

Hospital Patient Fall: An Alarming and Unnoticed Event in Health Care Setting

Ashish Anvikar

How to cite this article:

Ashish Anvikar, Hospital Patient Fall: An Alarming & Unnoticed Event in Health Care Setting. Int J Practical Nurs. 2024; 12(3):113-116.

Abstract

Patient hospital fall cases are rising day by day and still many health care lacks awareness & policies to combat the problem. Factors which will precipitate the fall are Intrinsic & Extrinsic factors. Patient Hospital fall is classified into Anticipated, Unanticipated & Accidental fall with anticipated falls causing more number of falls as compared to other types. Certain factors like Medication, disease condition, lack of mobility etc. can cause patient to fall leading to minor too major injuries and even death. Fall prevention strategies like following fall risk assessment scale, developing vulnerable group who are at risk for fall, Some Hospital Design & facilities Modifications to be adopted & mobility related precaution & education to be imparted to the patient & relatives. To keep a track of patient fall or to know how far patient fall prevention strategies are effective can be assessed by maintaining KPI related to patient fall. SOP for post fall measures to be made for the earliest treatment of injuries & prevention of complications.

Keywords: Hospital Patient fall, Fall prevention strategies, Surveillance, Post fall measure

INTRODUCTION

Fall in the day to day life might lead to either no injuries or minor niggles or major injuries. But hospital fall in current world scenario is raising a lot of concerns and efforts are been taken to curtail it down. Hospital patient fall to be taken seriously because.

Approx. 3% among the hospitalized patient may experience fall.

30% of the patient who had experienced hospital fall may had either suffered with minor or major injuries.

Patient with fall sustained injuries will cause additional cost and additional patient hospital stay for the treatment of it.

Prolong hospital stay due to patient fall may expose patient at risk for developing Nosocomial Infections.

Most of the Health policies does not take care of the expenses occurred due to patient Hospital fall.

Author's Affiliation: Associate Professor, Department of Child Health Nursing, Bhausahab Mulak Nursing College, Nagpur, Maharashtra 440009, India.

Corresponding Author: Ashish Anvikar, Associate Professor, Department of Child Health Nursing, Bhausahab Mulak Nursing College, Nagpur, Maharashtra 440009, India.

E-mail: allananvikar@gmail.com

Received on: 04.11.2024 Accepted on: 06.12.2024



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0.

As per the researches, 1/3rd of the fall can be prevented with proper interdisciplinary approach.

Fall prevention strategy requires coordinated multidisciplinary team approach.

Falls prevention strategies to be planned and adopted at administrative, Managerial & Personnel levels.

Meaning of Patient Fall

A patient fall is when a patient unintentionally descends to the floor or another object, such as a bed or chair, with or without injury.

Most common fall related injuries reported are fractures, lacerations, or internal bleeding etc.

Fall occurring in a hospital is a form of medical error.

Fall is also one of the commonest form of sentinel event (Sentinel event is a patient safety event that may cause Mild to severe injuries & temporary to permanent harm).

Precipitating Factors for fall

Falls may be precipitated by intrinsic or extrinsic factors.

- **Intrinsic factors:** Caused due to Patho-physiologic causes.
- **Extrinsic factors:** Caused due to environmental or other hazards.
- **Other factors:**
 1. Negligence of care giver: Negligence is a result of an act of commission or an act of omission.
Scenario: A patient slipped and fall down due to presence of water on the floor is an example of Act of Omission
Patient was given sedative medication and he went to toilet alone and had a fall in the bathroom is an example of Act of Commission.
 2. Patient related factors: Like age (below 12 years & above 65 years), Vision impaired etc. Above causes poses patient at high risk for fall

Classification of fall

Fall is classified into 3 categories for the admitted patient:

- **Accidental Fall:** Caused due to Extrinsic factors Like Medications, Design of furnishings, condition of ground floor, poor illuminating conditions etc.

- **Anticipated Falls:** Caused due to Intrinsic factors Like reduced vision, unsteady gait, impaired mental status, illness (Acute or Chronic) etc.

- **Unanticipated Falls:** Caused due to unexpected events. (Due to events like syncope, stroke etc.)

As per the evidences it is seen that anticipated falls causes more number of fall as compared to other categories of falls.

Factors responsible for increased risk of patient fall in the Hospital:

- Medication (Like sedative) causing Confusion, Dizziness, ataxia, altered LOC etc
- Weakness due to Disease Condition
- Lack of mobility
- New environment
- Anxiety due to hospitalization or prognosis of disease
- Diet issues

Fall-related injuries categories

As per the ANA-NDNQI (American Nurses Association -National data base of Nursing Quality Indicators), they have categorized fall-related injuries into:

- **None:** Patient did not sustain an injuries
- **Minor Injuries:** Patient sustained injuries requiring a minor treatment.
- **Moderate Injuries:** Patient sustained injuries requiring more than minor treatment like suturing or splinting the wound.
- **Major Injuries:** Patient sustained injuries requiring major treatment like surgery for repairing the injuries, applying plaster cast for the injury etc.
- Death

Fall rate formula:

Mostly used formula to track fall rate is:

Fall Rate=Number of patient falls x 1000/
Number of patient days

Surveillance of Hospital Falls

Monthly KPI (Key Performance Indicators) related to Hospital patient fall can be carried out which will aid the organization to know how far strategies are effective in combating hospital fall or there is need for some other measures to be

undertaken if KPI shows increase in hospital fall cases.

Fall Prevention Strategies

1. Follow or develop Fall risk assessment scales:

Fall assessment scales helps to identify the patient who are at high risk for fall so that resources & preventive measures will be targeted to them.

Morse fall risk assessment scale is usually followed.

As per Morse fall risk assessment scale, if the patient score is

Score	Risk Level
0 - 24	No Risk
25 - 50	Low Risk for Fall
Above 51	High Risk for Fall

If patient comes in the categories of low to high risk for fall then fall prevention strategies to be directed to them diligently.

Fall risk assessment scale to be checked on admission & every shift.

2. Create a category or group of patient in your hospital who will automatically or from admission will come in the class of patient at high risk for fall

This type of group if admitted in your hospital makes your work easier as already you have added them to the category of high risk for fall, so without doing fall risk assessment these candidates will automatically will be at High risk for fall and resources & preventive measures will be targeted to them for prevention of fall.

Patient coming in the category of High risk for fall is.

Child below 10 years, above 65 years of age, physically & mentally challenged patients, ICU admitted patients, Circulatory compromised patient, patient on sedative, Chemotherapy medication etc, terminally ill, imbalances in gait.

3. Some Hospital Design & facilities Modifications

- ◆ There must be calling bells at bed side and at bathrooms and within the reach of the patient.

- ◆ Wheelchairs and stretchers to be provided with safety straps & brakes.
- ◆ Unit has a dedicated Assisted Toilet for physically challenged.
- ◆ Stair case with anti-skidding tapes to avoid gliding in stairs causing fall.
- ◆ Proper illumination in the entire Hospital.
- ◆ There should be night lights or supplemental lighting in the patient areas.
- ◆ Staircase to be provided with side holding bars.
- ◆ Beds must have side rails & Brakes.
- ◆ Beds with the facility to bring it to such a lowest point that while patient is sitting in bed, his leg touches the ground.
- ◆ Handicapped friendly staircase to be available.
- ◆ Develop some High risk for fall signage which is to be hung to the patient side. So if any member of the health care observes such signage's at patient side will conscious them that patient is at risk for fall and all falls prevention strategies to be followed while taking care of the patient.

4. Mobility related Education:

- ◆ Avoid quick & sudden walking movements.
- ◆ Change position in bed slowly and carefully.
- ◆ Sit on the side of your bed before standing.
- ◆ Stand up slowly and fully get your balance before you begin to walk.
- ◆ Wear comfortable rubber-soled, low-heeled slippers or shoes that fit properly.
- ◆ Avoid walking on wet or cluttered floors.
- ◆ If you feel unsteady or unbalanced on your feet, first sit down and call for help.

5. Patient & Relative Education:

- ◆ Provide room orientation to the patient & relatives at the time of admission.
- ◆ Demonstrate the patient & relative regarding the use of call bells.
- ◆ Demonstrate the patient & relative regarding how to lower the bed & use of side rails.
- ◆ Ask the patient & relatives to keep

assistive devices within the reach of the patient like glasses, hearing aid, cane and walker.

- ◆ Be with the patient all the times even escorting them to the toilets & while any movements.

6. Other

- ◆ Keep floors dry all the time
- ◆ Patient walking area to be uncluttered
- ◆ Follow safe Handling practices

Post Fall Measures

1. Assist the patient to the bed

- If patient have fallen down then make sure he doesn't walk and with the help of wheel chair or stretcher is brought back to bed.
- If suspected any spinal injuries then make sure patient doesn't move the head.

2. Inform Doctor & Nursing Head/Senior Nurse on duty regarding patient fall.

3. Follow doctor's order as instructed like carrying out Radiological studies, administration of pain medication etc.

4. Carry out physical examination and note down for any skin breakage, injuries, redness, tenderness, bleeding points.

5. Documentation:

- Document the findings of the examination in patient record.
- Fill the Incident reporting for communicating the scenario and event to the superiors.

DISCUSSION

This article emphasis on collective efforts from entire health personal to cater to the issue of the hospital fall.

Educational teaching program, Self-Instructional module, video-assisted teaching etc. to be carried

for the nurses to improve the knowledge & practises regarding hospital fall & preventive measures.

In service training programmes regarding hospital fall & measures to be carried out for Doctors, technicians, Health assistant and others.

Hospital Patient fall prevention can be taken as a Hospital PI model (Performance Improvement model) to ensure hospital effectively formulates & adopts policies on patient fall so as to curtail it down.

CONCLUSION

Hospital fall is been happening in the hospital and most of the time either it is ignored or overlooked but due to consequences of the hospital fall, time has come to take radical measures right from top management to all the stakeholders to develop and follow fall prevention measures and develop manual & SOP's related to Hospital patient fall. Nurses must be actively involved in the process and comprehensive training to them which will aid in a big way to bring down this global hospital fall concern.

REFERENCES

1. Clevelandclinic.org/health/articles/8977-reducing-your-risk-of-falls-in-the-hospital
2. Agency for Health care research & quality, Preventing falls in the hospital, <https://www.ahrq.gov/hospital/fall-prevention/toolkit>
3. Leanne Currie, Fall and Injury Prevention, <https://www.ncbi.nlm.nih.gov/books/NBK2653>
4. Morse JM. Preventing patient falls, Thousand Oaks, CA: Sage; 1997
5. Close J, Ellis M, Hooper R, et al. Prevention of falls in the elderly trial: A randomised controlled trial. *Lancet*. 1999; 353(9147):93-7.
6. Falls. PSNet, Rockville (MD): Agency for Healthcare Research and Quality, US Department of Health and Human Services. 2019.