GEDA Executive Summary Care Processes Template – Level 1 or 2

Care Process

Select the care process this corresponds to from this dropdown menu:
D.4 Falls/mobility assessment and intervention

Your care process name:
Standardized falls assessment protocol

Date care process approved by your EM Department/Division:
12/14/2022

Description

Rationale: Provide any background or rationale for this process.
Falls are an important, potentially preventable cause of injury and mortality for older patients. Our protocol seeks to identify and intervene with older adults who are at high risk for falls.

Describe the population that the care process will apply to and any exemptions. For example, it may apply to all patients age 65 and over or a subset based on age, ESI, or another positive screening tool. Patients who are severely ill or intubated may be exempted:
All patients age 65 and over

Hours of the day when the care process will be implemented or available if applicable:
24/7 for RN screening, 9-5 7 days per week for PT/OT evaluation.

Describe where in the ED workflow this care process fits in. For example, it may occur in triage, once the patient is roomed, at discharge, after discharge, after admission, during another transition of care, or other time:
This evaluation will be started in triage and continued in the ED at the bedside after the patient has been roomed.

Brief description of the care process. If you are using a hospital-wide process, please explain how it is applied specifically in the ED:
For patients age 65 and over, at triage the nurse will help identify patients at risk for falls. They will do this by: Asking if the patient has fallen in the last month, and also asking about the chief concern. If the patient answers yes to a fall or is there for a chief concern that places them at high risk for falls, (eg. Dizziness, confusion, syncope, etc), the nurse will add a fall risk banner to the patient's encounter in the EMR and will place the patient in a yellow gown with a yellow fall risk wrist band.

After the patient is roomed, the bedside RN will perform the Schmid fall risk assessment. If the patient scores over a 3, then the fall risk bundle is implemented. This includes a fall risk sign, bed locked, side

rails up, and addressing pain, positioning, po fluids, and need for restroom use at each nurse rounding.

The bedside RN will also perform the Timed Up and Go (TUG) test. Further intervention will be determined based on the TUG. The physician or APP can also place a referral to a fall prevention clinic if desired for any patient.
- If the TUG is normal (<12 seconds), they can be discharged from a mobility standpoint, but will be given information regarding preventing future falls.
- If the TUG is 12-20 seconds, the patient will receive a referral to the fall prevention clinic and a mobility aid device if needed.
- If the TUG is >20 seconds, the RN, physician, or APP will consider a PT/OT consult during available hours, a referral to home PT/OT, a home assessment consult, home health, and will assess footwear and feet for potential infections or injuries.

Who will be responsible for performing the actions in the care process:
Triage RN, bedside RN, and clinician.

Describe how this care process is geriatric-specific:
This is specifically for patients age 65 and over.

Describe any further follow-up or interventions involved:
The ED-based PT/OT consult will provide further recommendations regarding safety for dischargeThe falls clinic, home assessment, and home PT/OT will provide additional assessments and support.

Education and Monitoring

Where relevant, describe how you will educate the relevant staff, physicians, or other stakeholders about the care process:
Nurses will be trained during orientation and through in-service shifty huddles and monthly educational sessions. Faculty will be educated through training during faculty meetings, as well as periodic emails.

Describe how you will monitor completion of the care process and its impact, where relevant. The list of GEDA care processes specifies whether each protocol should have validation of its implementation, or whether qualitative metrics are required. For 'validation' please describe the implementation and, if relevant, provide evidence for implementation of the care process. You will have the chance to upload images or files on the web application. For care processes in which 'metrics' are required, you should at least track the percentage of eligible patients who receive the designated intervention. Tracking could be through a live dashboard of screening results, through periodic random chart reviews, or through other tracking methods. Describe how often and by whom this will be performed. You will have a chance to upload metrics on the web application.
Adherence will monitored through random rounding, chart audits, reports, and reviews of the GED dashboard on a weekly and monthly basis. The GED working group meets monthly and will review the uptake in terms of: total patients who had the Schmid assessment (numerator) divided by total patients age 65 and over who screened positive on the triage screen (denominator). The quarterly GED team review will also contain information from chart audits looking at how often the bedside falls assessment was completed, the times for the TUG, and whether home-based or ED-based referrals were placed.

Please describe how you will help improve the rates of completion or impact of the process if rates are currently low or become low in the future.
If uptake is low, we will review our data to determine at which stage it is falling off, eg at triage, at the bedside, or in the subsequent orders, or if referrals are not being completed. We will then address the bottleneck step to determine what the barriers are to completing it and helping make the process easier and more streamlined for the physicians and nurses to complete. We will also increase educational efforts uptake is low.

If relevant, please attach the 'validation' or 'metrics' for this care process. For metrics, this should include at least 3 months of tracking data to demonstrate completion rates and any other outcomes that are tracked.
Upload here

Please attach your official ED care process policy if present, or other relevant documentation such as order sets, flow charts, etc. Please do not include hospital-wide policies. This policy should be ED-specific.

Upload here