

5 Diamond Patient Safety Program

Slips, Trips, & Falls

2008

**This presentation was collaboratively developed by the Mid-Atlantic Renal Coalition (MARC) and the ESRD Network of New England for the 5-Diamond Patient Safety Program.*

The 5-Diamond Patient Safety Program is endorsed by the Renal Physicians Association (RPA) and American Nephrology Nurses' Association (ANNA).

Patient Safety

- Patient Safety is a **priority**
- In 1999, the Institute of Medicine (IOM) published a report entitled To err is human: Building a safer health care system
- Report indicates 44,000-98,000 hospitalized patients die annually as a result of medical errors

Patient Safety in Dialysis Facilities

- Falls are most common injury sustained by patients in outpatient arena
- Major cause of injury and death among elderly and debilitated patients
- Environmental, physical, and psychological factors contribute to patient falls and ensuing injuries
- **Falls are preventable occurrences** that injure patients, cause hospitalizations, and significantly increase healthcare costs

Patient Safety in Dialysis Facilities

- Dialysis patient population is older now - average age of dialysis patients is 65 years of age
- Co-morbid conditions, dialysis treatment, medications, etc. may affect a patients ability to ambulate
- Dialysis environment is vulnerable to slips, trips, and falls due to use of water and many other liquid products
- Slips, Trips & Falls are **preventable occurrences**

Slips, Trips, & Falls Prevention Program

- Because of the limited research on slips, trips, and falls in dialysis facilities specifically, a large study completed in the UK on slips, trips, and falls in hospitals is cited and gives valuable insight on causes and circumstances; lessons learned; and prevention of falls and reducing injuries

UK Study on Slips, Trips, & Falls in Hospitals

- February 2007 the National Patient Safety Agency- NHS (UK) launched their third report from the Patient Safety Observatory, *Slips, trips and falls in hospitals*
- Report highlights the scale and consequences of patients falling in hospitals
- Report analyses largest dataset of falls in hospitals in the world
- Goal of report was to understand the scale & consequences of patient falls in hospitals & to suggest interventions that, when used together, can reduce falls and injuries

UK Study on Slips, Trips, & Falls in Hospitals

- Over 200,000 falls were reported to the National Reporting and Learning System (NRLS)
- Timeline: September 2005 - August 2006
- Results
 - hip fractures
 - broken bones
 - death
 - prolonged hospitalizations
 - extra medications
 - surgery

UK Study on Slips, Trips, & Falls in Hospitals

- Report uses
 - NRLS data
 - Data on patient safety from other sources
- Questions asked:
 - where falls were occurring
 - why falls were occurring
 - target patient groups most likely to fall
 - how falls are being reported
 - What measures were in place to prevent falls

UK Study on Slips, Trips, & Falls in Hospitals

- Reasons **why** patients fall **are** complex and influenced by various contributing factors such as:
 - physical illness
 - mental illness
 - medication
 - age
 - environmental factors

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- Falls can be result of a single factor such as:
 - tripping
 - fainting
- Most falls (particularly in elderly) are result of several interacting factors such as:
 - walking unsteadily
 - being confused
 - being incontinent or needing to use the toilet frequently
 - having fallen before
 - taking sedatives or sleeping tablets

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Cause & Circumstances Key Messages

Why patients fall:	What patients were doing when they fell:
<p>Most falls are result of combination of factors</p> <p>Poor mobility and confusion are often contributing factors</p> <p>Environmental hazards such as wet floors or steps are identified in only a small proportion of patient falls</p>	<p>Most falls occur while patients are walking</p> <p>Patients are particularly likely to fall while using the toilet or commode</p>
Patients most vulnerable to falls:	Learning from the circumstances of falls:
<p>Older patients, particularly those aged over 80</p> <p>Relative to the proportion of men and women in hospitals, there are more reported falls of men than women</p>	<p>This can help organizations to direct their resources to where they are most needed</p> <p>Some reports (documentation) of falls are too brief to support local or national learning</p>
When patients are most likely to fall:	Recommendations to organizations:
<p>Weekdays, when there are more patients in hospitals</p> <p>mid-morning (10-11AM), when patients are most likely to be active</p> <p>Fewer falls occur at mealtimes and in the early hours of the morning</p>	<p>Make sure that the circumstances of falls are described completely and meaningfully on incident/adverse occurrence forms</p> <p>Analyze and use reports of falls to learn from ward to board level</p>
Staff witnessing patient falls:	
<p>Only a minority of falls are witnessed by staff</p> <p>Even when a member of staff witnesses a fall, they are unlikely to be able to stop the patient from falling</p>	

National Patient Safety Agency. (2007, February 26). Slips, trips and falls in hospital (3rd Report from the Patient Safety Observatory). United Kingdom: Author.

UK Study on Slips, Trips, & Falls in Hospitals

Prevention & Reduction of Injuries Key Messages

Fall risk scores are not an essential part of falls prevention policies:	Wristbands, symbols and observations:
<p>Checking directly for modifiable risk factors may be more effective</p> <p>Even the better falls risk scores will under-or-over predict patients falls</p> <p>A proportion of organizations are using un-validated falls risk scores</p> <p>Any falls risk score needs to be tested in the hospital where it is used</p> <p>If falls risk scores are used, there also needs to be a second stage of assessment looking for modifiable risk factors</p>	<p>Some hospitals give patients at high risk of falls special wristbands or bedside symbols, but there is not evidence that they reduce the number of falls</p> <p>Extra wristband with different colors may introduce new risks</p> <p>One-to-one observation may not always be feasible or effective in preventing falls</p>

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Prevention & Reduction of Injuries Key Messages

<p>Using multifaceted interventions:</p>	<p>Patients' views on interventions to prevent falls:</p>
<p>These are interventions linked to the risk factors that can be modified in individual patients</p> <p>They may reduce the number of falls in hospitals by 18 percent</p> <p>It is less clear whether they are as effective for patients with dementia</p>	<p>Patients' views must be taken into account in planning interventions to reduce harm from falls in order to balance dignity and independence with risk of harm</p>
<p>The environment:</p>	<p>Cost benefits of preventing falls:</p>
<p>Improvements to lighting, flooring, trip hazards, ward design and furniture may reduce the risk of falls</p> <p>There is no clear evidence that a particular type of flooring reduces injuries</p>	<p>The financial cost of falls prevention policies in hospitals is not known, but successful programs have been introduced with limited resources</p> <p>Multifaceted interventions could produce an 18 per cent reduction in the number of falls</p> <p>Savings from reviewing less effective interventions could also be reviewed</p>

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Prevention & Reduction of Injuries Key Messages

Technology to prevent falls and injury:	After a fall:
<p>There is not enough evidence to recommend the use of hip protectors in hospitals</p> <p>There is not enough evidence to recommend the use of alarm devices</p>	<p>Falls can be a symptom of underlying illness</p> <p>Early detection and treatment of injuries is needed</p> <p>Observations and checks for injury after a fall appear to vary between organizations</p> <p>Unless a first fall leads to a review, including medical assessment, the patient is likely to fall again</p>

UK Study on Slips, Trips, & Falls in Hospitals

Summary

A range of interventions, used together and tailored to reduce individual patients' specific risks can be effective.

Possible interventions include:

- Reviewing medication associated with a risk of falling
- Detecting and treating causes of delirium
- Detecting and treating cardiovascular illness
- Detecting and treating or managing incontinence or urgency
- Detecting and treating eyesight problems
- Providing safe footwear
- Physiotherapy, exercise and walking aids

UK Study on Slips, Trips, & Falls in Hospitals

Summary

Many aspects of a hospital or dialysis facility environment may have an impact on the risk of falls or injury. These include:

- Flooring surface and pattern, and hardness or softness of floor
- Lighting, including sudden changes from dim to bright lights
- The design of doors and hand rails
- The layout of toilets and bathrooms
- The distance and spaces between hand hold, beds, chairs and toilets
- The line of sight for staff observing patients
- Trip hazards, including steps, clutter and cables
- Furniture and medical equipment

Slips, Trips, & Falls Prevention Program

- Goal – identify patients who are at risk
- Institute proactive efforts to reduce the occurrences of slips, trips, & falls related incidents
- Provide a safe environment for dialysis patients