

Release Notes:
Measure Information Form –
Version 1.00 (NSC)

****NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR NURSING-SENSITIVE CARE
PERFORMANCE MEASURES****

Measure Information Form

Measure Set: Nursing-Sensitive Care

Performance Measure ID: NSC-3

Performance Measure Name: Patient Falls

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

Rationale: Patient falls occurring during hospitalization can result in serious and even potentially life threatening consequences for many patients. Efforts to reduce this adverse event have included the development of tools to assess and identify patients at risk of falling and the implementation of fall prevention protocols. More recently, research has suggested that staffing on patient care units, specifically the number of professional nurses, may impact the incidence of this patient outcome. Nurses are responsible for identifying patients who are at risk for falls and for developing a plan of care to minimize that risk. 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.

Type of Measure: Outcome

Improvement Noted as: A decrease in the rate.

Numerator Statement: Number of patient falls, with or without injury to the patient, by *Type of Unit* during the calendar month x 1000.

Included Populations: Patient falls occurring while on an eligible reporting unit.

Excluded Populations:

Falls by:

- Visitors
- Students
- Staff members
- Patients from eligible reporting units, however patient was not on unit at time of fall (e.g., patients falls in radiology department)

Data Elements:

Month

Number of Patient Falls

Year

Denominator Statement: Patient days by *Type of Unit* during the 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 medical, surgical, medical-surgical combined, critical care, step-down units.

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

Data Elements:

Month

Patient Days

Year

Risk Adjustment/Stratification: Yes

Data Elements:

Type of Unit

Data Collection Approach: Retrospective – data sources for required data elements include medical records, hospital risk management reports, incident reports, variance reports, event reports, etc.
Some hospitals may prefer to collect data concurrently at the time of report completion or filing.

Data Accuracy:

- “Fall Risk” Each facility should establish which patients are at risk based on their particular screening process or assessment tool. For example, in the literature, a cut-off score for the Morse scale is ≥ 45 and ≤ 3 for the Schmid. However, your facility may select a different risk level to fit the needs of your patient population. In addition, some facilities may not require calculation of a risk score on low risk patients. In this case, the scale score will not be available.
- Eligible reporting units for this measure are defined by the allowable values for the data element, *Type of Unit*. 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 measure, patient falls are that occur while off the unit are not counted in the unit-level reporting.

- An eligible reporting unit will report fall data by calendar month. In addition, each unit that reports fall data, must also collect patient day data for the same month (as outlined in the data element, *Patient Days* – also see Appendix F: Table 3.1 *Patient Day Reporting Methods*) in order to calculate fall rates.
- Fall rate is calculated by multiplying the numerator by 1,000 and then dividing by the denominator.

Measure Analysis Suggestions: In order to further examine the issue of falls within your facility it may be useful to calculate the number of patients who were assessed, who were at risk and what their risk level was. It may also be useful to identify patient falls that involved staff intervention. To facilitate these analyses, additional data elements could be collected that are not required for calculating the primary measure rate. These data elements are listed below and may be useful in further analysis.

Terminology:

Assisted Fall A fall in which any staff member (whether nursing service employee or not) was with the patient *and* attempted to minimize the impact of the fall by easing the patient’s descent to the floor or in some manner attempting to break the patient’s fall. “Assisting” the patient back into bed or chair *after* a fall is not an assisted fall. A fall that is reported to have been assisted by a family member or visitor also does not count as an assisted fall.

Fall 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.

Fall Risk Assessment A formal evaluation of a patient’s likelihood to experience a fall. Several assessment instruments are available in the literature. Two commonly used instruments are the Morse and Schmid Scales. Organizations often adapt or create different scales depending on population needs.

Fall Risk A defined level at which patients are determined to be “at risk” of experiencing a fall. For example, in the literature a cut-off score for the Morse scale is > 45 and ≥ 3 for the Schmid. However, an organization may select a different risk level to fit the needs of their patients and may not require a calculation of a risk score on low risk patients

Fall Injury Level The extent of injury experienced by a patient following a fall. National standards for injury levels have yet to be established; therefore the following designations are used for the purposes of the measures set.

- *None* – patient had no injuries resulting from the fall
- *Minor* – resulted in application of a dressing, ice, cleaning of a wound, limb elevation, or topical medication
- *Moderate* – resulted in suturing, application of steri-strips/skin glue, or splinting
- *Major* - resulted in surgery, casting, traction, or required consultation for

- neurological or internal injury
- *Death* – the patient died as a result of injuries sustained from the fall

Fall Prevention Protocol Facility specific plan of care for the prevention of falls. NDNQI does not mandate specific characteristics of a fall prevention protocol.

Repeat Fall More than one fall by the same patient after admission to a unit may be classified as a repeat fall.

Optional Data Elements

Fall Assisted by Employee

Fall Prevention Protocol

Fall Risk Assessment Scale

Patient at Fall Risk

Physical Restraint

Prior Falls This Month

Risk Assessment Prior to Fall

Scale Score

Time Since Last Risk Assessment

Sampling: No

Age Groups: Any age patient on an eligible reporting unit is included in the patient day count.

Data Reported as: Rate of patient falls per 1,000 patient days stratified by type of unit.

A quarterly rate may be determined by calculating a monthly rate for each unit, summing the monthly rates in a quarter and dividing by 3 to produce a quarterly average.

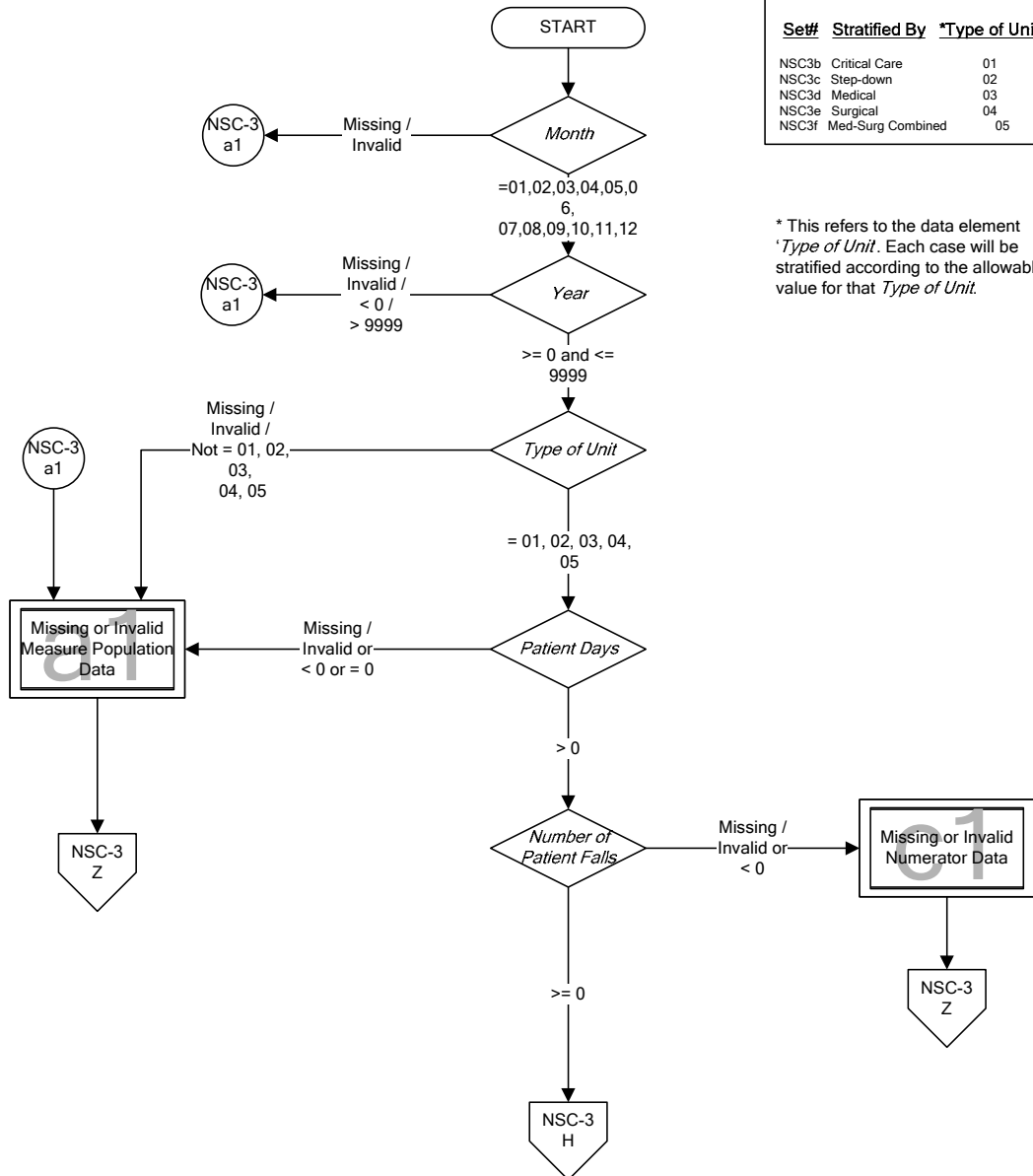
Selected References:

- ANA. National Database of Nursing Quality Indicators. (NDNQI)
ANA. *Nurse Staffing and Patient Outcomes in the Inpatient Setting*. Washington,DC: American Nurses Publishing; 1996.
- McCollam, M.E. (1995). "Evaluation and Implementation of a research-based falls assessment innovation." *Nursing Clinics of North America* 30(3): 507-514.
- Morse, J.M., Morse, et al. (1989). "Development of a scale to identify the fall-prone patient." *Canadian Journal of Aging* (8): 366-377.
- NDNQI. *Guidelines for Data Collection and Submission on Quarterly Indicators, Version 5.0*. Kansas City, KS: The University of Kansas School of Nursing; January, 2005.
- 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

JCAHO: NSC-3 Patient Falls

Numerator: Number of patient falls by Type of Unit during the calendar month * 1000

Denominator: Patient days by Type of Unit during the calendar month



Stratification Table:

Set#	Stratified By	*Type of Unit
NSC3b	Critical Care	01
NSC3c	Step-down	02
NSC3d	Medical	03
NSC3e	Surgical	04
NSC3f	Med-Surg Combined	05

* This refers to the data element 'Type of Unit'. Each case will be stratified according to the allowable value for that Type of Unit.

