Guidelines for Data Collection and Submission On Patient Falls Indicator

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PATIENT FALLS INDICATOR

Purposes

The purposes of the Patient Falls indicator are to:

1) Determine the rates at which hospitalized patients fall
2) Determine the frequency with which patient falls result in injury
3) Explore associations between nurse staffing, nursing assessments performed, interventions used, and falls

National Quality Forum (NQF) Rationale

"Patient falls occurring during hospitalization can result in serious and even potentially life threatening consequences for many patients. Nurses are responsible for identifying patients who are at risk for falls and for developing a plan of care to minimize that risk. Short staffing, nurse inexperience, inadequate nurse knowledge, and the immature state of the science regarding fall prevention may place patients at risk for injury. High performance measure rates may suggest the need to examine clinical and organizational processes related to the identification of, and care for, patients at risk of falling, and possibly staffing effectiveness on the unit."[1]

[1] http://www.jointcommission.org/assets/1/6/NSC%20Manual.pdf

DEFINITIONS

Fall

A patient fall is a sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface (e.g., a counter), on another person, or on an object (e.g., a trash can). NDNQI counts only falls that occur on an eligible inpatient unit that reports falls.* When a patient rolls off a low bed onto a mat or is found on a surface where you would not expect to find a patient, this is considered a fall. If a patient who is attempting to stand or sit falls back onto a bed, chair, or commode, this is only counted as a fall if the patient is injured.

All unassisted and assisted falls (see definition below) are to be reported, including falls attributable to physiological factors such as fainting (known as *physiological falls*). Some falls can also be classified as *developmental falls* (reported only if the child is injured) or *baby/child drops*; both terms are defined below.
Include patient falls on the reporting unit:

- Regardless of the patient's age
- Regardless of the patient's admission status (inpatient, short stay or outpatient)

Exclude falls by:

- Visitors
- Students
- Staff members
- Patients on units that are not eligible to report falls
- Patients from an eligible reporting unit who were not on the unit at time of the fall (e.g., an inpatient patient who falls in the radiology department is counted as a fall for radiology, not the inpatient unit that sent the patient to radiology)

*The inpatient unit is defined as an area where nursing care is provided, regardless of who is providing care for the patient at the time of the fall. It is best to determine the "footprint" of each unit to determine if the fall counts for the unit.

- ***For inpatient units***, the unit includes the hallway, patient rooms, and patient bathrooms, and may include other areas such as a patient lounge or playroom if the area is physically located on the unit and nursing care is

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provided in this space. A therapy room such as space for physical or occupation therapy, even though physically located on the nursing unit, is ***not*** considered part of the nursing unit because patients are not receiving nursing care in this space.

- ***For obstetric units,*** the unit includes the check-in and triage areas, waiting room, restrooms, treatment/procedure rooms, patient rooms, patient bathrooms, nursery areas, as well as associated hallways. The unit may include other areas such as a patient lounge or playroom if the area is physically located on the unit and nursing care is provided in this space.

Assisted Fall

A fall in which any staff member (whether a nursing service employee or not) was with the patient ***and*** attempted to minimize the impact of the fall by slowing the patient's descent. Example:

> A patient who is ambulating becomes weak and the staff lowers the patient to the floor. This is considered a fall because the patient did not intend to go to the floor; it is an assisted fall because the staff eased the patient's descent to reduce the likelihood of injury.

Assisting the patient back into a bed or chair ***after*** a fall does not make the fall an assisted fall.

Observed Fall

A fall in which any staff member, nursing personnel or not, observed the patient fall. Unobserved falls include any case when a staff member finds the patient on the floor or other surface or when a fall is reported by the patient, a family member, or visitor.

Baby/Child Drop

A fall in which a newborn, infant, or child being held or carried by a healthcare professional, parent, family member, or visitor falls or slips from that person's hands, arms, lap, etc. This can occur when a child is being transferred from one person to another. The fall is counted regardless of the surface on which the child lands (e.g. bed, chair, or floor) and **regardless** of whether the fall results in an injury. Generally, children older than 5 years of age are not being carried.

Falls in which a child rolls off a bed, crib, chair, table, etc. count as falls but are not classified as drops. Drops always involve the child and the person who drops the child. If a child falls while ambulating with assistance this would not count as a drop because the child was not being held or carried.

Developmental Fall

A fall in which an infant, toddler, or preschooler who is learning to stand, walk, run, or pivot falls as part of the developmental process of acquiring these skills. Generally, the child will be less than 8 years old. Older children may have developmental delays with limited ability to acquire these skills. Only falls that occur as ***normal*** parts of this learning process are considered developmental falls. Falls from a bed or chair are not developmental falls, as they are not a normal part of the development process. Developmental falls should be reported **only** when they result in injury.

Falls During Play

Some units such as psychiatric and pediatric have gyms or other designated play area for patients. 'Falls during play' are falls that occur during normal play activities in such areas and should be reported **only** when they result in injury.

Patients who fall while playing in their room or in the hallway, if it is not a developmental fall, should be counted as a fall **regardless** of whether the fall results in an injury.

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Physiological Fall

A fall attributable to one or more intrinsic, physiological factors. Physiological falls include:

- Falls caused by a sudden physiologic event such as hypotension, dysrhythmia, seizure, transient ischemic attack (TIA), or stroke
- Falls occurring due to side effects of known "culprit drugs" (e.g., CNS-active drugs and certain cardiovascular drugs)
- Falls attributable to some aspect of the patient's physical condition such as delirium, intoxication, dementia, gait instability, or visual impairment

Suspected Intentional Fall Event

An intentional fall event occurs when patient age 5 or older falls on purpose or falsely claims to have fallen. Patients may fall intentionally or falsely claim to have fallen for various reasons, including seeking attention or obtaining pain medication.

When the nursing staff has reason to suspect that a reported fall is an intentional fall event, it should be reported to NDNQI as such. Because intentional fall events are not falls by the NDNQI definition, suspected intentional fall events are reported separately; they are not counted in computing the total, injury, or unassisted fall rates.

Risk Assessment

Fall risk assessments (screenings) may occur on admission and may be repeated periodically throughout the patient's stay. Several assessment instruments are available in the literature. The Hendrich II [2], Johns Hopkins[3], Morse [4,5], New York Presbyterian[6] and Schmid[7] Scales are examples of validated adult fall risk assessment scales. Published pediatric fall risk scales include the CHAMPS[8], GRAF-PIF[9,10], Humpty Dumpty[11] and IM SAFE[12]. NDNQI does not endorse a particular scale and facilities are not required to adopt these risk assessment tools in order to submit data. Facilities can use any published instrument; or create or modify any risk assessment instrument.

When an adult unit uses an instrument other than the unmodified Hendrich II, Hester Davis, Johns Hopkins, Morse, NY Presbyterian, or Schmid scales, they are using an "Other" scale according to NDNQI definitions. Similarly, pediatric scales other than the CHAMPS, GRAF-PIF, Humpty Dumpty and IM SAFE are also classified as "Other" scales. Different scales can be used within your facility, depending upon the population needs of the units. Some units may use more than one instrument if caring for adult and pediatric patients. You should indicate which scale is being used on ***each*** reporting unit, if any are in use. If every patient admitted to the unit is automatically deemed at fall risk and individual patient fall risk assessments are not conducted, select "Universal." If the unit does not assess for fall risk at all (i.e., no patient is ever classified as being at risk for falling), select "None."

[2]Hendrich, A.L., Bender, P.S. & Nyhuis, A. (2003). "Validation of the Hendrich II fall risk model: A large concurrent case/control study of hospitalized patients." *Applied Nursing Research* 16(1):9-21.

[3] Hester, Amy L., Davis, Dees M. (2013). "Validation of the Hester Davis Scale for Fall Risk Assessment in a Neurosciences Population." *Journal of Neuroscience Nursing*: 45 (5): 298-305.

[4] Poe, S.S, Cvach, M, Dawson, P.B., Straus, H. & Hill, E.E. (2007). "The Johns Hopkins Fall Risk Assessment Tool." *Journal of Nursing Care Quality* 22(4): 293-298.

[5] McCollam, M. E. (1995). "Evaluation and Implementation of a research-based falls assessment innovation." *Nursing Clinics of North America* 30(3): 507-514.

[6] Morse, J. M., R. Morse, et al. (1989). "Development of a scale to identify the fall-prone patient." *Canadian Journal of Aging* (8): 366-377.

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[7] Currie, L.M., Mellino, L.V., Cimino, J.J., & Bakken, S. (2004). "Development and representation of a fall-injury risk assessment instrument in a clinical information system." *Medinfo, 11*(pt. 1), 721-725.

[8] Schmid, N. A. (1990). "1989 Federal Nursing Service Award Winner. Reducing patient falls: a research-based comprehensive fall prevention program." *Military Medicine* 155(5): 202-207.

[9] Razmus, I., Davis, D. (2012). "The epidemiology of falls in hospitalized children." *Pediatric Nursing* 38(1): 31-35.

[10] Graf, E. (2004). "Identifying predictor variables associated with pediatric inpatient fall risk assessments." Proceedings from the 5th National Conference on Evidence-based Fall Prevention, Clearwater, FL.

[11] Graf, E. (2011) "Magnet Children's Hospitals: Leading knowledge development & quality standards for inpatient pediatric fall prevention programs," *Journal of Pediatric Nursing, 26*, 122-127.

[12] Hill-Rodriguez, D., Messimer, P.R., Williams, P.D., et al. (2009). "The Humpty Dumpty Falls Scale: A case-control study." *Journal for the Society of Pediatric Nurses* 14(1):22-32.

[13] Neiman, J., Rannie, M., Thrasher, J., Terry, K., & Kahn, M.G. (2011). "Development, implementation, and evaluation of a comprehensive fall risk program. *Journal for Specialists in Pediatric Nursing, 16, 130-139.*

Time of Assessment

Count the hours or weeks between the most recent fall risk assessment and the fall. Assign one of the following time frames to indicate how long after the last risk assessment the fall occurred. NDNQI does not recommend any particular assessment frequency as it should be based on the needs of your patient population.

- >0 to 12 hours
- >12 to 24 hours
- >24 to 48 hours
- >48 to 72 hours
- >72 hours to 1 week
- >1 week

Fall Risk

Each facility will establish which patients are at fall risk based on their particular screening process or assessment tool. For example, in the literature a cut score for the Hendrich II is ≥5; the Morse scale is ≥45; and the CHAMPS is ≥1. However, you may select a different risk level to fit the needs of your patient population. NDNQI does not recommend any particular score to identify at risk patients. In addition, some facilities may not require calculation of a risk score on low risk patients. In this case, the scale score should be left blank for reporting purposes.

Repeat Fall

If a patient falls more than once in a given calendar month after admission to the unit, each fall after the first fall is classified as a repeat fall. Falls that occur ***prior*** to admission to the unit are not considered in determining the number of repeat falls, ***unless*** they occurred on a previous admission to the same unit within the same month. During data entry, designate each repeat fall by selecting **Yes** for the data element **Prior Fall This Month**. Note that age and gender are required for the first fall record if repeat falls occur.

Injury Level

When the initial fall report is written by the nursing staff, the extent of injury may not yet be known. Hospitals have 24 hours to determine the injury level to allow for time waiting for diagnostic test results or consultation reports. If the patient is discharged within 24 hours of the fall, determine injury level at the time of discharge.

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NOTE: This 24-hour period is intended to allow time to receive the results of diagnostic testing or consultations for the purpose of accurately determining the extent of the injury level. It is not intended to allow time for signs or symptoms to resolve. If signs or symptoms result from a fall at any time during this 24-hour period, the injury level should not be "None" and should be categorized using the descriptions below, regardless of the duration of those signs or symptoms.

Injury Level is a required data element and should be reported based on the following guidelines, which include but are not limited to the descriptions and examples listed:

- **None**—resulted in no signs or symptoms of injury as determined by post-fall evaluation (which may include x-ray or CT scan)

  NOTE: Do not select this classification if any signs or symptoms resulted from the fall, even if they were of limited severity or short duration. For example, pain or swelling that resulted from a fall should be categorized as "Minor" rather than "None" in the absence of other signs or symptoms, even if it was not treated and/or resolved within 24 hours.

- **Minor**—resulted in application of ice or dressing, cleaning of a wound, limb elevation, topical medication, pain, bruise or abrasion
- **Moderate**—resulted in suturing, application of steri-strips or skin glue, splinting, or muscle/joint strain
- **Major**—resulted in surgery, casting, traction, required consultation for neurological (e.g., basilar skull fracture, small subdural hematoma) or internal injury (e.g., rib fracture, small liver laceration), or patients with any type of fracture regardless of treatment, or patients who have coagulopathy who receive blood products as a result of a fall
- **Death**—the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)

Eligible Unit Types

See the **Eligible Unit Type Table** in Appendix B for a complete listing.

Reporting Interval

An eligible reporting unit will report fall data by ***calendar month***. In addition, each inpatient unit that reports fall data ***must also*** submit Patient Days data for the same month (as outlined under Patient Day Indicator) in order to have fall rates calculated.

Source

Data will come from medical records and secondary risk management sources (e.g., incident reports, variance reports, event reports) that are completed by the nursing staff either on paper or electronically.

Data collection at the specific unit-level captures data on patient outcomes and nurse staffing within a given unit. Therefore, for the purposes of this indicator, patient falls that occur when the patient off the unit are not counted in the unit-level reporting.

Data Collection Forms

Forms for data collection are available on the NDNQI website: *Select Facility → Select Unit → Patient Falls → Documents → Patient Falls Data Collection Form.* Forms for data collection may be modified to collect additional facility specific data. We recommend that you outline the internal data and staff sources that you will use to report on this indicator. It is very important to ensure your data conform to NDNQI reporting requirements. **Please consult NDNQI if you have any questions on how to classify a fall or report an injury level.**

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DATA ENTRY

Selecting the Webpage

To enter data

- Select the facility from the navigation menu on the left side of the screen
- Select the unit from the navigation menu on the left side of the screen
- Select "Patient Falls" from the navigation menu on the left side of the screen
- Select the year and quarter from the dropdown menus on the page

Data Entry Instructions

Data entry for patient falls consists of a two-step process: The first step is data entry in **Unit Summary** page for each eligible reporting unit. The second step is data entry on **Individual Patient Falls** page.

DATA ELEMENTS for PATIENT FALLS UNIT SUMMARY

Month of Report
Required

Select the correct month. A month where the unit was closed should be left blank.

Number of Patient Falls
Required

Enter the number of patient falls that occurred on this unit within the calendar month. ***Do not include suspected intentional fall events*.** Enter 0 if zero falls occurred. ***Do not*** skip this web page if the unit was open and zero patient falls occurred.

NOTE: Data may be entered more frequently than once a month, i.e., daily or weekly. Therefore if the total number for the month is not yet known, enter the known number. When you return to data entry at a later time, you will need to "edit" **Number of Patient Falls** if more falls have occurred.

Number of Suspected Intentional Fall Events
Optional

Enter the number of suspected intentional fall events that occurred on this unit within the calendar month. Enter 0 if there were zero suspected intentional fall events. This field is not available for Neonatal units.

Risk Assessment Scale
Required

If the unit is using an unmodified **Hendrich II**, **Hester Davis**, **Johns Hopkins**, **Morse**, **New York Presbyterian**, or **Schmid** scale (for adults) or an unmodified **CHAMPS**, **GRAF-PIF**, **Humpty Dumpty** or **IM SAFE** scale (for children), select the appropriate scale from the drop down menu**.** If a unit is using more than one scale, select **Multiple**. If every patient admitted to the unit is automatically deemed at fall risk and individual patient fall risk assessments are not conducted, select **Universal**. If the unit does not assess for fall risk, select **None**. If you are using a modified version of one of these scales, a scale that is not listed, or the source of your assessment data is unknown, select **Other**. Neonatal units are limited to Universal or None.

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DATA ELEMENTS for INDIVIDUAL PATIENT FALLS

Prior Fall This Month On This Unit
Required

Indicate whether the patient had a prior fall on the reporting unit during the calendar month:

- **Yes** = this is a repeat fall since admission/arrival to this unit during this calendar month
- **No** = this was the first time this patient fell this calendar month after admission/arrival to this unit

NOTE: This field is not available for the first record of the month. See DATA ELEMENTS for REPEAT FALLS.

Patient Age Category
Required

Select one of the following:

- **Greater than 90 years old**
- **1 to 90 years old**
- **1 to 11 months old**
- **Less than one month old**
- **Unknown**

Age
Required

Based on previous selection, a text box may appear requiring the user:

- to enter age in **years** if 1 to 90 years selected;
- to enter age in **months** if 1 to 11 months selected;
- to enter age in **days** if less than one month old selected. (If the newborn is less than 24 hours old, select 1.)

Otherwise, this field will default to 90 (if Greater than 90 years selected) or become unavailable (if Unknown selected).

Patient Gender
Optional

Select the patient's gender:

- **Female**
- **Male**

Type of Fall
*Required for Pediatric, Obstetric**

Indicate the type of fall:

- **Baby/Child Drop** = a fall by newborn, infant, or child who was being held or carried by another person
- **Developmental Fall =** fall as part of the child's developmental process and results in injury
- **Other** = fall that is not a drop or developmental fall**

***** For inpatient units, this data field is required for all obstetric, pediatric and neonatal population units, as well as pediatric rehab, child psych, child/adolescent psych, and adolescent psych units.

****** This data field defaults to 'Other' for adult inpatient units. If an adult inpatient unit caring for a pediatric patient has a baby drop or developmental fall to report, please enter the remaining data elements and save the fall record. Then email NDNQI with the information to update type of fall on the record.

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Physiological Fall
Optional

Indicate whether the fall was a physiological fall.

- **Yes** = the fall can be attributed to one or more physiological factors intrinsic to the patient
- **No** = the cause of the fall was external (e.g., wet floor) and cannot be attributed to an intrinsic, physiological factor
- **Unknown =** the cause of the fall is unknown

NOTE: If type of fall is a baby drop this field will be unavailable.

Fall Assisted by Employee
Required

Indicate whether the fall was assisted by an employee.

- **Yes** = fall was assisted by a staff member
- **No** = fall was not assisted or was reported to have been assisted by a family member or visitor

NOTE: If type of fall is a baby drop this field will be unavailable.

Type of Employee Who Assisted Fall
Optional

If the previous data field was answered with "Yes," this field will be become available. Select the most appropriate option. If more than one person assisted in slowing the patient's descent, choose the option describing person who had the first contact with the patient during the fall.

- **Nursing staff** = fall was assisted by one or more member s of the nursing staff (RNs, LPNs, assistive personnel)
- **Physical or occupational therapist** = fall was assisted by a PT/OT
- **Other hospital or clinic staff** = fall was assisted by non-nursing staff other than PT/OT

NOTE: If type of fall is a baby drop this field will be unavailable.

Fall Observed by Employee
Optional

Indicate whether the fall was observed by an employee:

- **Yes** = fall was observed by a staff member
- **No** = fall was not observed by a staff member
- **Unknown** = no documentation about whether the fall was observed by a staff member

Injury Level
Required

This is a ***required*** field and should reflect the patient's condition at the time of the fall or within 24 hours if awaiting test results, etc. If the patient does not stay overnight, use the injury level known at the time of discharge. Please be sure this information is available before entering patient data as you will not be able to leave this field blank.

- **None**
- **Minor**
- **Moderate**
- **Major**
- **Death**

Physical or Occupational Therapist Supervision
Optional

Indicate whether the patient was under the supervision of a physical therapist or occupational therapist when the fall took place.

- **Yes**
- **No**

NOTE: If type of fall is a baby drop this field will be unavailable.

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Risk Assessment Prior to Fall
Optional

Indicate whether the patient was assessed for fall risk prior to the fall:

- **Yes** = patient was assessed for fall risk prior to the fall
- **No** = patient was not assessed for fall risk
- **No documentation** = if data are being entered from a secondary source and there is no documentation of a prior risk assessment

NOTE 1: If either "No" or "No documentation" are selected, several of the subsequent fields (as noted below) will automatically be disabled, preventing data entry with inappropriate data points.

NOTE 2: If fall risk scale selected on Unit Summary is "Universal" or "None" this data field is not available as well as several of the subsequent fields related to risk assessment.

Risk Assessment Scale
Optional

This field will list the risk assessment scale selected on **Unit Summary** page unless **Multiple** was selected. Then this field will be enabled. Select the risk scale used for this patient's most recent risk assessment. If the scale is not listed, select **Other**.

Risk Assessment Score
Optional

If one of the published risk assessment scales (listed above) was used for the patient, select the most recently documented score from the drop-down menu. This field will not appear if "Other" was selected for Fall Assessment Scale on **Unit Summary** page. Leave this field blank if no score is available.

NOTE: If the patient does not have a documented risk assessment, you will be unable to enter data in this field.

Time Since Last Risk Assessment
Optional

Enter the time between the most recent risk assessment and the patient fall. Leave this field blank if information is not available.

NOTE: If the patient does not have a documented risk assessment, you will be unable to enter data in this field.

Patient at Fall Risk
Optional

Indicate whether the patient was determined to be at risk for falls according to the most recent risk assessment.

- **Yes**
- **No**

NOTE: If the patient does not have a documented risk assessment, you will be unable to enter data in this field. If the risk assessment selected on the Unit Summary is "Universal," this field will display "Yes."

Fall Prevention Protocol
Optional

Indicate whether a fall prevention protocol (fall precautions) were implemented for he patient prior to the fall.

- **Yes** = there is documentation of a fall prevention protocol implemented prior to the fall
- **No** = no fall prevention protocol was documented
- **Not applicable** = patient does not have identified risk factors

NOTE: If the secondary source (data collection form) is blank (missing data) leave this field blank.

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Physical Restraint(s) in Use
Optional

Indicate whether physical restraints (e.g., limb, waist, roll belt, chest/vest) or side rails were in use at the time of the fall

- **Yes**
- **No**
- **No documentation:** select this option if data are being entered from a secondary source (data collection form) and there is no documentation of physical restraints

DATA ELEMENTS for REPEAT FALLS

Data on repeat falls are reported for inpatient units only. Some data elements will be different for repeat falls as noted below.

Prior Fall This Month On This Unit
Required

Indicate whether the patient had a prior fall on the reporting unit during the calendar month:

- **No** = this was the first time this patient fell this calendar month after admission/arrival to this unit
- **Yes** = this is a repeat fall since admission/arrival to this unit during this calendar month

AutoNumber of First Fall
Required

This data element is required if "Yes" was entered in the previous field, you will be given this data element. Select the ***AutoNumber*** from the drop down list of the first fall that occurred this month (select the first fall if the patient fell two or more times). This number is listed on the tracking tree.

NOTE: Age and gender must match and be entered on the first fall record before a repeat fall can be linked to that record.

Age
Required

The patient's age may change between the fall events. Therefore based on the information provided in the first fall record, you will have the following options:

- if age is reported in **years,** you can choose same year or one year older if they have a birthday in between;
- if age is reported in **months,** you can choose same month or you will have an option to select next month or 1 year if 11 months reported on first fall record;
- if age is reported in **days,** you can enter the new age in days or 1 month if next event occurred when they were greater than 30 days old.

Otherwise this field will default to 90 if first fall has greater than 90 years selected.

Patient Gender
Optional

This data field will auto-populate with the gender of the first fall record.

The remainder of the data elements will be the same as those listed above.

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Saving a Record

Once all the data elements have been entered, click the SAVE button. A message will be displayed on the webpage that the record has been successfully saved.

When an individual event record is saved, an identification record number will be automatically generated. Record this number for future reference. It will be required if data corrections are necessary.

Data Summary Report

Run a Data Summary Report and review it for accuracy in order to confirm that all data was entered successfully and correctly. Users should **check these reports after each data entry session and again before the quarterly deadline** (*Select Facility → Reports → Data Summary Reports*).

Error Report Management

Error Reports alert users to data mismatches (true errors) or missing data (potential errors). Users should ***check these reports after each data entry session and again before the quarterly deadline*** (*Select Facility → Reports → Error Reports*).

The following error reports may be generated for the Patient Falls indicator.

Fall Missing Months

This report is generated when data have been entered for one or two months in the quarter, but not for all three months. Complete data entry if needed. However, if the unit was closed for a month, the missing month report is not an error and should be ignored. No data will be removed by NDNQI.

Falls Count Mismatch

This report is generated when the number of individual patient records does not match the number of falls reported on the Unit Summary page. Correct the number of events on the unit summary page or add more individual event records.

Data with uncorrected mismatches will be removed by NDNQI during clinical report processing.

Missing Patient Days/Volume for Fall Rate Report

This report is generated when falls data have been entered, but patient day/volume data have not been entered for the month on this unit. Enter patient day/volume data to receive a fall rate report. No data will be removed by NDNQI if patient day/volume data are not entered. However, your fall rate may be inaccurate if your data are incomplete and your fall rate is not reported if all three months are missing.

Indicator update notes:
Indicator developed 1998 for adult critical care, step-down, medical, surgical, med-surg units
Revisions:
4Q 2003: Added fall risk scales and nursing process measures; removed witnessed falls; included adult rehab units
4Q 2005: Added Hendrich II fall risk assessment scale
3Q 2010: Modified definitions of injury fall levels
1Q 2012: Included adult BMT, burn, high, moderate, blended acuity, LTAC & universal bed units
2Q 2013: Revised fall definition, added universal risk and the following risk assessment scales: Johns Hopkins, NY Presbyterian, IM SAFE, GRAF-PIF, CHAMPS, and Humpty Dumpty. Introduced suspected intentional falls as a separate category, and began tracking falls during play, developmental falls, physiological falls and baby drops. Included pediatric, neonatal, peds rehab and psychiatric units.
1Q 2014: Included ED, periop and ambulatory care units; added fall rate per 1,000 patient visits for these units; updated cover page with new logo; replaced Appendix B.
2Q 2014 changed copyright.
1Q 2016: Included Antepartum/Postpartum, LDRP, Postpartum, Mother/Baby, and OB and Med-Surg units; added definition of units; added fall rate per 1000 patient days, adult fall rate per 1000 patient days, and baby drop rate per 1000 patient days for these units; updated e-mail address in decision guide
1Q 2020: Separated indicator guidelines for Patient Falls and Patient Falls – Ambulatory; added Fall Observed by Employee data element; added Hester Davis Scale as a response option to the Risk Assessment Scale data element; added clarification to instructions on categorizing fall injury levels

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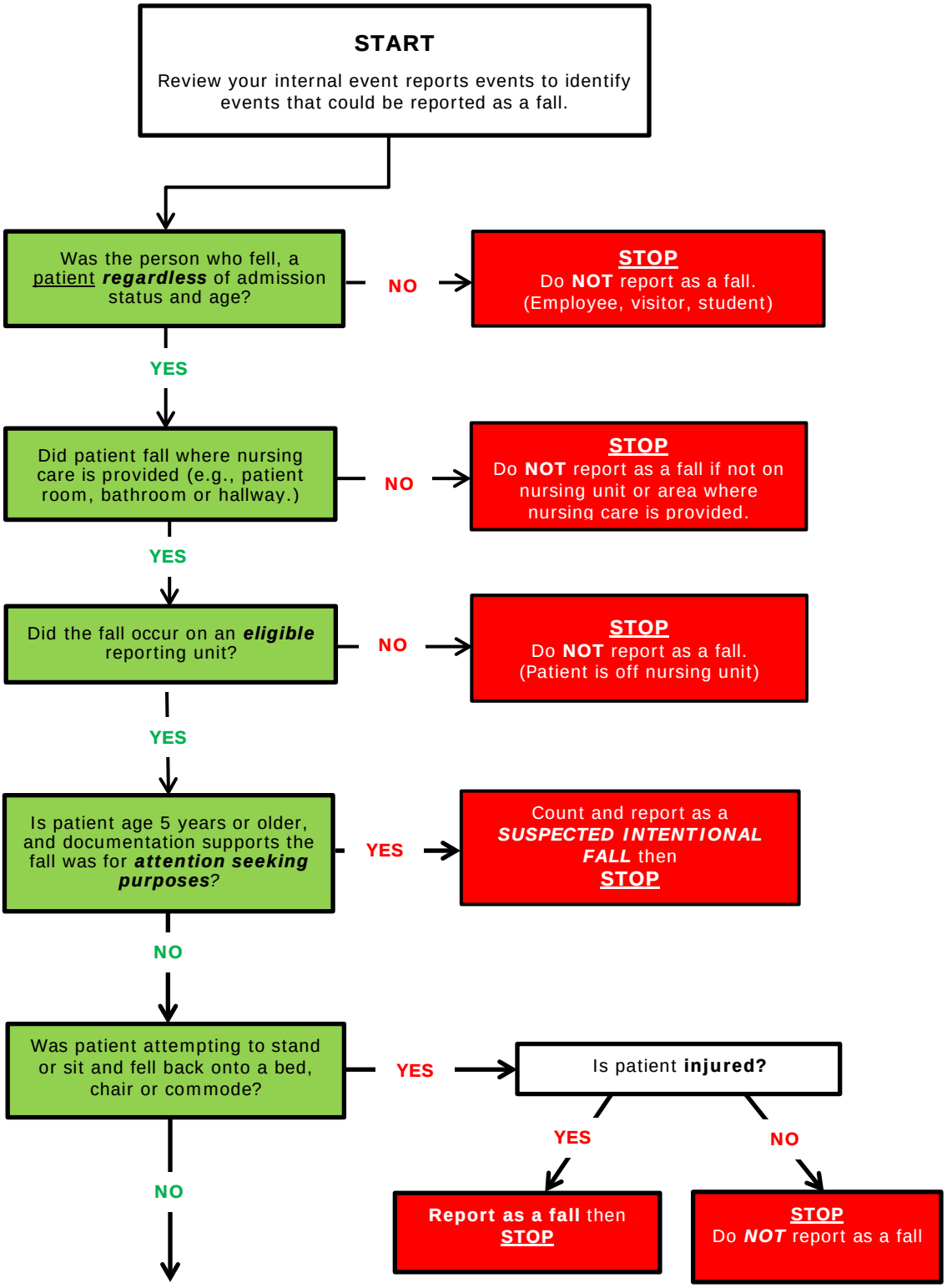
Patient Falls Appendix

Use this flow chart to identify fall events that must be reported to NDNQI.



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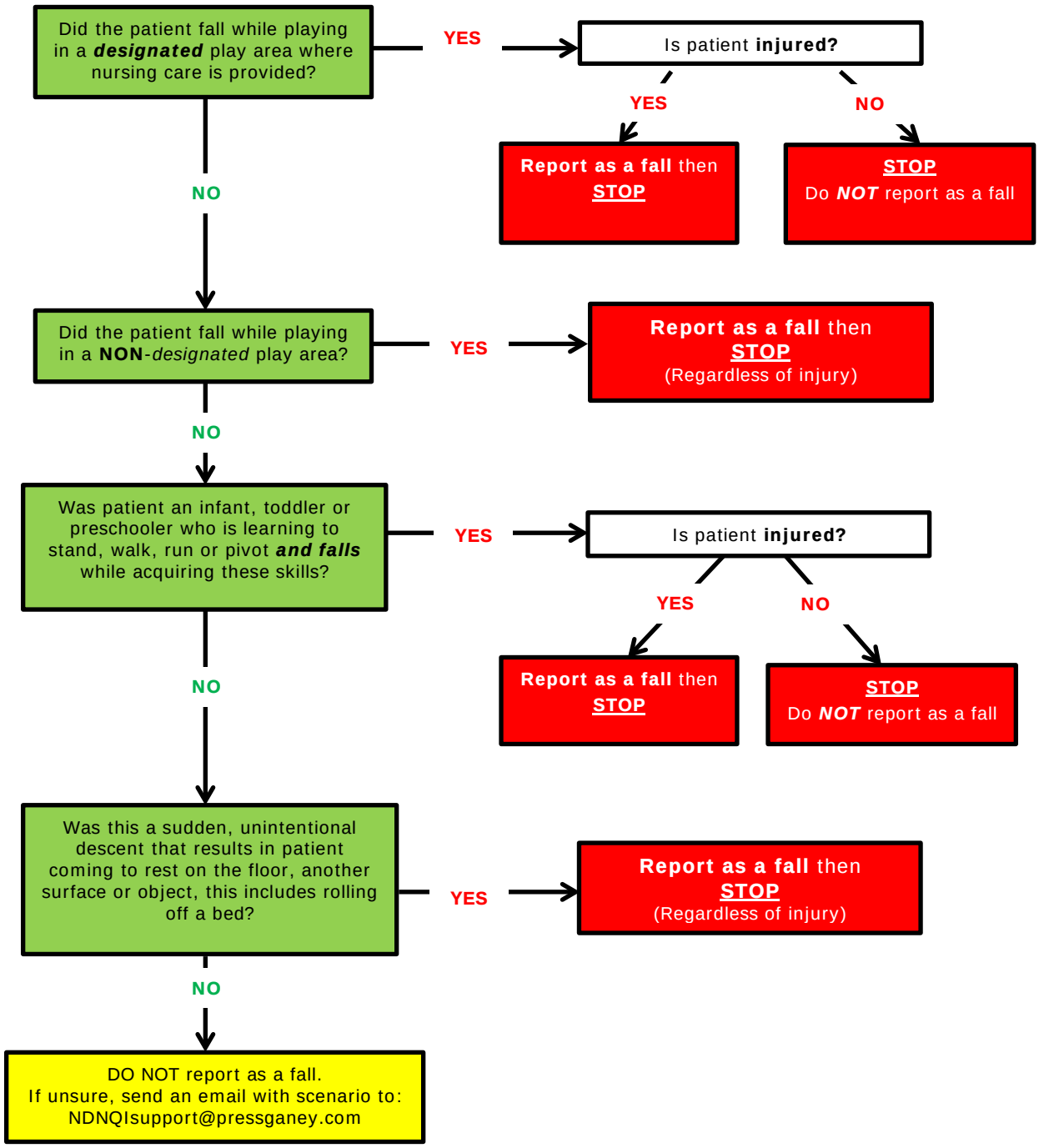

NOTE: If a patient is down on the floor and the patient reports a legitimate reason for being on the floor (picking up something they dropped), and the staff believe the story, it is **not** a fall or a suspected intentional fall.

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