



Patient Fall Rate

Summary

NQF #
0141

Title:
Patient Fall Rate

Project Name:
Hospital Care- Initial Performance Set 2003

Status:
Endorsed (Undergoing Endorsement Maintenance)

**Original
Endorsement Date:**
AUG 05, 2009

**Most Recent
Endorsement Date:**
AUG 05, 2009

Steward(s):
American Nurses Association

Description:
All documented falls, with or without injury, experienced by patients on an eligible unit in a calendar quarter.

Details

Numerator:

Total number of patient falls (with or without injury to the patient and whether or not assisted by a staff member) by hospital Unit during the month X 1000.
Time window: Month

Fall Definition:

A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury to the patient, and occurs on an eligible reporting nursing unit. All types of falls are to be included whether they result from physiological reasons (fainting) or environmental reasons (slippery floor). Include assisted falls - when a staff member attempts to minimize the impact of the fall.

Included Populations:

- Patient falls occurring while on an eligible reporting unit
- Assisted falls
- Repeat falls

Excluded Populations:

Falls by:

- Visitors
- Students
- Staff members
- Falls by patients from eligible reporting unit, however patient was not on unit at time of fall (e.g., patients falls in radiology department)
- Falls on other unit types (e.g., pediatric, psychiatric, obstetrical, rehab, etc)

Data Elements: Collected at a patient level

- Month

- Year
- Age
- Gender
- Event Type (fall, assisted fall, repeat fall)
- Type of Unit
- Fall Risk Assessment
- Fall Risk
- Fall Prevention Protocol

Denominator:

Patient days by hospital Unit during the calendar month
Time window: Calendar Month

Included Populations:

- Inpatients, short stay patients, observation patients and same day surgery patients who receive care on eligible in-patient units for all or part of a day.
- Adult critical care, step-down, medical, surgical, medical-surgical combined units.
- Any age patient on an eligible reporting unit is included in the patient day count.

Four (4) Patient Days reporting methods are recognized:

•Method 1-Midnight Census

This is adequate for units that have all in-patient admissions. It is the least accurate method for units that have both in-patient and short stay patients. The daily number should be summed for every day in the month.

•Method 2-Midnight Census + Patient Days from Actual Hours for Short Stay Patients

This is an accurate method for units that have both in-patients and short stay patients. The short stay “days” should be reported separately from midnight census and will be summed to obtain patient days. The total daily hours for short stay patients should be summed for the month and divided by 24.

•Method 3-from Average Hours for Short Stay Patients

This method has been eliminated from the list of acceptable reporting methods.

•Method 4-Patient Days from Actual Hours

This is the most accurate method. An increasing number of facilities have accounting systems that track the actual time spent in the facility by each patient. Sum actual hours for all patients, whether in-patient or short stay, and divide by 24.

•Method 5-Patient Days from Multiple Census Reports

Some facilities collect censuses multiple times per day (e.g., every 4 hours or each shift). This method is more accurate than the Midnight Census, but not as accurate as Midnight Census + Actual Short Stay hours, or as Actual Patient Hours. A sum of the daily average censuses can be calculated to determine patient days for the month on the unit.

For all patient day reporting methods, it is recommended that hospitals consistently use the same method for a reporting unit over time. However, units with short stay patients should transition either to Method 2 or Method 4 when it becomes feasible.

Data Elements:

- Month
- Year
- Patient Days Reporting method which includes midnight census and short stay patient days
- Type of Unit

Exclusion:

Excluded Populations: Other unit types (e.g., pediatric, psychiatric, obstetrical, rehab, etc)

Adjustment:

Stratification by facility size and unit; documentation of falls risk assessment on admission; fall protocol implementation; level of patient activity prior to fall