Patient falls continue to be an on-going safety issue despite an available array of falls toolkits and resources. Why is that? While many falls can be avoided, fall prevention is complex because so many things are associated with falls. These include patient factors — including weak muscles, chronic conditions and use of a cane or walker — as well as environmental factors, such as beds not positioned at an optimal height, and process-of-care factors, such as nurses not responding promptly to call bells.

Although fall prevention is complicated, focused efforts do pay off. While not every patient fall is preventable, the right combination of technology, care processes and focus can reduce the number of falls significantly and, more importantly, the injuries to patients they often cause.

Look at Your Data: Fall Categories

Falls expert Pat Quigley, from the James A. Haley Veterans' Hospital in Tampa, Fla., encourages hospital executives to categorize patient falls into four types. The first two types of falls are generally preventable; the second two are not.

• **Accidental**: These falls occur when low-risk patients trip over an IV pole, fall out of bed when they reach to get something or encounter another environmental hazard.
• **Anticipated physiological**: The most common type of patient falls, these occur in patients who have risk factors that can be identified in advance, including abnormal gait, high-risk medication, urinary frequency or dementia.
• **Unanticipated physiological**: These falls occur in patients who have a low risk of falls in general but suffer an event — a seizure, stroke or fainting episode — that results in a fall that could not have been predicted.
• **Behavioral or intentional falls**: These occur when a patient acts out.

Strategy Highlight: “Falls TIPS”

Research to date has concentrated on tools for fall risk assessments which have clearly established falls risk factors, such as age, medications, poor vision, difficulties with gait and balance, etc. However, the link from nursing assessment of falls risk to identification and communication of individualized interventions to prevent falls needs to be reinforced.

A Robert Wood Johnson Interdisciplinary Nursing Quality Research Initiative grant led to the development and testing of a fall prevention toolkit, “Falls TIPS” (Tailoring Interventions for Patient Safety), to leverage existing practices and workflows and employ existing information technology to promote the use of evidence based interventions. The end goal was to integrate effective fall prevention strategies into the workflow of interdisciplinary caregivers, patients and family members. *See Figure 1 below.*
The Falls Prevention Tool Kit created a standardized approach to communication of risk status and enabled the fall prevention plan to be available at the point of care, the patient’s bedside. More detailed information and results from this study can be found here: Fall TIPS/ Strategies to Promote Adoption and Use of a Fall Prevention Toolkit

**Best Practices**

What should providers to know about Fall Prevention?

- Broaden the “systems” approach
- Invite family members to engage
- Be sensitive to individual patient needs
- Set expectations and explain why
- Communicate and educate

The Joint Commission Sentinel Alert #55 encourages health facilities take the following actions to reduce falls and fall-related injuries:

- Lead an effort to raise awareness of the need to prevent falls resulting in injury;
- Establish an interdisciplinary falls injury prevention team or evaluate the existing one;
- Use a standardized, validated tool to identify risk factors for falls;
- Create an individualized care plan based on the identified risks, and implement preventive strategies;
- Standardize and apply practices and interventions known to be effective; and perform postfall "huddles" to analyze the circumstances of a fall to guide improvement efforts.

Although there is no evidence-based bundle of practices to prevent injury-inducing falls, the Institute for Healthcare Improvement has identified six promising changes to reduce them.

- Screen risk for falling on admission.
- Screen fall-related injury risk factors and history upon admission.
- Assess risk of anticipated physiological falling and risk for serious injury from a fall.
- Communicate and educate staff and patients about patients' fall and injury risks.
- Standardize interventions for patients at risk for falling.
- Customize interventions for patients at highest risk of fall-related injury.

**Source:** Institute for Healthcare Improvement, 2012
References


How to Use the AGS 2015 BEERS Criteria: http://geriatricscareonline.org/ProductAbstract/Beers-Teaching-slides/S004


