AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Selected best practices and suggestions for improvement for clinicians

Hospital-Acquired Complication **2**

FALLS RESULTING IN FRACTURE OR INTRACRANIAL INJURY

	HOSPITAL-ACQUIRED COMPLICATION	RATE[a]
1	Pressure injury	10
2	Falls resulting in fracture or intracranial injury	4
3	Healthcare-associated infections	135
4	Surgical complications requiring unplanned return to theatre	20
5	Unplanned intensive care unit admission	na[b]
6	Respiratory complications	24
7	Venous thromboembolism	8
8	Renal Failure	2
9	Gastrointestinal bleeding	14
10	Medication complications	30
11	Delirium	51
12	Persistent incontinence	8
13	Malnutrition	12
14	Cardiac complications	69
15	Third and fourth degree perineal laceration during delivery (per 10,000 vaginal births)	358
16	Neonatal birth trauma (per 10,000 births)	49

a per 10,000 hospitalisations except where indicated
b na = national data not available

This hospital-acquired complication (HAC) covers falls occurring in hospital which result in a fracture or intracranial injury resulting in diagnoses of intracranial injury, fractured neck of femur or other fractures.*

Fall-related injury is one of the leading causes of hospital-acquired morbidity and mortality in older Australians, and leads to pain, bruising and lacerations and fractures. Falls can also lead to intracranial bleeding, can instil a fear of falling, in turn leading to a loss of confidence and decline in mobility, and an injurious fall can increase the likelihood of discharge to a residential aged care facility.

Why focus on falls resulting in fracture or intracranial injury?

Around 1,800 hospital-acquired falls resulting in fracture or intracranial injury occur each year in Australian hospitals#

Hospital-acquired falls increase the **length of stay and the cost of admission**§

11.7 Highest rate of this HAC at Principal Referral Hospitals†

4 Aggregate rate of this HAC at Principal Referral Hospitals

Per 10,000 hospitalisations

If all hospitals reduced their rate of this HAC to less than 4 per 10,000 hospitalisations it would prevent at least **251 falls resulting in fracture or intracranial injury**

All facilities should be working to reduce their rates of falls resulting in fracture or intracranial injury.

* The specifications for the hospital-acquired complications list providing the codes, inclusions and exclusions required to calculate rates is available on the Commission's website: www.safetyandquality.gov.au/our-work/indicators/hospital-acquired-complications/

\# The data used in this sheet are for hospital-acquired complications recorded in Australian public hospitals in 2015–16. Sourced from: Independent Hospital Pricing Authority (AU). Activity Based Funding Admitted Patient Care 2015–16.

§ Independent Hospital Pricing Authority (AU): Pricing and funding for safety and quality: risk adjustment model for hospital-acquired complications, version 3, 2018.

† Hospitals were classified in the Principal Referral Hospitals peer group for these purposes according to the Australian Institute of Health and Welfare's former definition of major city hospitals with more than 20,000 acute weighted separations and regional hospitals with more than 16,000 acute weighted separations.

Top tips for prevention and management of falls resulting in fracture or intracranial injury

The following provides key points for clinicians to consider to avoid this hospital-acquired complication.

Conduct risk assessment

- Conduct a comprehensive risk assessment
- Identify risk factors such as:
  - Agitation, delirium, confusion or impaired judgement
  - Gait instability
  - Lower limb weakness
  - Urinary incontinence, frequency or need for assisted toileting
  - Previous falls
  - Prescription of 'culprit' drugs, particularly central acting sedative hypnotics
  - Older age.

For a patient at risk, develop a prevention plan as part of a comprehensive care plan

Develop prevention plan

Clinicians, patients and carers develop an individualised, comprehensive prevention plan to prevent falls that identifies:

- Goals of treatment consistent with the patient's values
- Any specific nursing requirements, including equipment needs
- Any allied health interventions required, including equipment needs
- Observations or physical signs to monitor and determine frequency of monitoring
- Laboratory results to monitor and determine frequency of monitoring
- If specialist assistance is required.

Deliver prevention plan

Where indicated, deliver falls prevention strategies such as:

- Assess cognition and screen for delirium
- Manage continence, such as toilet frequently
- Review medications
- Monitor orthostatic blood pressure
- Implement fall injury prevention strategies where clinically indicated, which could include:
  - using a validated falls risk assessment that includes a standardised cognitive assessment tool
  - ensuring consistent and complete communication between all care providers
  - providing a buzzer or call bell to patients to contact nurses for assistance
  - having a protocol in place to address extra precautions needed for patients with dementia or other diseases that affect memory.

Monitor

- Monitor the effectiveness of any fall prevention strategies, and reassess the patient if falls occurs
- Review and update the care plan if it is not effective or is causing side effects
- Engage in reviewing clinical outcomes, identifying gaps and opportunities for improvement
- Put referrals in place in order to minimise future falls and address deconditioning.

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