PSNet
PATIENT SAFETY NETWORK

The Ongoing Journey to Prevent Patient Falls

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Falls are not a new issue, especially among older adults. The Centers for Disease Control and Prevention (CDC) consistently reports falls as the leading cause of injury among adults ages 65 and older.[1] While falls disproportionately impact older adults, this issue is not limited to the older adult population. The World Health Organization reports falls as the second leading cause of unintentional injury deaths worldwide.[2]

Falls are a significant risk particularly within healthcare settings, where the environment can be high-stress, unpredictable, and unfamiliar to patients. A patient fall is defined as "an unplanned descent to the floor with or without injury to the patient."[3] A fall may be categorized as assisted if a healthcare staff member is present to ease the descent or break the fall, or unassisted, with unassisted falls more likely to result in injury. Patient falls are the most common preventable adverse event within hospitals, and approximately 700,000 to 1 million patients fall in hospitals in the United States each year.[4] Patient death or serious injury from a fall is considered a never event, but despite substantial research to identify fall risk factors and develop evidence-based prevention strategies, preventing patient falls remains an ongoing challenge.[5] ECRI identified ongoing challenges with preventing patient falls as a top ten patient safety concern for 2024, and the Joint Commission lists preventing falls as a 2024 National Patient Safety Goal for assisted living communities, home care, and nursing care centers.[6]

Fall prevention is a multi-faceted and multi-disciplinary issue which requires a tailored approach that both meets patient needs and is feasible for healthcare professionals. This piece explores the importance of preventing falls, risk factors, and the current research around fall prevention strategies.

Patient Falls: Impact and Risk Factors

A fall can result in significant physical and psychological harm to the patient. In hospitals, falls with injuries can lead to other adverse outcomes including pressure injuries or infections. Falls are associated with increased hospital stays and increased monetary costs. One study found that falls and falls with injury yielded cost increases of $35,475 and $36,776, respectively; implementing an evidence-based fall prevention program was associated with $14,600 in net avoided costs per 1,000 patient days. A fall can lead to a loss of independence, reduced mobility, and a fear of falling, all of which can subsequently

increase risk for falling again.[7]

The causes of falls are complex, and most falls are caused by a combination of risk factors. Patient risk factors include gait instability, lower limb weakness, agitation/confusion or impaired judgement, urinary incontinence/frequency, fall history, and the prescription of culprit drugs (especially sedatives/hypnotics).[4] Organizational risk factors include insufficient staffing and hazards in the hospital environment.[8]

Fall Prevention Strategies

Since the causes of falls are complex, successful fall prevention strategies must be proactive, individualized, and engage both healthcare professionals and the patient/their families. Common fall prevention strategies include the use of sensors, bed alarms, provision of non-slip socks or other appropriate footwear, discontinuing medications that may increase fall risk, and modifications to the physical hospital room environment to reduce fall risk. Technology can also play a role in fall prevention. One study found that providing patients at risk for falls with Smart Socks, which contain pressure sensors that notify healthcare staff when the patient tries to stand up, lowered fall risk from 4 per 1000 patient days to 0 per 1000 patient days. The use of remote patient monitoring via video from a centralized monitoring station within the hospital setting has also been shown to reduce the frequency of falls and associated harm to patients, and can reduce the need for bedside "sitters," although evidence on the effectiveness of sitters in preventing falls is limited.

While there are many discrete strategies available to prevent falls, the most effective strategies are those that are individualized and multifactorial.[3] An example of a programmatic fall prevention strategy is the Fall Tailoring Interventions for Patient Safety (TIPS) toolkit, developed with funding from the Agency for Healthcare Research and Quality (AHRQ). Fall TIPS is a patient-centered toolkit that takes a three-step approach to fall prevention: 1) assessing fall risk, 2) developing a personalized prevention plan, and 3) executing the plan consistently. Fall TIPS is used in more than 500 hospitals in the United States and internationally, and it is associated with a 25% reduction in falls in hospital settings. Another example is the CDC's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative, which provides an outpatient-focused framework for healthcare providers to screen patients for fall risk, assess modifiable risk factors, and intervene to reduce fall risk.[9]

In addition to fall prevention strategies integrated into the day-to-day workflow, leadership support and an organizational culture of safety is important to reducing falls. One study examined the association between nursing unit safety culture, quality of care, nurse staffing levels, and inpatient falls; the researchers found that nursing units with strong safety culture and effective collaboration between healthcare professionals were associated with lower rates of patient falls.

The success of a fall prevention program often hinges on patient and family engagement. Some research suggests that a patient's perception of fall risk leads to behavioral changes that may help to prevent falls, so engaging patients in assessing their fall risk and establishing a management plan plays an important role.

Future Directions

Fall risk does not end when a patient leaves the hospital. While there is an extensive body of research focusing on fall prevention within inpatient settings, risks are also present in the home environment. Patient homes have a wider range of risks and less healthcare professionals can control. As we expand the way that we think about health care, moving to a holistic patient journey, we naturally begin to view fall prevention from a broader perspective that focuses on fall prevention across the care continuum, including the home environment. Additional research is needed to explore multidisciplinary approaches that engage primary care and post-acute care providers in fall prevention.

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