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Implementation of the Modified Dionne's Egress Test on an inpatient medical and geriatric hospital unit and impact on fall rates.

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Implementation of the Modified Dionne's Egress Test on an inpatient medical and geriatric hospital unit and impact on fall rates.



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Problem

In 2021 there were a total of 721 patient falls at BMC and of those, 151 patients had a fall with injury. Falls with injury cost BMC 2,122,456 dollars due to increased length of stay and additional testing or treatments needed to manage the patient injuries. Daily 6A (D6A), an acute medical floor with an Acute Care for the Elderly (ACE) program had the second highest fall rate per 1,000 patient days in the hospital with 5.31 falls per 1,000 patient days. Additionally, the injury rate per 1,000 patient days on D6A was 0.988 injurious falls per 1,000 patient days, which exceeded the hospital average.

Objectives

- (1) Reduce the number of falls on the unit by implementing the use of the Modified DET by nursing and rehabilitation staff prior to mobilizing patients.
- (2) Correlate the Modified DET to other mobility and fall risk tools used on D6A (the Johns Hopkins Highest Level of Mobility Scale (JH-HLM) and the current BMC Fall Risk Assessment Tool to determine) in order to better identify patients at high risk for falling.
- (3) Determine the feasibility of implementing the Modified DET and clinical pathway.
- (4) Provide staff with screening tool that can expedite safe patient mobility.

References

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Intervention

The Dionne's Egress Test (DET) was developed by a physical therapist in 2004 as a screening tool for assessing the ability of patients to safely transfer and ambulate after bariatric surgery. Since that time, this test has been studied in post-partum patients and is beginning to be studied in other hospitalized patient populations, though the research is limited at this time. The Modified DET (Barbay et al, 2021) consists of three steps including (1) completing a sit to stand transfer, (2) three repetitions marching in place, and (3) one advance and return step of each foot.



Implementation

We have begun nursing staff education using in-service presentations and case studies. At least 25% of staff on D6A were educated during the months of March and April. Barriers to implementation at this time include reports of insufficient staffing, patients' ability to follow the steps of the test, and reported need for more mobility equipment. Data collection has begun as of April 2023 and will continue until at least September 2023.

Conclusion

Researchers have identified the potential benefit of implementing the Modified Dionne's Egress Test on the ACE unit at BMC and will assess the impact on fall rates, among other measures.

