



## Electronic messaging makes reporting falls easier

Five years ago, the Brockton (Massachusetts) Visiting Nurse Association implemented a falls prevention program.

Physical therapist and Rehabilitation Director Gail Mello began with an in-service to teach clinicians about the many risk factors for falls, so they could evaluate the patient and the home environment.

After the evaluation, the clinician referred patients to physical therapy and brought in any other services that were needed. A teaching tool helped educate patients and their families about the risks of falls, and falls were tracked by the diagnosis code in the electronic health record. If a patient fell repeatedly, Mello arranged a case conference.

Despite a program that covered all the bases, Mello thought something was missing.

“It was going OK, but I was not getting good reporting, so I was somewhat frustrated,” she said.

Then eight months ago, Mello made one small change that led to a big breakthrough. In an effort to make reporting easier, she got rid of the form that had to be filled out every time a patient fell.

“I was a clinician for 30 years, and I understand,” she said of the burden of paperwork.

Instead, Mello asked clinicians to use the electronic health record’s tasking feature to notify her of a fall.

“Now I feel like I’m getting much better numbers,” said Mello. “Before, the numbers were trickling in monthly, but now they’re coming in daily.”

Soon after, she got a Blackberry, and now she receives text messages as soon as the reports are filed. That’s a far cry from when she used to find out about a fall.

“Before, they filled out a report, and by the time it made its way through the system to my desk, it could be two weeks, and that was too late.”

With the new notification system, Mello reviews the client’s chart then and there to help identify the factors that might be contributing to the fall. Then she calls in the other team members, such as the medical social workers and the administrators, to review the case and offer their suggestions.

Mello said bringing in the other disciplines lets them know they’re all in this together and serves a refresher course on falls. She also notifies physicians by fax, so they will have a written record on file to document the frequency of falls.

After looking at the chart, Mello may ask the nursing supervisor or a pharmacy outreach program she works with to review the medications and to recommend changes. And she is adding a nurse to the team to help sort out medical issues that may be contributing to falls.

If a patient falls repeatedly, Mello will accompany the providers on a joint visit, which allows her to observe the patient in the home and to offer suggestions to improve safety.

She's found her presence also plays a pivotal role in persuading patients to follow through on the changes they need to make. All too often, she's found that patients don't do what they're supposed to because they don't fully understand the consequences of a fall.

In addition, monthly voice mails update staff members as to the latest falls figures and help them to see the big picture, she said.

Getting everyone involved in falls prevention is paying off, said Mello.

In 2008, the adverse events outcome report, which tracks patients who sought emergency care for an injury caused by a fall or accident at home, was 2.2 percent. In 2009, the number decreased to 1.56 percent.

Mello said the results show the agency's commitment to prevention.

"Every fall is counted, every fall is important and every fall should be taken seriously," she said.