

# MEASURING PATIENT SAFETY IN OUR HOSPITALS

## Patient Falls

April 2016



*For Hospital Patient Safety*

## Reducing Patient Falls in Kaiser Foundation Hospitals

### What are we measuring and why?

Falls are the most common type of inpatient accident, accounting for up to 70% of inpatient accidents. Falls can result in serious physical and emotional injury, poor quality of life, increased length of stay in the hospital, and admission to a long-term care facility.

According to the CDC (Centers for Disease Control and Prevention / <http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallcost.html>), falls are the leading cause of injury death for Americans 65 years and older. Each year, one in three adults 65 and older falls at least once.

- Approximately 30% of hospital patient falls result in physical injury, with 4% to 6% resulting in serious injury – with fractures the most common
  - As many as 20% of hip fracture patients die within a year of their injury.
  - Most patients with hip fractures are hospitalized for about one week
- Up to 25% of adults who lived independently before their hip fracture have to stay in a nursing home for at least a year after their injury

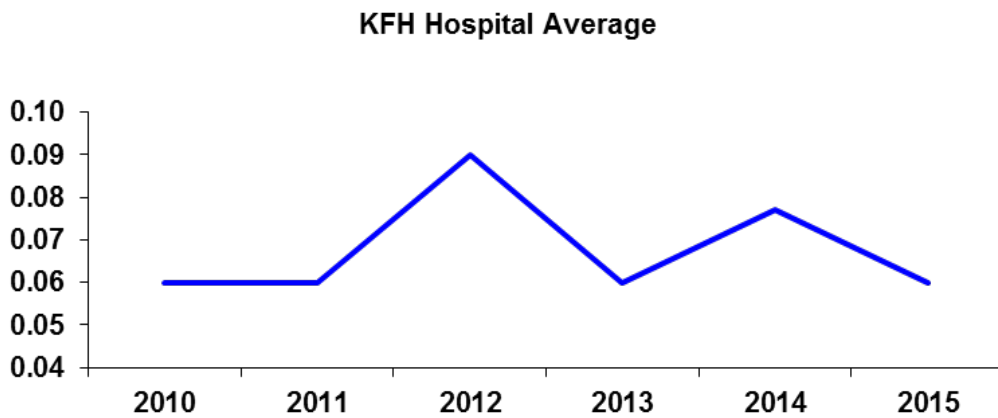
### How are we doing and how do we compare?

Report Card 2015 (lower is better)	Kaiser Foundation Hospitals Programwide Result	KP Goal for Moderate to Severe Injuries
Reducing patient falls* (# falls per 1,000 pt days )	0.06	0.0

\* Patient falls are measured by the number of falls per 1,000 patient days and include moderate to severe injuries.

The following graph shows the improvement over time of programwide performance for Kaiser Permanente's Kaiser Foundation Hospitals for hospital in-patient falls resulting in moderate to severe injury.

## Hospital In-patient Falls in Kaiser Foundation Hospitals 2010 – 2015 (lower is better)



### What are we doing to improve?

To reduce the risk of patient falls, our hospitals focus attention on:

- Specific patient activities that need to be monitored
- Environmental risk factors such as wet floors, poor footwear, equipment tethered to patients, objects on the floor, and room layout
- Individual patient risk assessment, including use of certain medications

### Patient Falls Prevention Program

The KP HEROES patient safety collaborative project developed four evidence-based practices (entitled **TEAM**) focusing on four evidence-based elements to reduce the incidence of falls with serious injury. The **TEAM** prevention strategies are reliably implemented for all patients who are identified as being at-risk. The **TEAM** strategies have been tested through Plan-Do-Study-Act for Rapid Cycle Improvement and implemented throughout Kaiser Permanente medical centers, resulting in decreasing incidence rates for falls with injury.

#### **T—Toileting/ Activity**

Patients fall when they try to move on their own and many falls in the hospital occur while the patient is trying to get to the bathroom. Toileting and activity offers are made frequently and are based on an individual risk-based care plan.

#### **E—Environmental Risk Reduction**

Environmental risk factors cause 5% and are a contributing factor in as many as 40% of inpatient falls. Both patients and providers are at risk for falls from environmental factors. Wet floors, poor footwear, equipment tethered to patients, objects on the floor, and room layout are just a few examples of environmental factors.

### **A—Assess and Address Fall Risk**

A fall risk assessment is performed upon admission and routinely thereafter. The fall risk assessment includes abbreviated medication risk factors as identified by the Schmid tool. The patient is periodically reassessed. Multidisciplinary team interventions are reflected in the individualized patient care plan.

### **M—Multidisciplinary Plan and Medication review**

Certain medications increase the risk of falls. Other medications increase the severity of falls. The individualized care plan and medication review requires a multidisciplinary team that should include the nurse, pharmacist, physician, physical therapist, and the patient/family. Depending on the facility, other disciplines are identified as integral members of the medication review team. The physician and pharmacist take into account the pharmacokinetics and pharmacodynamics that can affect how the patient responds to a medication. One study showed a 31% reduction in falls in extended care facilities simply by reducing medications and managing dosing times.