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Definitions

Types of Falls:

- i. **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). If patient falls back into bed and there is no injury, it is not considered a fall.
- ii. **Assisted Fall:** A fall in which any staff member was with the patient and attempted to minimize the impact of the fall by slowing the patient's descent.
- iii. **Suspected Intentional (functional) Fall:** A fall event by a patient that is unwitnessed or witnessed, whereby the patient appears to fall for the purpose of secondary gain, such as attention seeking. (Possible exclusions include: physiological, environmental factors)
- iv. **Accidental:** A fall event caused by slipping, tripping, or other mishap generally related to environmental factors even if the patient has other risk factors for falling.
 1. *Examples include: slipping on spilled water or tripping on wheelchair foot or IV tubing.*
- v. **Unanticipated Physiological:** A fall event attributed to a rare, physiological cause that cannot be predicted.
 1. *Examples: fall when patient has a first seizure while transferring to a chair or patient in bathroom has new stroke.*
- vi. **Anticipated Physiological:** A fall event that occurs when a patient has one or more risk factors for falling. Anticipated physiological falls are the most common type of fall that occurs in the acute care setting.
 1. *Examples are: falling from toilet of a patient with Parkinson's disease, a fall between the bed and chair of a patient with dementia and delirium, a patient admitted with syncope who falls in the bathroom unattended, or a patient who receives sleeping medication at bedtime and falls trying to get to bathroom.*

Severity of Injury:

None: Patient had no injuries, nor signs or symptoms, resulting from the fall. Post fall assessment, x-ray, CT scan or other post fall evaluation results in a finding of no injury.

Minor: Patient incurs an injury (abrasion, pain, ecchymosis, or bump), that causes signs and/or symptoms and necessitates intervention such as a dressing, ice, cleaning of wound, elevation of limb, or topical medication.

Moderate: Patient has injury that results in needing suturing, application of steri-strips/skin glue or splinting.

Major: Patient has injury that results in needing surgery, casting, requires consultation for neurological (basilar skull fracture, small subdural hematoma)

or internal injury (rib fracture or small liver laceration), or patients with coagulopathy who receives blood products as a result of the fall.

Death: Patient dies as a result of injuries sustained from the fall.

MERP Classification of Injury (E-I) Definitions

- E. An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention
- F. An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization.
- G. An error occurred that may have contributed to or resulted in permanent patient harm
- H. An error occurred that required intervention necessary to sustain life
- I. An error occurred that may have contributed to or resulted in the patient's death.

Injury Scale Crosswalk	
Severity of Injury	NCC MERP
Minor	E
Moderate	F
Major	G, H
Death	I

Reporting Patient Days (denominator):

The purpose of patient days is to capture the daily census or number of patients cared for on a unit. Patient days is intended for inpatient units and excludes emergency departments and outpatient hospital departments.

vii. Definitions

1. Conceptually, a patient day is 24 hours, beginning with the hour of admission. There are different methods for calculating the number of patient days. Two of the most common methods are:
 - a. Track the actual time spent in the facility by each patient. Take the sum actual hours for all patients, whether in-patient or short stay, and divide by 24.
 - b. Collect censuses multiple times per day, e.g. every shift. Sum the daily average census to calculate patient days for the month. Hospitals can use their current method of calculating patient days for reporting quarterly patient day denominator data.

viii. **Category 3:** Fall rates in behavioral / mental health inpatient units

ix. **Category 4:** Fall rates in acute rehabilitation units

x. **Category 5:** Fall rates in Pediatric units (if have separate pediatric unit(s))

B. Calculating Fall Rates:

- a. Overall falls rate:

Numerator:	Number of patient falls
Denominator:	Number of patient days X 1000
Defined reporting period:	Monthly

- b. **Fall Rate with injury:** Number of falls with injuries (any level of injury- minor, moderate or severe; MERP- "E" or higher)/Patient days.

Numerator:	Number of patient falls
Denominator:	Number of patient days X 1000
Defined reporting period:	Monthly