



FAST FACTS ON FALLS

Accidental falls are common in older adults. They also are a high-risk, high-cost problem for healthcare facilities. Patient falls often cause injuries and can even result in death. Preventing falls is becoming more difficult as the patient population gets older. Both the overall risk of falling and the likelihood of being injured from a fall increase as people age.

While not every patient fall is preventable, hospitals around the country are combining new technology with improved care processes to significantly reduce the number and severity of falls.

Who is at risk of falling?

The elderly population, particularly those over 85, is most at risk of a fall. Others include patients with a history of falls, gait instability, lower-extremity weakness, drug addiction, dementia and head trauma; those who need frequent toileting; and those on anti-coagulant drugs.

Where do falls typically occur?

Falls can occur anywhere in a hospital, but are most concentrated in general medical-surgical units, telemetry observation units and inpatient psychiatric and rehab units.

– *Pennsylvania Patient Safety Authority*

How many falls occur in hospitals each year?

From 700,000 to 1 million patients suffer a fall in U.S. hospitals each year.

– *Agency for Healthcare Research and Quality*

The falls rate in acute care hospitals ranges from 1.3 to 8.9 per 1,000 patient days.

– *Veterans Health Administration*

Anywhere from 3% to 20% of inpatients fall while in hospital care.

– *Health Research & Educational Trust*

At least 30% of inpatient falls result in moderate to severe injury. Of those, 6% to 44% involve head injuries, serious fractures, subdural hematomas and excessive bleeding. In 1% of falls with injury, or 11,000 times per year, the injuries result in death.

– *Institute for Healthcare Improvement*

The 1-year postoperative mortality among patients who suffer falls-related hip fractures is 27%; after three years it is 79%.

– *Panula, et al, "Mortality and cause of death in hip fracture patients aged 65 or older - a population-based study," BMC Musculoskeletal Disorders May 2011*

How much do falls cost healthcare providers?

Since 2008, Medicare has refused to pay the extra cost of treating a fall with injury, which averages at least \$27,000. (Most private insurers have since followed suit).

– *The Centers for Medicare & Medicaid Services*

A fall increases a patient's length of stay by an average of 6.27 days.

– *The Joint Commission*

Medicare's Hospital-Acquired Condition Reduction Program, which includes hip fractures from falls as one of its measures, penalizes hospitals in the worst quartile of medical errors by 1% of payments for all discharges.

– *The Centers for Medicare & Medicaid Services*

Although national data on malpractice claims for hospital falls have not been isolated, 36% of all non-surgical patient claims from 2007-2011 resulted in payouts averaging \$212,000.

– *Risk Management Foundation of the Harvard Medical Institutions*

A major analysis of closed claims in long-term-care facilities from January 2001 to December 2006 found that 26% of claims paying \$250,000 or more were for falls. The most frequent contributor to falls events was failure to monitor residents, prompting 35% of the falls claims.

– *CNA HealthPro*

What is the emotional impact of falls?

Falls with or without injury also carry a heavy quality of life impact. A growing number of older adults fear falling and, as a result, self-limit activities and social engagements. This can result in further physical decline, depression, social isolation and feelings of helplessness.

– *The National Council on Aging*