



Reducing In-Hospital Patient Falls

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Fall-related injuries can be some of the most common, disabling, and expensive health conditions encountered by adults, especially older adults. But it's an issue where identifying the best ways to prevent them—especially within the confines of a healthcare organization—can be quite challenging.

In a hospital, a typical fall rate in general and med-surgical units would be considered about four to five falls per 1,000 patient days, or about a fall per day in a 250-bed hospital, says Ronald I. Shorr, MD, director of the Geriatric Research Education and Clinical Center at the Malcom Randall VA Medical Center and professor at the University of Florida Department of Aging and Geriatric Research, both in Gainesville, FL. About a third of those falls will result in injury, although only 2% of those injuries will be severe.

Generally, two types of "fallers" can be found in the hospital: frail patients and those patients who don't want to bother the nurse, according to Shorr. Injury, though, may be equal in both groups because frail individuals often know "how to fall" compared with their younger counterparts.

Providers are finding some success through efforts such as installing alarms, designing rooms with bathrooms closer to the bed, targeting the timing of certain medication administration, regularly updating fall-risk assessments that are communicated to the care team, and talking about falls with patients, whether they are hospitalized or not. It also means evaluating patients as they proceed through a continuum of care after they leave a hospital.

But the overarching problem appears to be that "we can't find a magic prediction rule that appears to discriminate between people falling and people who fall and injure themselves," Shorr says. "The problem is that most hospital patients are moderate fall risks. If you walk around a hospital, you will find stickers indicating risks of falling on probably 70% of all doors."

Shorr is in the midst of a study, funded by the National Institutes of Health, to determine if a 2008 Medicare rule eliminating payment for the cost of treating preventable in-hospital falls will lower the rate of falls among hospital patients. He is the first to admit that additional study and research into falls is needed, although many seem to be "trying to find the magic bullet" to preventing falls, he says.

Over the years, for instance, items have been introduced such as bed and chair alarms, padded floor mats, and hip pads to prevent falls and injuries. Results generally have been mixed. "The fall rates have been remarkably stable over time, so it's not like there's a brilliant answer out there," he says. "Clearly, if it was easy, it would have been fixed."

A number of hospitals are trying to address the issue, including the 51-staffed-bed Bartlett Regional Hospital in Juneau, AK, which has seen falls drop from 6.5 per 1,000 patient bed days in 2007 to 6.1 in 2009. The nurses use electronic medical records to document the patient's status at least for every 12-hour shift, says William Gardner, RN, the nurse manager with the medical-surgical unit.

This opens up a "care plan of nursing intervention," Gardner says. Using the Situation Background Assessment Recommendation to hand off a communication report, "we make sure other nurses and other healthcare

providers are aware of a patient's fall risks because those risks can go up or down with a new medication, even during a shift."

But it also has meant adding or reviewing other processes of care, such as ordering new slippers that patients can use to prevent falling when using a shower, implementing the use of bed alarms to alert nurses when a patient leaves the bed, and applying a floor cleaner with some additional tackiness.

"Our theory is we know we can't prevent every single fall, but we can prevent falls that are preventable by having those interventions identified by the organization," Gardner says.

Some hospitals are looking to tackle falls by joining collaboratives. For instance, 57 participants, along with 35 long-term care facilities and six home health agencies, began in 2008 to gather data as a part of the Maryland Patient Safety Center's Safe from Falls initiative.

"One of the directions the center is taking is to do more across the healthcare system for safety a continuum of care," says C. Patrick Chaulk, MD, MPH, executive director and president of the Maryland center.

"This is really reflected in this collaborative because you've got handoffs to long-term care facilities and home health care, or you return to the hospital," Chaulk says. "We are trying to figure out how we can direct our work to be more comprehensive in the healthcare system and not—which is often the case—focused on hospitals."

The center still is in its first year collecting data related to falls, but some new trends have emerged, for example: identifying medications such as diuretics that could be used well before bedtime to avoid causing individuals to get up late at night when they are sleepy and more prone to fall.

Preventing falls inside a healthcare facility often can get a boost at the community level, as researchers at the UCLA Center for Health Policy Research have found out. For instance, fewer than half of all seniors they studied were found to be seeing a doctor after a fall. Those who declined medical attention were far less likely to engage in widely recommended activities—such as a review of their medications or getting a cane or walker—that might prevent repeated falls, according to center researchers.

"It should be an important part of a routine screening in primary care to ask an older adult if they have fallen in the last six months," says Steven P. Wallace, PhD, a professor and associate director of the center. Detecting someone who has fallen and "bringing them back for a later date for a scheduled time to do a comprehensive assessment can make a big difference in their life."

And there are the physical characteristics of the patients that can be linked with the probability of falling as well. In one study from the University of Pittsburgh, the protective effect of exercise was documented by researchers who analyzed data from people taking part in the Aerobics Center Longitudinal Study from 1970 to 1989 and in a follow-up survey conducted in 1990. The survey asked whether they had fallen within the previous year and, if so, what they were doing when they fell.

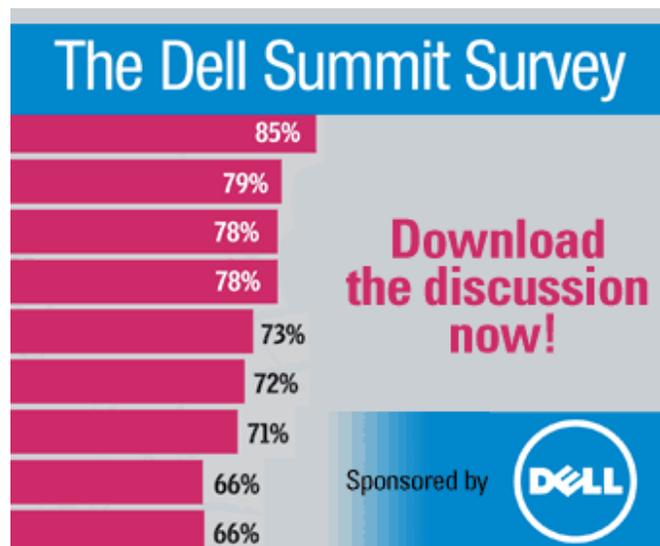
"We found that the likelihood of reporting a fall within the past year does not vary with age," says Kristen Mertz, MD, assistance professor of epidemiology at the University of Pittsburgh. In the study, she and her fellow researchers found that 20% of the 10,615 participants, ages 20 to 87, reported falling in the previous year, and of those, 15% fell while walking. Women were 2.8 times more likely than men to fall while walking. Men with low fitness levels were 2.2 times more likely to fall than men with high fitness levels, Mertz notes.

Overall, addressing falls is just a continuous operation, says Gardner of Bartlett Regional. "You don't ever stop meeting about it. You don't ever brag that you had no falls this quarter because if you do, someone will fall. It is an ongoing process."

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