

We've made gains in preventing falls, but more work remains

It takes a team to make a difference in falls prevention.

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This year marks the 20-year milestone of the American Nurses Association's (ANA) leadership in making patient falls a nurse-sensitive indicator. In 1995, ANA's work on nurse-sensitive indicator development resulted in the Nursing Care Report Card for Acute Care. This report included falls as a nurse indicator, demonstrating that nurses play an important role in outcomes in this area.

Fast-forwarding 20 years, nurses should ask themselves, "How has our practice changed? What more needs to be done to prevent falls?" Here are a few answers to these questions.

First, the rigor of science and graded evidence-based practices that address reduction of fall risk factors (not level of risk) or injury risk has gained momentum within and across health care. However, more needs to be done to address variability, duration, and power of the research so conclusions are more generalizable.

Second, in some healthcare organizations, such as the Department of Veterans Affairs (VA), registered nurses are assessing both fall- and fall-injury risk and history as part of the admission process. This practice needs to widen to other hospitals and healthcare settings. Toolkits help with this process (see the VA

toolkit at www.patientsafety.va.gov/professionals/onthejob/falls.asp). Establishing effective strategies for implementation that will help ensure a culture change is a study area rich with opportunity.

Third, we now understand that all patients in acute-care, long-term care, and long-term acute-care hospitals as well as in home care are at risk for falls. However, at-risk populations must be emphasized to every nurse, no matter what role or setting.

Finally, as nurses, we must rely on our clinical expertise and judgment to engage in population-specific fall- and injury-prevention programs as part of an interdisciplinary team. An interdisciplinary approach is key because the evidence is clear: Fall-prevention programs that include only nurses aren't effective. It takes a team to make a difference.

The team needs to consider sobering statistics, such as these from the Centers for Disease Control and Prevention:

- In the next 13 seconds, an older adult will be treated in a hospital emergency department (ED) for injuries related to a fall.
- In the next 20 minutes, an older adult will die from injuries caused by a fall.
- Falls cause more than half (55%) of traumatic brain injuries among

children ages 0 to 14 years.

- People ages 85 and older are 10 to 15 times more likely to sustain hip fractures from falls than people ages 60 to 65.

These statistics reflect the vulnerability of those we care for and must drive changes in practice.

They should support changes to your organization's fall and fall-injury programs that are population-specific based on age group, injury risk, and gender. As a start, every organization should answer the following questions:

1. Does your organization manage falls prevention for the very young and the very old differently than for someone who's identified at risk for a fall?
2. Does your organization protect patients who are admitted because of a fall or fall while in your care ("known fallers") differently than those who are at risk of falling?
3. Does your organization implement a fall-injury risk and injury-protection program for patients who are admitted with a fall-related injury or have a history of a fall-related injury?
4. If a patient comes to your ED after a fall and is discharged (not admitted to the hospital), does your organization make a follow-up call to the patient to ask if he or she has fallen since returning home?

Your answers to these four questions will help identify areas of needed change. Read the articles in this **Focus on...Falls Prevention** section to find ideas and strategies for keeping patients safe from falls and to reduce injuries resulting from falls.

Let's hope it doesn't take 20 more years to make even greater inroads in improving patient outcomes related to falls prevention. •

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