SECOND EDITION

Evidence-Based Falls Prevention

A STUDY GUIDE FOR NURSES

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The problem

Falls are the single most significant adverse event experienced in hospitals, negatively affecting physical and emotional health, as well as overall quality of life.[1] Falls are a critical problem in all healthcare organizations, accounting for a significant number of injuries due to inadequate caregiver communication; incomplete assessment, reassessment, and training of new staff; inadequate staffing levels; malfunction or misuse of equipment; and insufficient education of the patient and his or her family.

The data are alarming: Falls are the largest single category of reported incidents in hospitals. Patient falls are often cited as the second most frequent cause of harm for patients, topped only by medication errors. Falls are the leading cause of nonfatal injuries and trauma-related hospitalizations in the United States. Two percent to 4% of all patients fall, and 2% to 6% of these falls result in a serious injury, such as a fracture. In the United States, one out of every three people aged 65 and older falls each year.[2] Falls are a leading cause of traumatic brain injuries and morbidity, affect all patient populations, and occur regularly among patients in acute care facilities.

According to the Centers for Disease Control and Prevention (CDC), U.S. medical costs for fall-related injuries equal $20.2 billion and are expected to rise to $32.4 billion by 2020. The latest CDC report, issued in 2006, notes that in 2003, more than 13,700 people age 65 or older died of fall-related injuries, and another 1.8 million were treated in emergency departments for nonfatal injuries related to falls. The financial repercussions and adverse consequences (including fracture, head injury, depression, and fear of falling) associated with patient falls are among the most serious risk management issues that hospitals face. Additionally, on average, an elderly patient who falls will stay 18 days longer than originally planned.[3]

Because of the potential adverse consequences associated with patient falls, each hospital must create a comprehensive program to reduce falls. There is no single fall-prevention program that works for all patients in every healthcare setting. A successful multifaceted program analyzes how and where falls happen, targets the unit where falls are most frequent, varies program elements to fit patients' needs, ensures that reporting the circumstances of patient falls is nonpunitive, assesses every patient for fall risk, and reeducates staff periodically. In addition to a comprehensive fall-prevention program, a predictive, multidisciplinary assessment of fall risk of patients at admission, including their history of falls, depression, dizziness or vertigo, confusion or dementia, and cognitive impairment, is essential to the delivery of optimal patient care.

Additionally, as one of its 2008 National Patient Safety Goals, The Joint Commission (formerly JCAHO) requires that hospitals reduce the risk of patient harm as a result of falls and will look for documentation pertaining to this requirement. The goal also states that hospitals must implement a fall reduction program that includes an evaluation of the program's effectiveness.

And recently, under the new payment policy of the Centers for Medicare and Medicaid Services (CMS), hospitals will cease to be compensated for the treatment of "reasonably preventable" conditions required during patient stays, including injuries from patient falls. This rule was mandated by a 2005 law and takes effect in October 2008, emphasizing the critical need for hospitals to focus on falls-prevention strategies.

The costs and risks

Across many industries, plaintiffs' attorneys and insurance companies examine several factors when considering the potential for liability. Businesses that are susceptible to lawsuits and insurance claims typically have the following characteristics in common:

1. They provide services that are potentially dangerous and could cause harmful mistakes.
2. They are subject to intense scrutiny by state and federal regulatory agencies, the public, and the media.
3. They feature complex, interdependent systems supported by multiple processes and disciplines.

Acutecare facilities feature each of these characteristics. Plaintiffs' attorneys can view hospitals as a source of potentially significant financial compensation, and insurance carriers can see the industry as a source of significant potential losses.

The goals

In order to optimize patient care, The Joint Commission included falls prevention as one of its patient safety goals approved for 2008. The 2008 National Patient Safety Goals apply to the nearly 16,000 accredited healthcare organizations and programs, including ambulatory care and surgery centers, office-based surgery sites, assisted-living facilities, behavioral healthcare settings, home healthcare environments, nursing homes, laboratories, and hospitals. The Joint Commission first introduced its National Patient Safety Goals in an effort to improve patient safety. Each goal contains a set of evidence-based, specific requirements that identify opportunities for reducing risk to patients by pinpointing potential problems in critical aspects of care. Each year, The Joint Commission solicits feedback from healthcare professionals who review the current National Patient Safety Goals and make recommendations based on each goal's relevance, priority, clarity, ability to measure compliance, time needed to implement, and cost of implementation.

A patient falls goal that required healthcare organizations to reduce the risk of patient harm resulting from falls was first introduced in 2005, but the goal was revised in 2006 to include requirements for fall-reduction programs. Now, in 2008, The Joint Commission will be looking for evidence of well-developed and evaluated fall prevention programs. Organizations will be required to articulate a clear fall prevention program, discuss fall and injury rates, and show clear evidence of review of fall prevention interventions and changes made to further enhance fall prevention. All accredited organizations are surveyed for implementation of the goals and requirements. Surveyors look for evidence of implementation, review relevant documentation, and question leadership about how consistently the organization implements action into a care plan and what level of monitoring occurs after it implements each goal.

The falls prevention goal included in The Joint Commission's 2008 National Patient Safety Goals reads as follows:

Goal: Reduce the risk of patient harm resulting from falls.

- Implement a fall reduction program including an evaluation of the effectiveness of the program.

The solution

There is no one-size-fits-all solution to the problem of falling. There is, however, a single main goal that every healthcare provider should work toward: prevention. Although it may not be possible to prevent every fall, most falls are preventable. Each fall prevented is one less potential injury, fracture, head trauma, or death. The goal of this book is to help healthcare providers learn how to prevent as many falls as possible, thereby preserving the mobility, qualify of life, and independence of patients.

References

1. Wilson, E.B. (1998). "Preventing patient falls." *AACN Clinical Issues* 9: 100–108.

2. National Center for Injury Prevention and Control.

3. Swift, C.G. (2001). "Care of older people: Falls late in life and their consequences: Implementing effective services." *British Medical Journa*l 322: 855–858.

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