



## PROFESSION

### Toolkit offers new ideas for preventing hospital falls

Hundreds of thousands of inpatients fall annually, with Medicare policy barring payment for injuries related to them.

By **KEVIN B. O'REILLY**, amednews staff. **Posted Feb. 26, 2013.**

Integrating fall-prevention protocols into scheduled rounds, grouping cognitively impaired patients into so-called safety zones and doing post-fall assessments are some new strategies to reduce the number of falls for hospital patients. The ideas are part of a recently released Agency for Healthcare Research and Quality toolkit aimed at cutting the estimated 700,000 patient falls that happen in hospitals each year.

Since 2008, the Centers for Medicare & Medicaid Services has denied hospitals payment for complications due to a fall or trauma in the hospital that results in fractures, burns or other serious injuries. Despite the financial incentive, progress in preventing falls has not been easy, experts say. Setting a goal of zero falls is probably unrealistic, they added, given that hospitalized patients often need treatments that may make them unstable on their feet, and yet they need to be mobile to prevent bed-rest complications such as deconditioning, pressure ulcers, aspiration and deep-vein thrombosis.

"The patient is not there typically because they are at risk for falling," said William Spector, PhD, who helped develop the AHRQ toolkit. "They're there for surgery or something else, but you'd like to make sure they don't become deconditioned. This should not be seen as a reduce-falls-at-all-costs manual."

Most hospitals, nursing homes and long-term-care facilities are familiar with and probably employ fall precautions that apply to all patients, said Spector, senior social scientist with AHRQ's Center for Delivery, Organization and Markets. These precautions include showing the patient how to use the call light, keeping their possessions within reach and having sturdy handrails in bathrooms, patient rooms and hallways. Many hospitals also assess patients at risk of falling at admission, based on criteria such as age, medication regimen and a history of falling.

#### Fall-prevention rounds

The toolkit covers how to implement these concepts but also suggests that physicians and hospital officials consider making fall prevention a part of scheduled rounds. That involves assessing the patient's pain and rearranging room items so that objects such as the TV remote, tissue box and waste basket are within reach. The health professional rounding also would double-check to make sure that the bed is in a locked position and ask if the patient needs anything before leaving.

Another idea covered in the toolkit is grouping patients with cognitive impairments or other high-risk patients into so-called safety zones. In these areas of the floor, patients may be checked as often as every 15 minutes. Rooms may be equipped with lower beds, mats on each side of the bed, and a big stop sign reminding patients not to get up by themselves.

When falls do happen, hospital officials need a standardized way to interview patients and nurses about why the fall occurred to prevent future occasions. Such rigorous root-cause analyses could uncover contributors to falls, such as tangled medical equipment.

"Very few hospitals, from what I understand, do a root-cause analysis in a systematic way to link an event to the falls incidence rate to try to understand what's causing these problems," Spector said. "What's collected is typically haphazard in terms of who gets interviewed. Here we have a standard protocol to help people."

A post-fall assessment is included in the toolkit, which was produced by patient safety experts at the nonprofit RAND Corp., Boston University of Public Health and the ECRI Institute. The 202-page toolkit was released in January ([www.ahrq.gov/research/ltc/fallpxtoolkit/](http://www.ahrq.gov/research/ltc/fallpxtoolkit/)).

#### 13 ways to prevent patient falls

To reduce the risk of falls among all patients, health professionals in hospitals should:

- Familiarize the patient with the environment.
- Have the patient demonstrate call light use.
- Maintain call light within reach.
- Keep personal possessions within safe reach of the patient.
- Have sturdy handrails in patient bathrooms, rooms and hallways.
- Place the hospital bed in a low position when a patient is resting in bed; raise it to a comfortable height when the patient is getting out of bed.
- Keep hospital bed brakes locked.
- Keep wheelchair wheels in the locked position when it is stationary.
- Keep nonslip, comfortable, well-fitting footwear on the patient.

- Use night lights or supplemental lighting.
- Keep floor surfaces clean and dry. Clean up all spills promptly.
- Keep patient care areas uncluttered.
- Follow safe practices when helping patients in and out of bed.

Source: "Preventing Falls in Hospitals: A Toolkit for Improving Quality of Care," Agency for Healthcare Research and Quality, January ([www.ahrq.gov/research/ltc/fallpxtoolkit/](http://www.ahrq.gov/research/ltc/fallpxtoolkit/)).

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