

Study seeks to improve screening for falls in emergency departments

June 21 2017

When individuals visit the emergency department after falling, they may receive a diagnosis reflecting the injury sustained—such as fractures, contusions, etc.—without mention of how the injury came about. A new study found that classifying emergency department visits based not only on diagnosis codes but also chief complaint can help to identify falls.

The study included 23,880 visits of [older adults](#) to an academic medical center's emergency department between 2013 and 2015.

The findings are important because falls are associated with significant morbidity, mortality, and cost (over \$19 billion annually in the United States), and screening for fall risk remains inconsistent.

"This study demonstrates the value of extracting text-based elements from the medical record for research. By using the patient's chief complaint, we were able to identify an important subset of patients who would be missed when looking only at diagnosis codes," said Dr. Brian Patterson, lead author of the *Journal of the American Geriatrics Society* study. "This type of analysis is especially useful in the [emergency department](#), where we often are interested in grouping patients for studies based on presenting complaint, as opposed to a diagnosis assigned at the end of their stay."

More information: *Journal of the American Geriatrics Society* (2017). DOI: [10.1111/jgs.14982](https://doi.org/10.1111/jgs.14982)

Provided by Wiley

Citation: Study seeks to improve screening for falls in emergency departments (2017, June 21)
retrieved 11 July 2024 from <https://medicalxpress.com/news/2017-06-screening-falls-emergency-departments.html>

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