

LETTER TO THE EDITOR

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Response to Scott et al Fall-Risk Assessment Tool Article



Dear Editor:

Thank you to Scott et al for their article “Above, Beyond, and Over the Side Rails: Evaluating the New Memorial Emergency Department Fall-Risk Assessment Tool.”¹ Increasingly frequent ED visits for falls provide an expanding opportunity to decrease falls and related sequelae.² Recent Geriatric Emergency Department Guidelines endorsed by the Emergency Nurses Association (ENA) advocate for “screening of those at risk of falls” with physical therapy evaluation for at-risk patients.³ Harmonizing fall-risk assessment strategies within emergency medicine will require understanding the methods used to derive and validate risk-stratification instruments.⁴ The Memorial Emergency Department Fall-Risk Assessment Tool (MEDFRAT) only focuses on predicting falls that occur in the emergency department or the hospital. The majority of ED patients are discharged; therefore, focusing solely on in-hospital falls misses a tremendous opportunity to reduce the majority of falls.^{5,6} In addition, Scott et al do not report measures of fall-risk assessment accuracy or reliability, which limits the ability of clinicians, guideline developers, and researchers to compare the diagnostic yield of MEDFRAT with other instruments.⁷ In future studies deriving and validating fall-risk instruments, researchers should adhere to diagnostic/prognostic reporting standards^{8,9} by measuring and reporting sensitivity, specificity, or likelihood ratios. Adherence to these Enhancing the Quality and Transparency of Health Research guidelines minimizes biases associated with incomplete reporting while improving transdisciplinary comparability of research. Finally, MEDFRAT’s first question asks whether the patient had a “mechanical” fall. “Mechanical” has no agreed-upon definition and frequently overlooks the reason underlying a fall. The concept of “mechanical fall” oversimplifies the event, and fall researchers increasingly advise against using this nomenclature.^{10,11} In an era of ENA-endorsed geriatric ED guidelines, American College of Emergency Physician’s Accreditation of Emergency Departments

for adherence to these guidelines, and an increasing array of nurse and physician researchers from multiple disciplines focusing upon the science of prevention of fall injuries, emergency medicine has an unprecedented opportunity to improve the quality and efficiency of geriatric care. However, the concepts referenced above are key components to promote more effective knowledge translation.¹²—*Shan W. Liu, MD, SD, Assistant Professor, Department of Emergency Medicine, Massachusetts General Hospital, Boston, MA, E-mail: sluu1@mgh.harvard.edu; Christopher R. Carpenter, MD, MSc, Professor, Division of Emergency Medicine, Washington University School of Medicine in St. Louis, St Louis, MO.*

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