Measuring Fall and Fall-Related Injury Rates and Prevention Practices

Presented by

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Welcome!

Thank you for joining this webinar about how to measure fall and fall-related injury rates and fall prevention practices.
A Little About Myself…

• Work for VHA National Center for Patient Safety
• Have been a nurse since 1984
• Have worked with numerous teams in fall breakthrough series
Today We Will Talk About

- Purpose of measurement
- Types of falls
- Types of falls to focus on
- Measuring fall and fall-related injury rates
- Measuring fall prevention practices

These topics were introduced in your 1-day training. Today, we will revisit them in depth. Please make a note of your questions. Your Quality Improvement (QI) Specialists will follow up with you after this webinar to address them.
Purpose of Measurement

Measuring fall and fall-related injury rates and fall prevention practices tells you—

• If any areas of care can be improved
• If you are meeting your aims
• If your changes are an improvement
• If you sustain your improvements

*If you can’t measure it, you can’t improve it!*
Types of Falls

Accidental falls
May be caused by—

• Extrinsic environmental risk factors or hazards
  – Spills, clutter, tubing/cords

• Errors in judgment
  – Not paying attention

Action:

• Determine preventability.
Types of Falls

Anticipated physiological falls

May be caused by—

- Known fall risks as indicated on the Morse Fall Scale
  - Loss of balance, impaired gait or mobility, impaired cognition/confusion, impaired vision, history of falls, decreased mobility upon assessment

Action:

- Determine preventability.
Types of Falls

Unanticipated physiological falls

May be caused by—

• Factors associated with unknown fall risks that cannot be predicted on a fall risk scale
  – Unexpected orthostasis, extreme hypoglycemia, stroke, heart attack, seizure

• Action:

  This type of fall is not preventable.
Types of Falls To Focus On

• Report falls by type.
• Examine trends in preventable falls.
  – Example: Toileting-related falls
• Implement interventions related to the trend identified.
• Examine repeat falls.
Measuring Fall and Fall-Related Injury Rates

- What to count
- Measures used
- Data needed
- How often to calculate
- Improving data
What To Count for Fall and Fall-Related Injury Rates

• **Total** number of falls on your unit. Agree on a definition of “fall.”
• Number of **repeat** falls on your unit.
• **Level of injury** for each fall.
• Number of **occupied bed days** on your unit over a given period of time.
Measures Used for Fall and Fall-Related Injury Rates

Suggested approach

- **Total** falls per 1,000 occupied bed days
- **Injurious** falls per 1,000 occupied bed days

There are many ways to measure fall and fall-related injury rates. The most important thing is to be consistent.

See Section 5.1.7 (page 77) of the Toolkit for a link to the National Database of Nursing Quality Indicators.
Data Needed for Fall and Fall-Related Injury Rates

For each fall, create an incident report that tells—

• **Fact** that the incident being reported is a fall
• **Name** of the patient who fell
• **Where** the patient fell
• **When** the patient fell
• **Unit** the patient was assigned to when he/she fell
• **Circumstances** of the fall (in detail)
• **Injury level** of the fall

Refer to Tool 5A: Information to Include in Incident Reports
You’ll also need to know the **number of occupied beds** on your unit **each day**.

This is easier if your hospital has a computerized system. If **not**:

- Choose a time of day.
- Each day at that time, check the number of occupied beds on your unit.
- Write down that number.
How Often To Calculate Fall and Fall-Related Injury Rates

Calculate fall and fall-related injury rates one time each month, if possible.

Refer to Toolkit Section 5.1.6
How To Calculate Fall and Fall-Related Injury Rates

**Example:** Fall rate for month of April

1. Using incident reports, figure out the total number of falls on your unit during April.

2. Figure out the number of occupied beds on your unit per day during April.

3. Add up the total number of occupied beds on your unit in April by adding up all the beds per day from Step 2. If your hospital can give you the total, you can skip Step 2.

4. Divide the total number of falls by the total number of occupied beds on your unit in April.

5. Multiply this number by 1,000.
Example: Fall rate for your unit in month of April

Total number of falls = 3

Total number of occupied beds = 879.

Total number of falls divided by total number of occupied beds = $3 \div 879 = 0.0034$.

$0.0034 \times 1,000 = 3.4$.

Fall rate = 3.4 falls per 1,000 occupied bed days
Improving Data for Fall and Fall-Related Injury Rates

• Review completed incident reports with staff each month.
• Discuss ways to improve, such as giving more details about fall circumstances.
• Examine trends in root causes.
Improving Data for Fall and Fall-Related Injury Rates

- Examine trends in fall rates such as—
  - Falls related to toileting needs
  - Falls related to risk factors (medicines, blood pressure, gait)
  - Falls related to the environment (poor lighting, uneven or slippery floors)
Measuring Fall Prevention Practices

Process measures

• Post-fall assessment (huddle)
• Intentional rounding
• Fall prevention and care planning

Refer to Tool 5B: Assessing Fall Prevention Care Processes
Clinical review—

• Collects data after a patient falls
• Seeks to find out if the patient has immediate risk of injuries or other complications
• May include new fall risk factor assessment with medicine review and lab tests
Clinical review may include—

- Checks for signs or symptoms of fracture or possible spine injury before moving patient
- Safe handling methods for patients with signs or symptoms of fracture or possible spine injury
- Regular neurologic checks for all patients with possible or confirmed head injury
- Medical exams
  - Sooner for patients who may have serious injury or who have been immobilized
Post-Fall Assessment (Huddle)

Root cause analysis (RCA)—

• Helps you understand why a patient fell
• Helps you prevent future falls in this and other patients
• Captures data about a fall from the patient, staff, and other witnesses
Post-Fall Assessment (Huddle)

Barriers include—

• Competing commitments
• Lack of witnesses
• Multiple causes of a fall
• Trouble assembling relevant team members
Post-Fall Assessment (Huddle)

**Strategies** include—

- Having a standard protocol that is easily accessible to unit staff
- Making sure the data gathered with the assessment tool include those needed to file an incident report
- Having a nurse or pharmacist join rounds to discuss medicines that may have caused the fall
Post-Fall Assessment (Huddle)

Ways to **document** include—

- Care plan
- Incident reporting system
- Risk factor profile

Ways to **communicate** include—

- Oral handoff
- Safety huddle

See Section 5.1.6 (page 76) of the Toolkit for an example of the post-fall huddle.
Data To Measure Fall Prevention

Data can come from—

• **Medical record reviews**
  – This approach may be *incomplete*, because it relies only on the written record.

• **Direct observations of care by trained observer**
  – This approach is the *most time consuming*, but it’s also the *most accurate*.

• **Surveys of staff**
  – This approach relies on memory, so it may be *inaccurate*. 
Data To Measure Fall Prevention

• Start with a combination of medical record review and direct observation.
• Use a manageable sample, such as no more than 20 patients.
Fall Prevention and Care Planning

Remember:

• Assess fall and fall-related injury risk each time a new patient is admitted.

• Make sure the individualized care plan is tailored to the patient’s fall risk factors.

• This targeted approach will reduce the incidence of falls at your hospital and improve the quality of patient care.
Today We Talked About

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- Measuring fall prevention practices
Any Questions?

Thank you for being such great listeners.
Please refer any questions you have to your QI Specialists.
Resources

  – Tool 3F: Orthostatic Vital Sign Measurement
  – Tool 3G: STRATIFY Scale for Identifying Fall Risk Factors
  – Tool 3H: Morse Fall Scale for Identifying Fall Risk Factors
  – Tool 3I: Medication Fall Risk Scale and Evaluation Tools
  – Tool 3J: Delirium Evaluation Bundle
  – Tool 3K: Algorithm for Mobilizing Patients
  – Tool 3L: Patient and Family Education
  – Tool 3M: Sample Care Plan
  – Tool 3N: Postfall Assessment, Clinical Review
  – Tool 3O: Postfall Assessment for Root Cause Analysis
  – Tool 3P: Best Practices Checklist
  – Tool 5A: Information to Include in Incident Reports
  – Tool 5B: Assessing Fall Prevention Care Processes
  – Tool 5C: Measuring Progress Checklist

• Morse JM. Preventing patient falls. 2nd ed. New York: Springer; 2009.