**Presentation**

Fall Prevention for the 65 and Older In-hospital Patients

Falls with injuries are among the 10 top reported sentinel events to the Joint Commission (TJC), 2015). The objective of this presentation is to implement evidence-based changes to the ineffective fall prevention programs at some hospitals to decrease the fall rate, increase patient safety and also to educate nurses on new fall prevention measures.

Many years ago, my70 year old grandmother was admitted to the hospital for the first time because of high fever and a bad cough. Her first night in the hospital she fell off the bed, sustained severe head injury and a broken right hip. Even when her cough was healed, because of the head injury she sustained she was confused and was unable to care for herself. Subsequently, her health declined, and she eventually succumbed to her injuries from the fall. This incident and many other unnecessary falls in this age group increased my interest in fall prevention for the 65 and older hospitalized patients which leads to this question “are healthcare workers (nurses, patient care providers and doctors) doing enough to prevent falls for the older hospitalized patients?”

Falls in the 65 and older hospitalized patients are a global concern to healthcare professionals. Presently, the growing of the elderly population has increased their hospitalization and also the incidence of falls in that age group. The Agency for Healthcare Research and Quality (AHRQ) 2013, identified patient falls as the 20 costliest injuries, costing an average of $34 billion dollars per year, and more than 80 percent of the falls occurred in patients 65 and older (AHRQ, 2013). In-hospital patient falls are the reasons for some severe injuries to patients costing approximately $35,000 per injury (AHRQ). Healthcare organizations needs to consider the importance of implementing evidence-based fall prevention measures that would improve the safety of hospitalized patients (Healey & Darowski, 2012).

Doing this research project at the community hospital, it became clear that the problem with the fall prevention programs at some hospitals was the nurse’s lack of adherence to the hospital’s fall protocol. The lapse in compliance to the protocol resulted in an increase in the patient fall rate. This upward trend was a growing concern for the patients, nurses and hospital administrators an .

In-hospital fall prevention measures for the elderly are not only a national issue but also an international concern for the healthcare industry (Dykes et al., 2010). Hospitalization of the 65 and older in unfamiliar surroundings has increased their risk of falling and fall-related injuries. The fear of falling by the elderly, chronic illness and the functional decline has also led to a spiraling downfall of reduced mobility and increase of falls (Dykes et al., 2010). A single fall could result in severe injuries (Dykes), which would be devastating to the patients, families and nurses. It would also increase the patient’s hospital stay for more than six days (Burcher, 2013). Patient falls remain a concern to the healthcare community and especially in the acute care hospitals. It affects the patient’s family dynamics by increasing the cost of care and sometimes changes the leadership role. It is also one of the most challenging patient safety concerns for hospitalized patients 65 and older. This project identified the need for innovations to reduce the incidence of falls for the elderly hospitalized patients.

The project examined the Modified Hendrick Fall Risk Model used at the hospital, the nurse’s compliance to the fall protocol, their knowledge of fall prevention and fall assessment skills. The goal of the project was to decrease the number of falls at the community hospital and to implement new measures to prevent the reoccurrence of patient falls. In-hospital falls among the elderly patients have serious long-term effects, including severe pain, limited movement to the affected areas and a change in lifestyle (Oliver et al., 2009). Inpatient falls also have a significant effect on the credibility of the healthcare facility in the community which affects patient admissions and the financial viability of the facility.

The AHRQ (2013) reported that more than 700,000 people are hospitalized each year because of injuries sustained from falls of which some of them resulted in head injuries. These head injuries increased the days spent in the hospital to more than five with some of the injuries resulting in the death of the patient (AHRQ, 2013). Some of the injuries sustained from falls may not be head injuries but because the patient is elderly with fragile bones, the injury sustained would be more severe to the patient and costly to the hospital than if a similar fall injury was sustained by a 25-year-old patient in good health (AHRQ, 2013).

Fall injuries obtained by patients over the age of 65 resulted in premature death, loss of mobility and their independence (AHRQ, 2013). The loss of function for the fall victim causes an unexpected financial hardship and emotional distress to the patients and their families. When the patients are discharged with a disability obtained from an in-hospital fall, the long term care and financial burden is not only on the patients but also on the taxpayers for their lifetime support (AHRQ, 2013). The care of the elderly fall injured patient with a disability most likely would be transferred to a nursing home or rehabilitation facility of which the cost would be paid by government-sponsored Medicare insurance (AHRQ, 2013).

Even though Medicare absorbs approximately 78% of the cost of falls, which is $34 billion annually (AHRQ, 2013), Medicare does not pay hospitals for the extra cost incurred from in-hospital falls (Butcher, 2013). In some hospitals, there are more than ten falls in a month, and 80% of those falls are patients over the age of 65 (AHRQ, 2013). Therefore, it is imperative that a thorough analysis of each fall incident of the elderly be completed and an evaluation of the fall prevention measures used to determine the effectiveness and to identify improvement opportunities at the hospital.

Sometimes there are missed opportunities for fall prevention in the hospital because of the lack of a complete fall assessment on admission and the use of a standardized fall protocol to identify the risk factors for falls (TJC, 2015). The implementation of a comprehensive fall assessment should be focused on the individual patient and should be performed on admission to the facility. The fall assessment should include the patient’s age, cognitive status, functional ability (TJC, 2015) history of previous falls and medication regimen. This information supports the nurse to formulate a fall prevention plan for the patient. The patient fall prevention plan should be family focused, and family members should be aware of the fall prevention strategies that are in place. The family should also be encouraged to participate in the safety of their family member while he or she is hospitalized.

Education is a key factor in fall prevention for the elderly. Healthcare facilities should provide fall prevention education and training for the staff using a validated tool that is standardized for fall prevention. The complexity of fall prevention required considerable knowledge of the cultural, ethical, legal, political (TJC, 2015), and safety considerations in the implementation of a falls prevention protocol. The fear of falling by patients who have sustained previous injuries from falls restricts their social life and therefore limits their activities (AHRQ).

The implementation of fall prevention programs by facilities that educate both patients, families and nurses have reduced the number of patient falls and increase the safety of the facility. Studies have shown that inpatient falls occurred in the acute care hospitals in approximately 1.9 to 3 percent of hospitalization, and the patient fall range exceeds the fall prevention goal of Healthy People 2010; of reducing falls among the 65 and older population to not exceeding 34 per 100,000 (Currie, 2008). Even though their could be underlying conditions which could be contributing factors in patient falls, the trauma resulting from the fall would most likely be the cause of the patient’s morbidity and possibly mortality (Currie, 2008).

In-hospital fall injuries of the elderly population is an ongoing issue and even though stringent measures were initiated by some hospitals there has being no real solution to the problem. The contributing factors for patient falls remained the same and in some instances fall protocols continued to be ignored. Education on fall prevention measures, and more rigorous interventions are needed to decrease the fall rate and increase patient safety. Managing the patient’s underlying risk for falls and the environment could be the primary strategies in fall prevention.

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