

General

Title

Acute care prevention of falls: rate of inpatient falls per 1,000 patient days.

Source(s)

DegeJau J, Belz M, Bungum L, Flavin PL, Harper C, Leys K, Lundquist L, Webb B, Institute for Clinical Systems Improvement (ICSI). Prevention of falls (acute care). Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Apr. 43 p. [54 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the rate of inpatient falls per 1,000 patient days.

Rationale

The priority aim addressed by this measure is to eliminate all falls with injury through a falls prevention protocol in the acute care setting.

Falls are a leading cause of hospital-acquired injury, and frequently prolong or complicate hospital stays. Falls are the most common adverse event reported in hospitals. Reviews of observational studies in acute care hospitals show that fall rates range from 1.3 to 8.9 falls/1,000 patient days and that higher rates occur in units that focus on eldercare, neurology and rehabilitation.

In spite of extensive research on falls risk factors and the development of a number of falls risk instruments, protocols are applied inconsistently, and risk factor directed interventions are far from standardized. The best guide to effective fall prevention strategies is effective adoption of the key common elements in better performing falls programs and hospitals. These strategies are then adapted and modified according to the

characteristics and abilities of that hospital.

Evidence for Rationale

Centers for Disease Control and Prevention. National Center for Injury Prevention and Control: Falls among older adults: an overview. [internet]. Atlanta (GA): Centers for Disease Control and Prevention; 2010 [accessed 2011 May 27].

DegeJau J, Belz M, Bungum L, Flavin PL, Harper C, Leys K, Lundquist L, Webb B, Institute for Clinical Systems Improvement (ICSI). Prevention of falls (acute care). Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Apr. 43 p. [54 references]

Oliver D, Healey F, Haines TP. Preventing falls and fall-related injuries in hospitals. Clin Geriatr Med. 2010 Nov;26(4):645-92. [PubMed](#)

Primary Health Components

Falls; prevention; acute care

Denominator Description

Total number of inpatient days (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Total number of hospitalized patients who fall during their hospital stay

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

Additional Information Supporting Need for the Measure

- Application of interventions similar to those suggested in this protocol have achieved further reduction in fall and injury rates. A four-year fall rate reduction of 63.9% to 1.3 falls/1,000 patient days with only two major injuries over four years has been reported by Staten Island University Hospital.
- A leading goal of the patient safety movement is the reduction and eventual elimination of falls that result in injury. Therefore, falls prevention programs should focus on factors associated with increased injury risk. The epidemiology of falls with injury may vary by hospital type, such as academic or non-academic, or physical plant factors. A retrospective cohort study of nine midwestern hospitals stated that injury was associated with older age, unassisted falls, bathroom falls and in patient care areas outside of the patient's room.
- Many reportable falls were related to problems with the fall risk assessment process, including inconsistent application of interventions to the patient's fall risk, miscommunication of fall risk, or failure to properly assign patients to high risk. One third of reportable falls with injury were related to bathroom use, over half were associated with "culprit medications" such as antianxiety or antipsychotic medication, and 40% occurred within 30 minutes of an intentional (hourly) rounding visit.

Evidence for Additional Information Supporting Need for the Measure

Degelau J, Belz M, Bungum L, Flavin PL, Harper C, Leys K, Lundquist L, Webb B, Institute for Clinical Systems Improvement (ICSI). Prevention of falls (acute care). Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Apr. 43 p. [54 references]

Krauss MJ, Nguyen SL, Dunagan WC, Birge S, Costantinou E, Johnson S, Caleca B, Fraser VJ. Circumstances of patient falls and injuries in 9 hospitals in a midwestern healthcare system. *Infect Control Hosp Epidemiol.* 2007 May;28(5):544-50. [PubMed](#)

Minnesota Department of Health. Adverse health events in Minnesota: eighth annual public report. St. Paul (MN): Minnesota Department of Health; 2012 Jan. 104 p.

Weinberg J, Proske D, Szerszen A, Lefkovic K, Cline C, El-Sayegh S, Jarrett M, Weiserbs KF. An inpatient fall prevention initiative in a tertiary care hospital. *Jt Comm J Qual Patient Saf.* 2011 Jul;37(7):317-25. [PubMed](#)

Extent of Measure Testing

Unspecified

National Guideline Clearinghouse Link

Prevention of falls (acute care). Health care protocol.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Adults

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Making Care Safer

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

The time frame pertaining to the data collection is monthly, in order to assess the system's performance on a more frequent basis.

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Total number of inpatient days

Population Definition: All adult hospitalized patients

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Total number of hospitalized patients who fall during their hospital stay

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Electronic health/medical record

Type of Health State

Adverse Health State

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Falls prevalence: rate of inpatient falls per 1,000 patient days.

Measure Collection Name

Prevention of Falls (Acute Care)

Submitter

Institute for Clinical Systems Improvement - Nonprofit Organization

Developer

Institute for Clinical Systems Improvement - Nonprofit Organization

Funding Source(s)

The Institute for Clinical Systems Improvement's (ICSI's) work is funded by the annual dues of the member medical groups and five sponsoring health plans in Minnesota and Wisconsin.

Composition of the Group that Developed the Measure

Work Group Members: John Degelau, MD (*Work Group Leader*) (HealthPartners Medical Group and Regions Hospital) (Hospitalist/Geriatrician); Lynn Lundquist, RN (Lake Region Healthcare Corporation) (Nursing); Lisa D. Bungum, RN, BSN, MAN (Mayo Clinic) (Nursing); Penny Louise Flavin, C-FNP (Olmsted Medical Center) (Nurse Practitioner); Kris Leys, MPT (Ridgeview Medical Center) (Physical Therapist); Mary B. Belz, RN (Riverwood Healthcare Center) (Nursing); Beth Webb, RN, BA (ICSI) (Facilitator); Cindy Harper

(ICSI) (Systems Improvement Coordinator)

Financial Disclosures/Other Potential Conflicts of Interest

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National, Regional, Local Committee Affiliations: None noted

Guideline Related Activities: ICSI – Prevention of Falls

Research Grants: None noted

Financial/Non-Financial Conflicts of Interest: None noted

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National, Regional, Local Committee Affiliations: None noted

Guideline Related Activities: ICSI – Prevention of Falls

Research Grants: None noted

Financial/Non-Financial Conflicts of Interest: None noted

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National, Regional, Local Committee Affiliations: Not noted

Guideline Related Activities: North Memorial Guideline Work, ICSI – Prevention of Falls

Research Grants: None noted

Financial/Non-Financial Conflicts of Interest: None noted

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National, Regional, Local Committee Affiliations: None noted

Guideline Related Activities: ICSI – Prevention of Falls, ICSI – Diagnosis and Management of Type 2 Diabetes Mellitus in Adults

Research Grants: None noted

Financial/Non-Financial Conflicts of Interest: None noted

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Guideline Related Activities: ICSI Staff

Research Grants: None noted

Financial/Non-Financial Conflicts of Interest: None

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Guideline Related Activities: ICSI – Prevention of Falls

Research Grants: None noted

Financial/Non-Financial Conflicts of Interest: None

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National, Regional, Local Committee Affiliations: None noted

Guideline Related Activities: ICSI – Prevention of Falls

Research Grants: None noted

Financial/Non-Financial Conflicts of Interest: None

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National, Regional, Local Committee Affiliations: N/A

Guideline Related Activities: ICSI Staff
Research Grants: None noted
Financial/Non-Financial Conflicts of Interest: None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2012 Apr

Measure Maintenance

Scientific documents are revised every 12 to 24 months as indicated by changes in clinical practice and literature.

Date of Next Anticipated Revision

The next scheduled revision will occur within 24 months.

Measure Status

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Prevention of falls (acute care). Health care protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Apr. 34 p. [48 references]

The measure developer reaffirmed the currency of this measure in January 2016.

Measure Availability

Source available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#) .

For more information, contact ICSI at 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; Phone: 952-814-7060; Fax: 952-858-9675; Web site: www.icsi.org ; E-mail: icsi.info@icsi.org.

NQMC Status

This NQMC summary was completed by ECRI Institute on June 5, 2009.

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The information was reaffirmed by the measure developer on January 13, 2016.

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Production

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