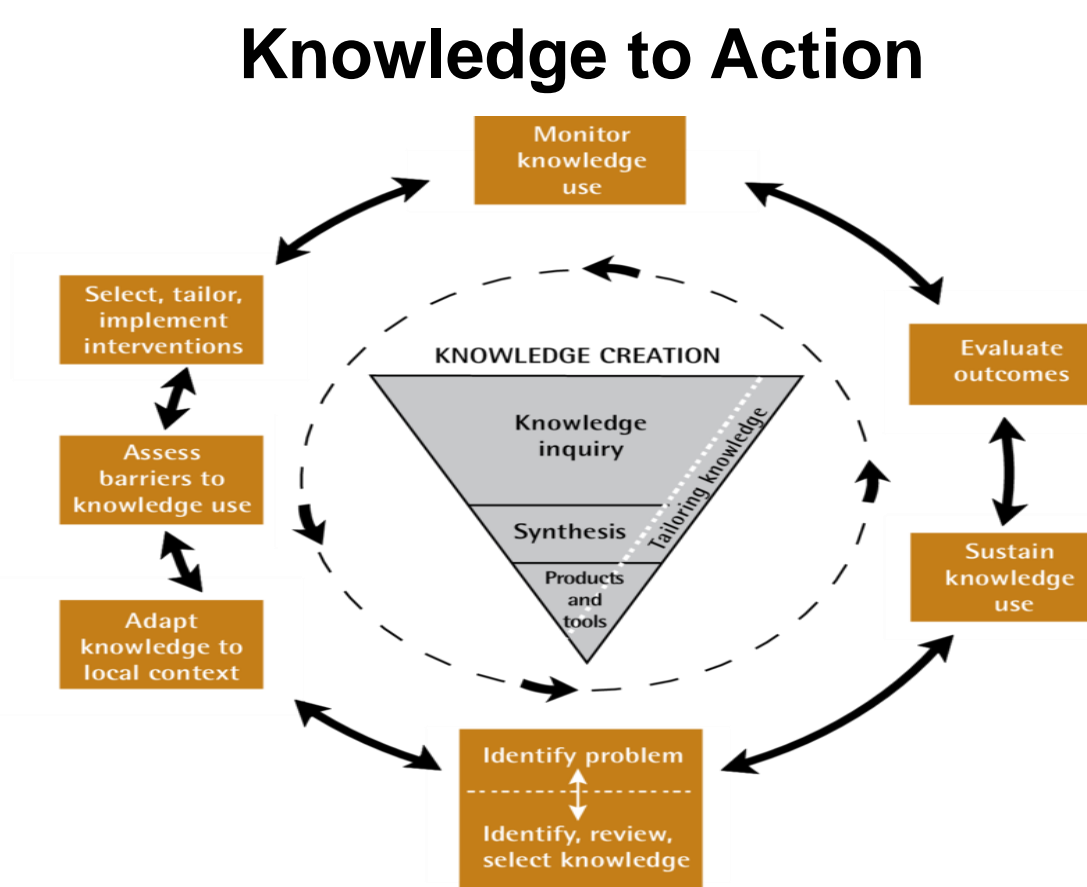
## Evidence Based Initiative

**Schmid Fall Risk Assessment Fall Risk Factors :**  
 (93% sensitivity, 78% specificity; Inter-rater reliability: 88%)

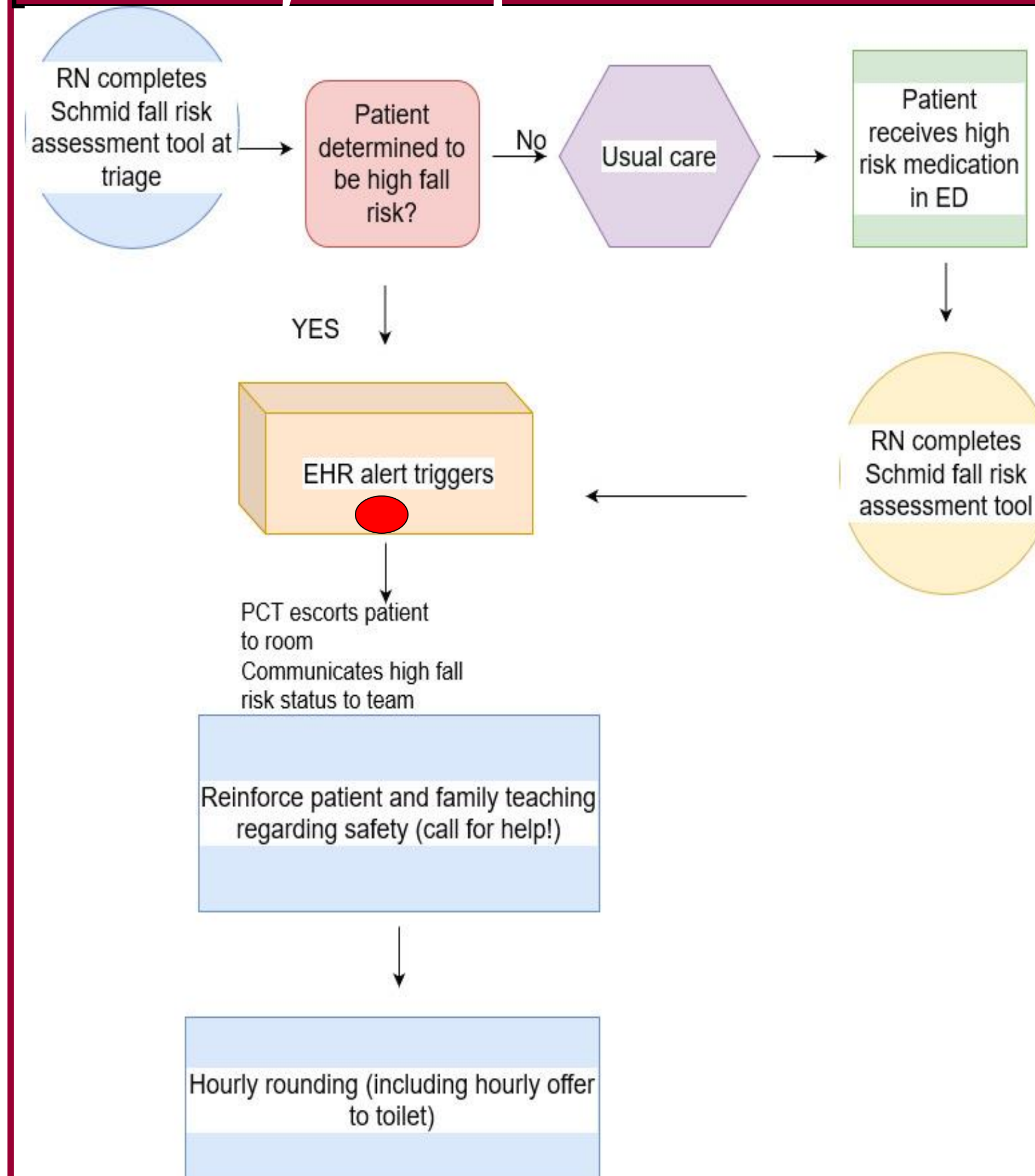
- History of a fall
- High risk medications
- Altered mobility
- Altered elimination
- Altered mental status

These fall risk factors can be found in the majority of ED and Inpatient fall risk assessment tools and are supported with level II, level III evidence.

Hourly rounding, Patient and family teaching, EMR visual alert cue



## Project Implementation



## Evaluation Criteria

- 80% Completion rate with Develop-U education /PCT Education
- 80% Completion rate of Schmid scale at triage
- 80% Compliance with PCT documentation of hourly rounding
- 80% Compliance with Schmid scale after high- risk medications
- 80% Utilization of geriatric smart text

## Outcomes

Staff Fall Risk Education Prior to Project Implementation		
On -Line Education		92%
PCT Education		92%
	PRE-COVID	DURING COVID
Schmid Scale at Triage	37%	31% ↓
Hourly Rounding	64%	55% ↓
Schmid Scale after High Risk Med	15% (10/66)	12% (6/51)
Geriatric Smart text	3	6

## Recommendations

Thoughtful placement of fall risk assessment tool in the ED workflow: Front line input is essential

Schmid Fall Risk Scale: reliable, valid but does not incorporate 2019 Beers criteria (American Geriatric Society, 2019)

Wide angle lens in attempting to address fall risk in the ED 65 and older? Fastest growing segment of the population EDs are not yet prepared (Wolf, 2019)

Projects that involve Information Technology (IT) always take more time than you realize

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