1-14-2014

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Recommended Citation
DEVELOPMENT OF A POST-FALL MULTIDISCIPLINARY CHECKLIST TO EVALUATE THE IN-PATIENT FALL

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BACKGROUND
Falls suffered by hospitalized patients are important reportable events. Approximately 4 - 6 % of inpatient falls result in serious injury. Recurrent falls or delayed recognition of injury can harm patients and represent a medico-legal risk. In 2010, our tertiary-care academic medical center reviewed current practice regarding falls prevention and assessment in order to develop a comprehensive falls prevention program. The committee found that there was no consistent practice in the assessment by nurses or physicians of inpatients who had fallen, either for injury or for conditions which might have led to the fall. A new systematic checklist for evaluation of the hospital faller was developed by a team consisting of nurses, hospitalists, and a medical unit director. We wished to develop an evidence-based multidisciplinary checklist to facilitate evaluation, implementation of secondary prevention interventions and documentation following a hospital fall.

DESCRIPTION
The hospitalist and the general medical unit director reviewed relevant literature, consulted national experts, and drafted a multidisciplinary checklist, the UNMH Post-Fall/Huddle Tool, to be used by nurses and physicians in post-fall patient evaluation. The checklist was reviewed and revised with further input from key stakeholders including hospitalists, housestaff, and the adult Medical/Surgical Shared Governance Committee. It was implemented as part of a comprehensive falls prevention program 3 month pilot. The checklist prompts a three step process:

(1) an initial 7-item assessment by nursing staff to determine factors which would necessitate immediate evaluation by cross-covering physicians versus deferring evaluation to the primary team;
(2) a 5-item focused physical examination to be performed by a physician to assess the likelihood of injury and suggested diagnostic tests based on this examination; and
(3) an interdisciplinary face-to-face meeting between the evaluating physician and nurse to review 7 specific possible precipitating events and implement potential interventions.

The UNMH Post-Fall/Huddle Tool will be adapted into the electronic health record after pilot completion and evaluation. An educational presentation about falls and how to use the checklist was developed for residents and hospitalists.

POST - FALL ASSESSMENT TOOL

FINDINGS FROM PILOT IMPLEMENTATION
1. Improved confidence among nurses and residents evaluating in-patients who had fallen.
2. More consistent evaluation and treatment of in-patients who have fallen.
3. Better documentation of this evaluation.
4. Improved communication between physicians and nurses.
5. Desire to move from paper-based systems to an electronic health record.

PLANNED NEXT STEPS
1. Web-based training of emergency medicine and surgical housestaff in use of the tool.
2. Dissemination of tool via POGOe
4. Study comparing outcomes of in-patients who feel before and after implementation of tool.

REFERENCES