Geriatric Fall Risk Screening in the Emergency Care Center – A Process Improvement Project

**BACKGROUND**
- Geriatric falls are a prevalent and a growing health problem in the U.S.
- Unintentional falls are the leading cause of fatal and non-fatal injuries for adults, age 65 and older.
- One in four geriatric Americans will fall each year, resulting in approximately 2.8 million injuries, most of which are seen in the emergency department setting.
- In 2016, Orange County’s geriatric population was noted to be the fastest growing population demographic in the County.
- Research indicates there is an appreciable gap in fall-risk evaluation practices with nearly 50% of PCP’s omitting the fall-risk portion of a geriatric patient’s wellness visit.

**PURPOSE**
- The purpose of this project was to screen geriatric patients with a short, sustainable fall-risk assessment performed during a routine visit to St. Joseph’s Emergency Care Center (ECC).

**METHODS**
- Design: Evidence-based, quality improvement project.
- Sample/Setting: Convenience sample of geriatric patients (65 years of age or greater) discharged home from the ECC between March 15 and May 30, 2020.
- Exclusion Criteria:
  - Patients admitted for a fall related occurrence or injury.
  - Patients with Emergency Severity Index (ESI) score of <7.
- Instrument: 2 question validated fall-risk screening tool by A. Tiedemann et al. (2012).
- Procedure:
  - 2 question fall-risk screening tool was verbally administered to ECC patients.
  - All patients were contacted at 30 & 60 days post screening to determine if they had fallen.

**RESULTS AND OUTCOMES**
- A total of 30 patients were screened over 6 weeks.
- Fall-risk screening tool identified **13.3%** of participants as fall-risks.
- All patients who were scored as at risk for falls were referred to the department case manager for post-discharge Home Safety Evaluation; primary care providers (if available) were verbally notified of patient’s positive screening.
- **33%** of geriatric patients screened in the ECC did not have an assigned Primary Care Provider (PCP).
- 3 patients (10%) contacted at 30 & 60 days reported an episode of falling.

**DISCUSSION**
- The one-third of patients without a PCP represent a gap for routine fall screening.
- Falls in the geriatric population are associated with high rates of morbidity and mortality.

**CONCLUSIONS**
- A routine visit to the ECC may be the heralding event that offers a unique opportunity for preventive fall-risk screening.
- Identification of community-dwelling seniors who are high-risk for falls promotes initiation of preventive resources such as case management evaluation, home assist devices, and additional safety evaluations prior to the patient departing the ECC.

Limited numbers of patients meeting criteria (ESI acuity and discharge home) during COVID-19 pandemic.

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