Importance

- A fall is defined as a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object excluding falls resulting from violent blows or other purposeful actions.[1]
- The National Quality Forum (NQF) has included falls in health care facilities as serious reportable events.[2]
- Costs associated with patient falls approach $50,000 on average per patient in the first year.[3]
- The Centers for Medicare & Medicaid Services (CMS) considers falls to be a "never event" and thus does not reimburse for the costs associated with treating a patient who has fallen in a health-care facility.[4]
- Fall rates are also a part of CMS quality reporting requirements.[5]

Falls and Ambulatory Surgery

- Due to the use of anxiolytics, sedatives, opioids, and anesthetic agents as adjuncts to procedures, patients undergoing outpatient surgery are at increased risk for falls.
- Patient fall rate was 1.4 per 10,000 ASC admissions, for 2011.[6]

Preventing Falls

1. Identify patients at risk.
2. Develop a systematic and standardized practice for post-procedure fall prevention.

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Patient Safety Toolkit: Ambulatory Surgery and Preventing Falls

AAAHC Institute for Quality Improvement
5250 Old Orchard Road, Suite 250, Skokie, Illinois 60077
Phone: 847.853.6060 | Fax: 847.853.6118 | www.aaahc.org/institute

Patient Safety Toolkit: Ambulatory Surgery and Preventing Falls

PRE-PROCEDURE SCREENING

Pre-Procedure Screening (Risk Assessment)

Several national health care organizations have developed guidelines or statements regarding risk assessment for patient falls. [9,10,11] In addition, protocols and patient safety recommendations have been developed by insurance companies and state health care associations.[12, 13, 14, 15]

- Intrinsic (patient) risk factors:
  - Advanced age (65 years and older)
  - History of a recent fall
  - Co-morbidities: dementia, hip fracture, type 2 diabetes, Parkinson's disease, arthritis, depression, poor cardiovascular health
  - Functional disability: use of assistive devices
  - Fear of falls
  - Poor vision
  - Pain
  - Cognitive impairment
  - Gait, balance, or visual impairment
  - Use of high-risk medications (e.g., tranquilizers, sedative-hypnotic or antihypertensive drugs)
  - Urge urinary incontinence
  - Bare feet or inappropriate footwear
  - Use of anticoagulants
  - Osteoporosis
- Extrinsic (environmental) risk factors:
  - Uneven floor surfaces, wet floor, lack of railings in wide corridors
  - Obstructed/cluttered areas
  - Improper lighting
  - Non-sturdy treatment tables or beds
  - No grab rails for scales or in bathrooms, and toilets too low
  - Tripping hazard from overlong patient clothing/gowns
  - IV poles (tripping hazards if used during ambulation)
- Anesthesia/Surgical factors
  - Lower extremity surgery
  - Lower extremity nerve blocks

MORSE FALL RISK ASSESSMENT TOOL

Item	Scoring
1. History of falling; immediate or within 3 months	No = 0 Yes = 25
2. Secondary diagnosis	No = 0 Yes = 15
3. Ambulatory aid	None, bed rest, wheel chair, nurse = 0 Crutches, cane, walker = 15 Furniture = 30
4. IV/Heparin Lock	No = 0 Yes = 20
5. Gait/Transferring	Normal, bed rest, immobile = 0 Weak = 10 Impaired = 20
6. Mental status	Oriented to own ability = 0 Forgets limitations = 15

Score	Risk Level	Action
0 - 24	**No Risk**	None
25 - 50	**Low Risk**	See multifactorial interventions
= 51	**High Risk**	See multifactorial interventions, especially those with asterisks

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INTERVENTIONS

Multifactorial Interventions:[12, 13, 15, 16]

- Communicate identified risk factors to patient, patient's caregivers, and all patient care staff.
- Identify the need for a translator in cases in which English is not the patient's primary language.
- Train patients about gait and balance.
- Review and modify medications—especially cardiovascular agents associated with orthostatic drop in systolic pressure.*
- Prevent/treat postural hypotension.
- Have patients use walking aids.
- Make environmental modifications.
  - Lock movable equipment
  - Remove clutter
  - Place patient care articles within reach
  - Provide adequate lighting
  - Use technology for fall prevention, e.g., non-skid floor mats*
- Assist patients going to/from the toilet. Allow the patient to exit or transfer to her/his stronger (unaffected) side.
- Identify patients at risk for falls with colored bracelets.
- Evaluate fall occurrence versus presence of extrinsic and intrinsic factors.*

DOCUMENTING FALL-RELATED INJURIES

Continuous Quality Improvement [9, 15, 17]

- Incorporate continuous QI criteria into falls prevention program.
- Document strategies/interventions, patient outcomes and education in patient's plan of care.
- Identify falls team members and roles of clinical and nonclinical staff.
- Monitor incidence of falls and injuries due to falls, comparing rates on the same unit over time.

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