Falls Initiative – Reference Guide

Clinical Expectations for Falls Prevention:

Falls continue to be a consistent and significant healthcare associated condition (HAC) (Spano-Szekely, 2018). Because falls are dependent on quantity and quality of nursing care delivery versus medical treatment, they are considered a nurse-sensitive indicator (Spano-Szekely, 2018). Falls affecting patients that occur during a hospital or medical facility stay are defined as hospital acquired conditions (HACs). Primary goals of fall reduction efforts include reducing the overall falls rate, eliminating all falls with injuries through evidence-based interventions, and increasing number of patients who receive appropriate fall risk assessment and individualized falls prevention interventions (Spano-Szekely, 2018). Focus on this initiate is critical as reduction in fall rates has not kept pace with other HACs (France et al., 2017). Fall prevention strategies targeting a spectrum of risk factors are demonstrated to produce measureable improvement in fall rates and rates of patient harm (France et al., 2017). Unfortunately, fall risk assessment and health information technology have been underutilized in fall prevention efforts (Dykes, 2010). Fall risk assessment collected via the electronic health record provides a baseline measurement of risk status to guide interactions and mitigate identified risk (Dykes, 2010).

The Nursing Insights Falls Initiative has been developed to measure key process indicators (KPIs) demonstrated through evidence to reduce the frequency of patient falls. A section of this document also captures post-fall event documentation, aligning with the Patient Safety Organization's public reporting requirements.

Falls Logic:

1. An Admission Health History Screening should be completed for all patients upon admission

2. Fall Risk Assessments should be completed for all patients upon
   - Admission
   - Transfer to a new location (future KPI)
   - Shift change (7 AM & 7 PM CST)
     - Visual representation of the shift metrics in Supporting Documentation section

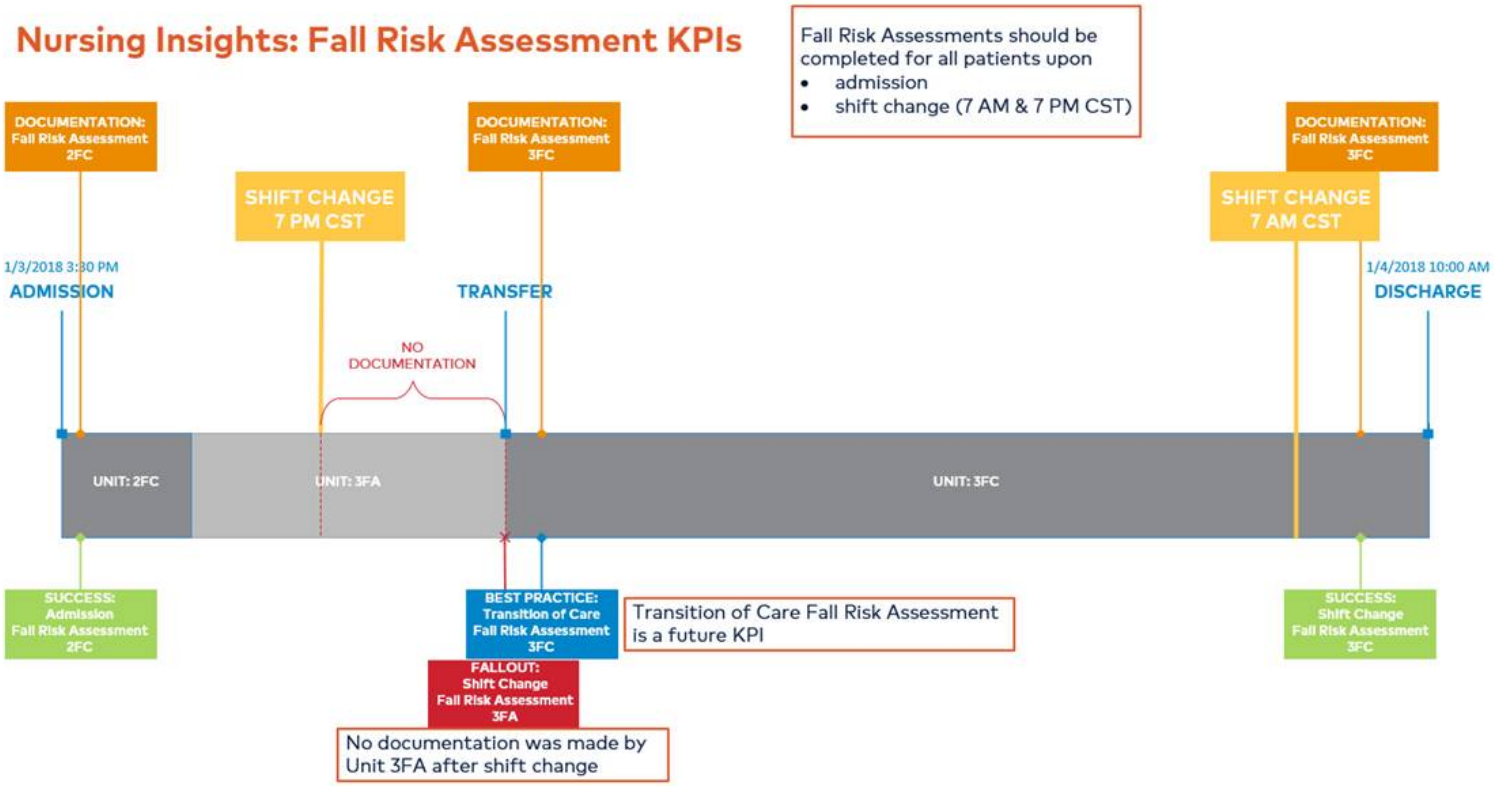
3. A Post Fall Assessment should be completed in the event a patient falls.

- Case Population: All patients in departments mapped to Functional Department Numbers 120000 (Medsurg), 130000 (Nursing Other) and 140000 (ICU). Care standards for falls prevention are slightly different for other service lines, such as PEDS, L&D, etc. For this reason, Falls KPIs will be released for additional service lines at a later point in time.

- Shift Change: Due to the high variability in shift timing across the enterprise, the Falls Prevention KPIs are based on 7am – 7pm CST shift assumption. This will change based on your time zone (i.e. 8am – 8pm EST). Please see the below data guides for additional information.

HCA Nursing Insights Key Process Indicator (KPI) goals are set to 90%. The remaining 10% accounts for specific scenarios that are not able to be captured by written logic and coding. For example, if a patient is due for a spontaneous awakening trial (SAT) between midnight Monday night and midnight Tuesday night, but expires Tuesday at 0200, very likely the nurse did not perform the SAT. While this is a fall out (which simply indicates the task was not completed), there is a reasonable explanation. Nursing Insights measures an imperfect system; therefore, one would expect to see variation in compliance. Nursing leaders should concentrate efforts on the majority of typical (or pathway) patients in any given unit and not specific, extraneous scenarios.

Visual Representation of Falls KPIs (Additional Detail Below)

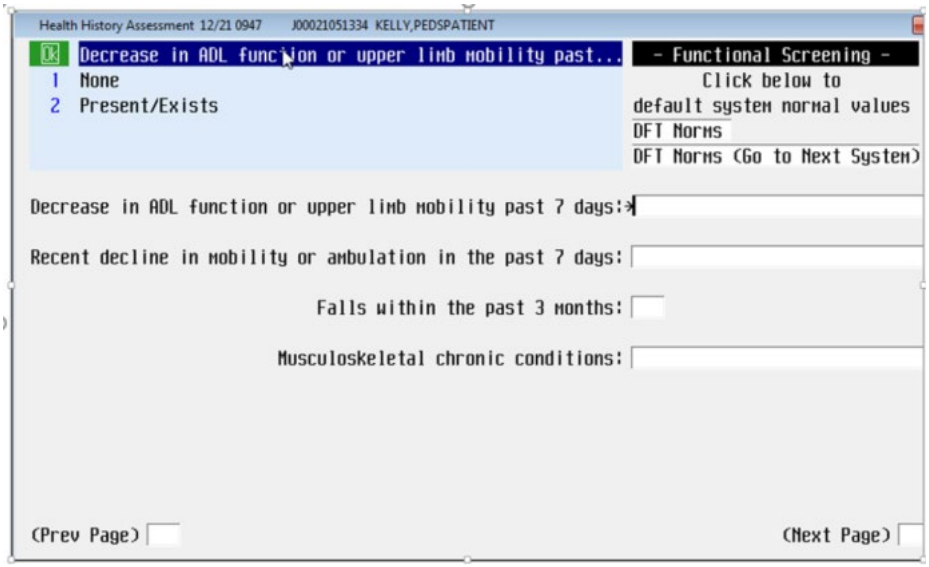


Key process Indicators:

% Falls Admission Health History Screen Completion

- Successful Case: Falls Admission Health History Screen completed within 24 hours of admission.
- Improvement Noted As: An increase in Falls Admission Health History Screening completion within 24 hours of admission
- Case Population: Admitted Patients
- Definition of Done: The queries "Recent decline in mobility or ambulation in the past 7 days" and "Falls within the past 3 months" in Figure 1 must be filled out.

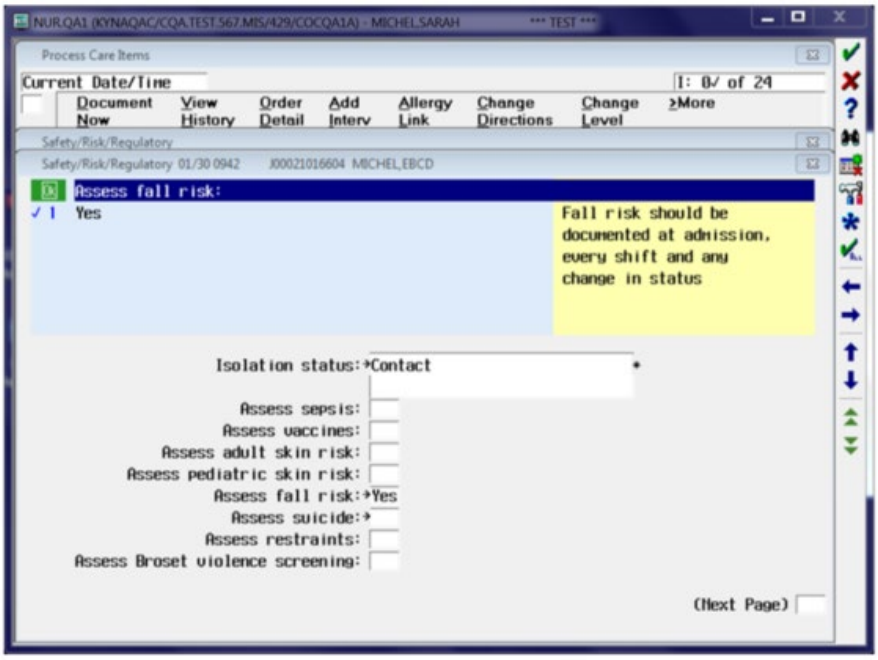
Meditech Screens Associated with this KPI:

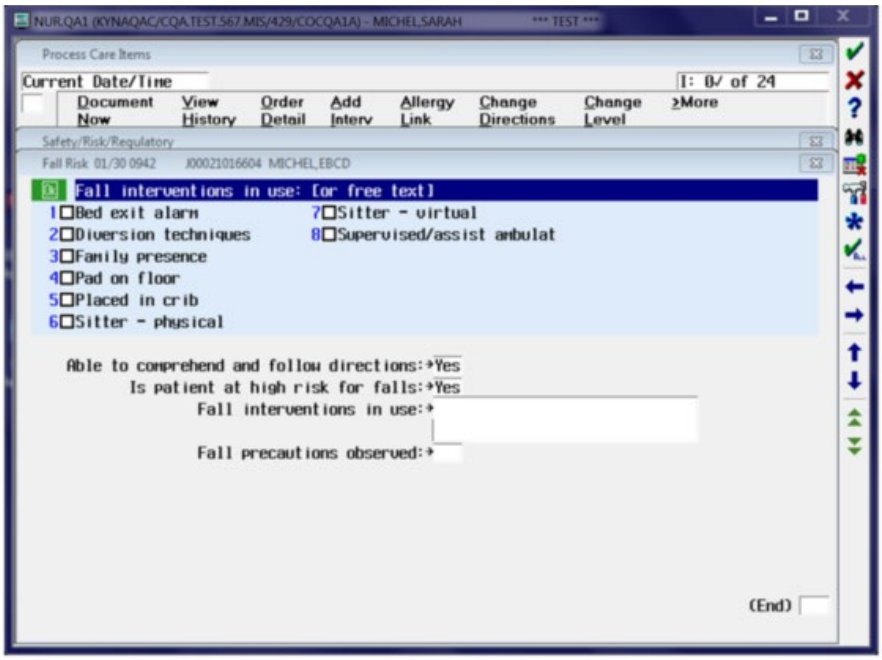


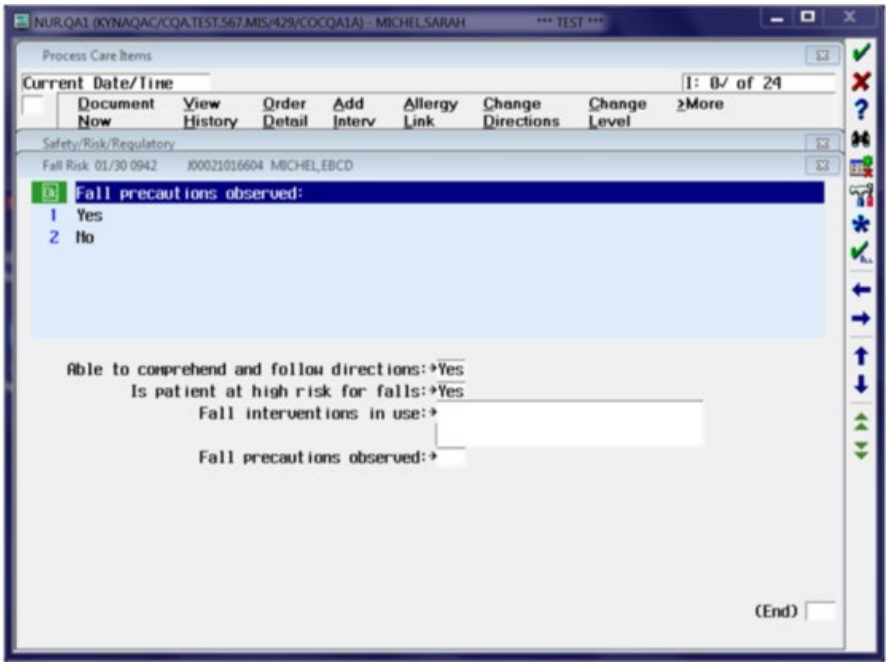
% Admission Fall Risk Assessment Completion

- Successful Case: If compliant documentation occurred between Transfer In and MIN of {end of shift, Transfer Out}.
- Improvement Noted As: An increase in Fall Risk Assessments completed at time of admission.
- Case Population: Admitted Patients
- Definition of Done: The query "Fall precautions observed" must have a "yes" answer.

Meditech Screens Associated with this KPI:





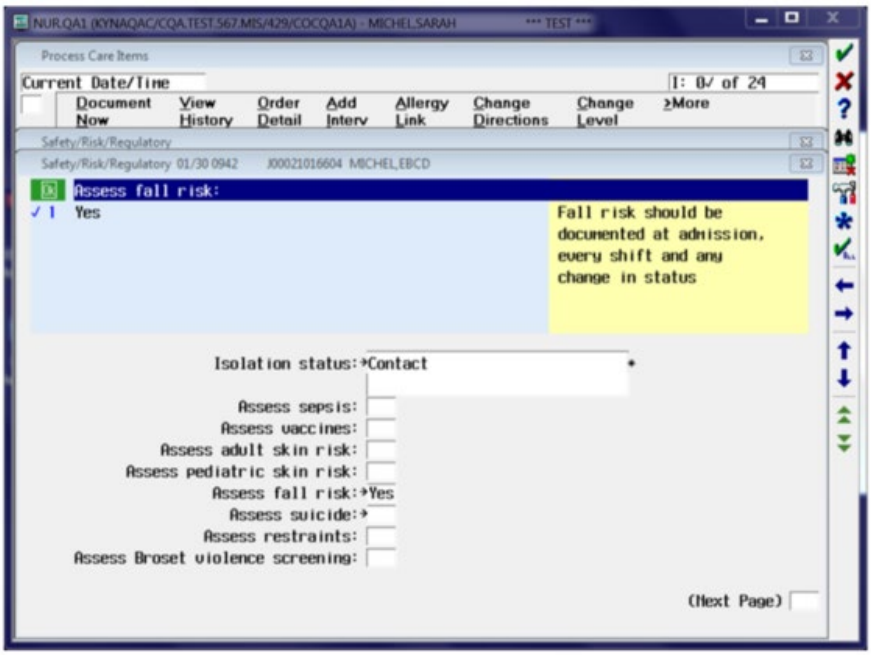


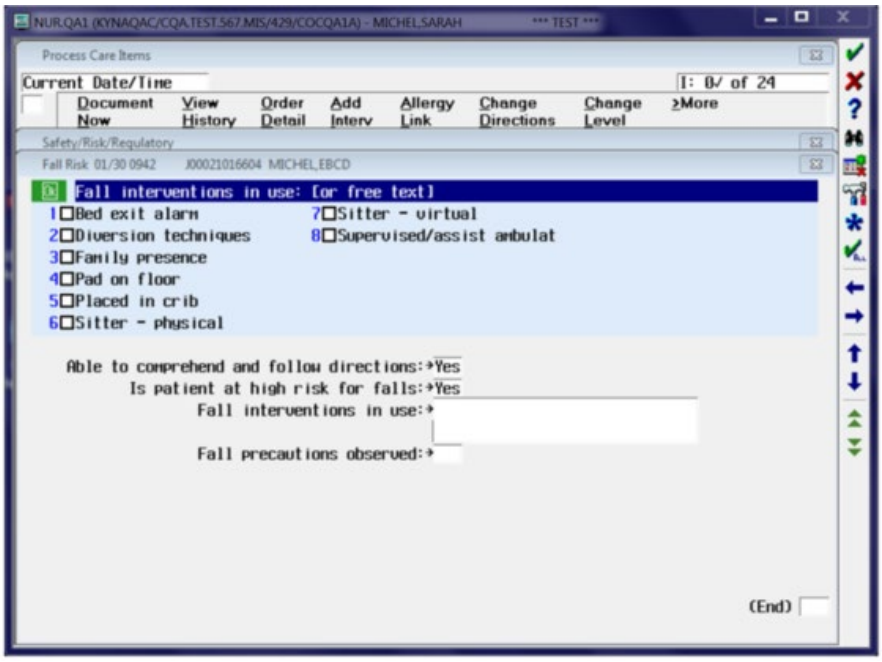
% Shift or New Nurse Fall Risk Assessment Completion

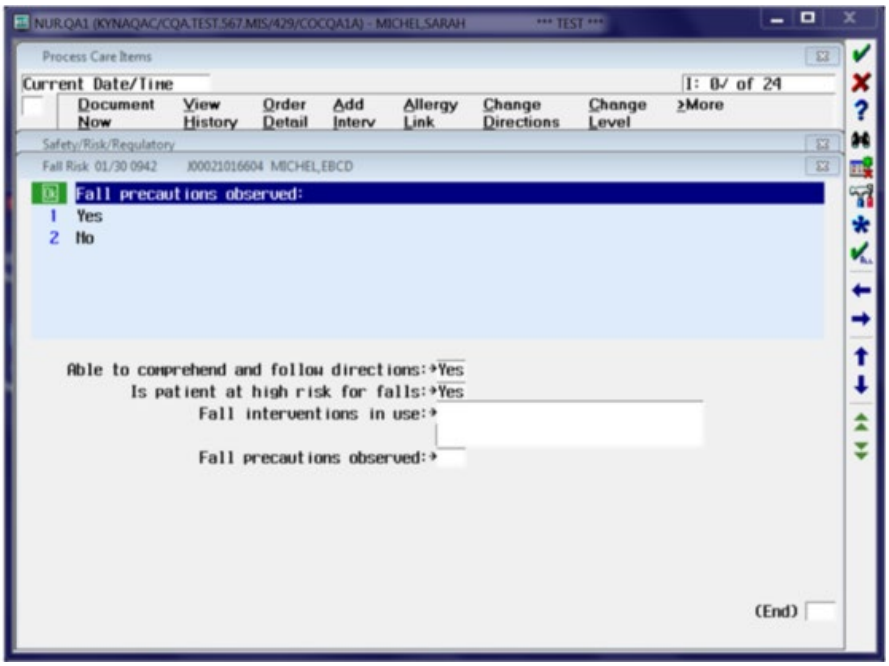
- Successful Case: Fall Risk Assessment completed for patients at shift change (assumes 7am – 7pm CST for shifts)
- Improvement Noted As: An increase in Fall Risk Assessments completed when a new nurse (shift change) provides care for a patient
- Case Population: Patients on unit during shift change

- Calculation: (# of Fall Risk Assessments Completed for patients that have a new nurse/shift change) / (All patients on unit during shift)

Meditech Screens Associated with this KPI:







Falls Outcome Measure (Nursing Performance Review & Nursing Insights Dashboard)

Falls per 1000 Patient Days

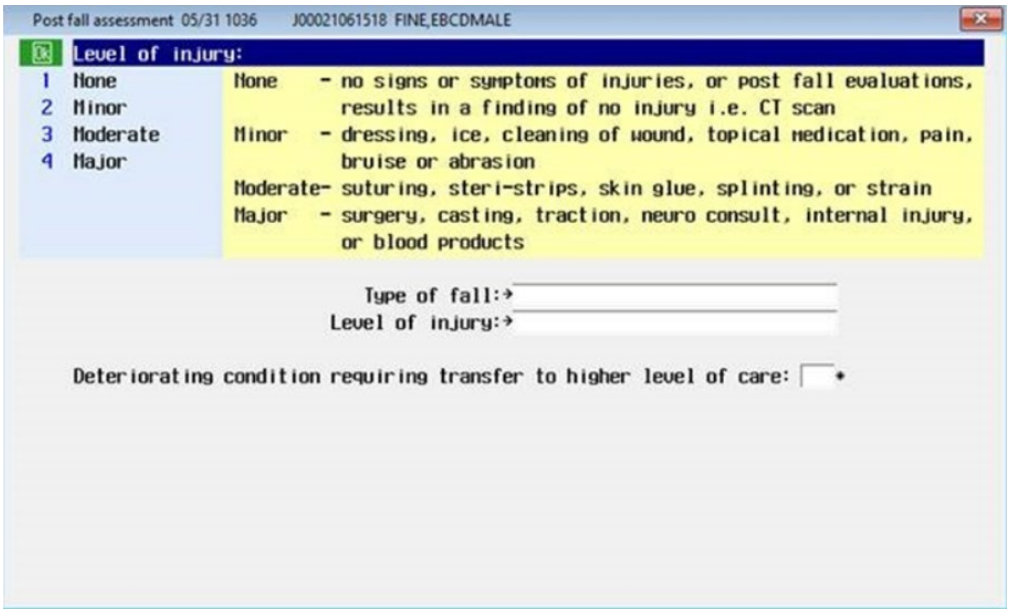
- Falls per 1000 patient days derived from Post Fall Assessment screen
    - Each documentation instance will count as 1 fall
- Calculation: Number of falls x 1000 / patient days

Falls with Injury per 1000 Patient Days

- Falls with Injury per 1000 patient days derived from Post Fall Assessment screen
    - Each documentation instance will count as 1 fall
- Calculation: Number of falls with injury x 1000 / patient days

Please note: The denominator, Patient Days, is reported on a monthly basis. Therefore, the Falls / 1000 Patient Days metrics will always be 1 month in arrears. This applies to both Nursing Performance Review and Nursing Insights Dashboard.

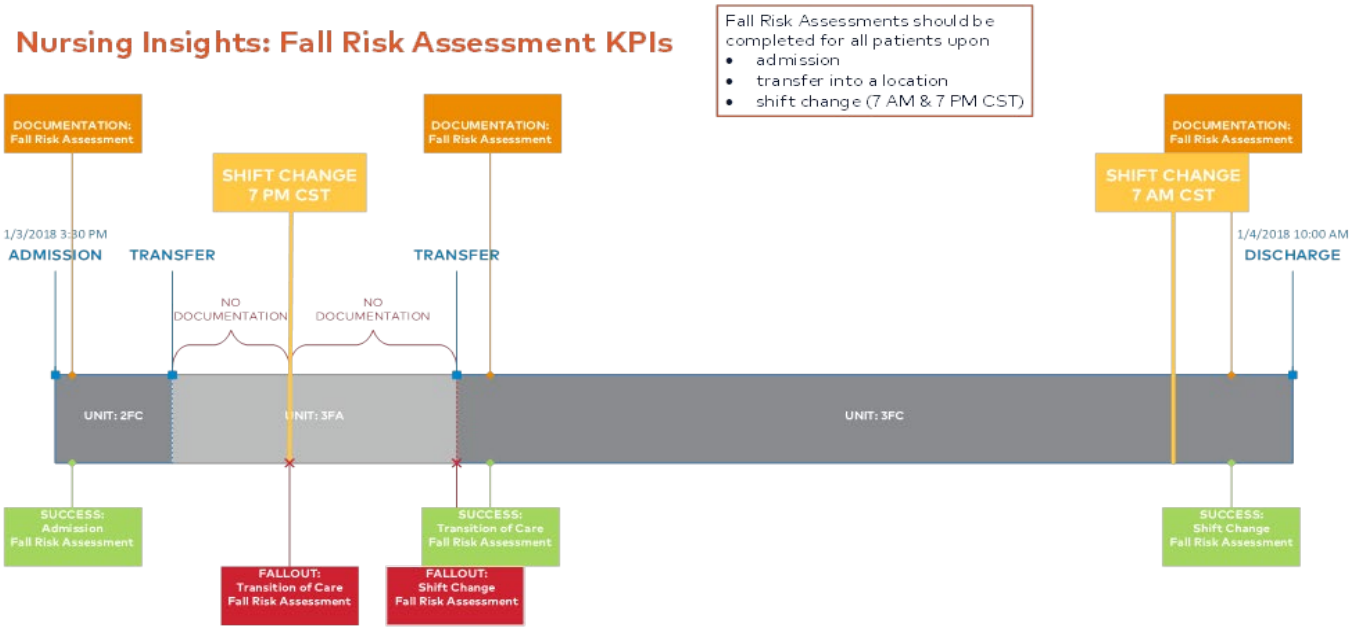
Meditech Screen



*****Upcoming KPI**

% Transition of Care Fall Risk Assessment Completion in First Shift on New Unit

During the initial development of the Falls KPIs, a KPI was built to measure compliance of completing a Risk Assessment upon the patient's transfer of location. Enterprise compliance is between 30% and 40% for this KPI. For this reason, this standard of care will be reviewed with the MedSurg and Critical Care Advisory Boards before publishing in Nursing Insights. Please be aware of this necessary activity going forward as it will be a "live" KPI with the September Nursing Insights release.



Supporting Documentation -

Dykes, P.C., Carroll, D.L., Hurley, A., Lipsitz, S., Benoit, A., Chang, F., … Middleton, B. (2010). Fall prevention in acute care hospitals: A randomized trial. *JAMA: Journal of the American Medical Association*, *304*(17), 1912. Retrieved from: https://search-ebscohost-com.chamberlainuniversity.idm.oclc.org/login.aspx?direct=true&db=edb&AN=54990504&site=eds-live&scope=site.

France, D., Slayton, J., Moore, S., Domenico, H., Matthews, J., Steaban, R.L., & Choma, N. (2017). A multicomponent fall prevention strategy reduces falls at an academic medical center. *The Joint Commission Journal on Quality and Patient Safety*, *43*(9), 460–470. doi: https://doi-org.chamberlainuniversity.idm.oclc.org/10.1016/j.jcjq.2017.04.006

Spano-Szekely, L., Winkler, A., Waters, C., Dealmeida, S., Brandt, K., Williamson, M., … Wright, F. (2019). Individualized fall prevention program in an acute care setting: An evidence-based practice improvement. *Journal of Nursing Care Quality*, *34*(2), 127–132. doi: https://doi-org.chamberlainuniversity.idm.oclc.org/10.1097/NCQ.0000000000000344