Falls and Trauma

NQF#: N/A
Developer: Centers for Medicare and Medicaid Services (CMS)
Data Source: CMS
Description: Rate of falls and trauma with injury. CMS reports the DRA HAC measures as observed rates (per 1,000 discharges). CMS divides the count of observed HAC occurrences identified at a hospital (numerator) by the number of eligible discharges at that hospital (denominator) and multiplies by 1,000. HAC occurrences are included in the DRA HAC numerator only if they are associated with the POA Indicator codes "N" or "U." DRA HAC measures do not exclude any HACs based on how they occurred. More information is available at https://www.cms.gov/files/document/frequently-asked-questions-publicly-reported-deficit-reduction-act-dra-hospital-acquired-condition.pdf.
Rationale: It is estimated that between 700,000 and 1,000,000 patients fall in U.S. hospitals each year. A fall may result in a fracture, laceration, dislocation, or internal bleeding, leading to a longer hospitalization for the patient and increased morbidity and mortality. Research has shown that one-third of falls can be prevented.   In addition to falls, patients can be subjected to other traumas during their hospital stay. Examples of these other traumas include crushing injuries, burns, and electric shock. These types of events are considered "Never Events," in that they should not happen to patients and are usually preventable.
Citations for Rationale: • Preventing Falls in Hospitals. Content last reviewed April 2018. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html.   • National Quality Forum (NQF), Serious Reportable Events in Healthcare—2011 Update: A Consensus Report, NQF: Washington, DC; 2011.
Impact: • Affects many hospitalized patients.   • The most common HAC reported is injury from a fall or some other type of trauma. Over 70% of hospitals reporting to CMS reported at least one fall or trauma during the reporting period.
Opportunity: • Opportunity for improvement exists, as demonstrated by the coefficient of variation for the measure.

Evidence:
 • A literature search of clinical trial, meta-analyses, systematic reviews, or regulatory statements and other professional order sets and protocols was performed and the quality and strength of evidence was weighted according to a given rating scheme.
 • Evidence ratings vary from Class A to Class R, with the vast majority rated from Class C to R.
     o Class A: Randomized, controlled trial
     o Class B: Cohort study
     o Class C: Non-randomized trial with concurrent or historical controls, case-control study, study of sensitivity and specificity of a diagnostic test, population-based descriptive study
     o Class D: Cross-sectional study, case series, case report
     o Class M: Meta-analysis, systematic review, decision analysis, cost-effectiveness analysis
     o Class R: Consensus statement, consensus report, narrative review
 	
 Citations for Evidence:
 • Institute for Clinical Systems Improvement (ICSI). Prevention of falls (acute care). Health Care Protocol Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Apr.