proliability

Fall Prevention

Occupational Therapy

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Falls during therapy and injuries in a whirlpool or on equipment is a common allegation in claims/lawsuits against Occupational Therapy (OT) practitioners. Falls remain the leading cause of injury and death among older adults, with an estimated total medical cost for fatal and nonfatal fall injuries of $30.9 billion.[i] In 2015, there were 24,190 fatal falls.[ii] The Agency for Healthcare Research and Quality estimates that 700,000 to 1 million hospitalized patients fall each year.[iii] Patients in long-term care facilities are also at very high risk of falls. Approximately half of the 1.6 million nursing home residents in the United States fall each year, and a 2014 report by the Office of the Inspector General found that nearly 10% of Medicare skilled nursing facility residents experienced a fall resulting in significant injury.[iv] Research shows that close to one-third of falls can be prevented.[v] Fall prevention involves managing a patient's underlying fall risk factors and optimizing the physical design and environment.

According to the Joint Commission, the most common contributing factors relating to falls include:

- Inadequate assessment
- Communication failures
- Lack of adherence to protocols and safety practices
- Inadequate staff orientation, supervision, staffing levels or skill mix
- Deficiencies in the physical environment
- Lack of leadership[vi]

Within a facility setting, the question of whether a fall constitutes medical malpractice, rather than ordinary negligence is a topic of much debate. For the fall to be considered as a medical malpractice action, it must meet the elements of proof for medical negligence. Healthcare professionals may be liable under a malpractice theory if they fail to address underlying conditions such as poly-pharmacy, misdiagnosis of a condition that caused a fall such as a stroke, or failure to assess a patient as being high risk for falling.

A slip, trip or fall in a healthcare setting due to an environmental hazard may result in a premises or ordinary liability claim. OT practitioners should be aware of and implement evidenced-based fall prevention strategies that include environmental assessments and individualized patient/client assessments. This is perhaps one of the highest clinical risks for OT practitioners.

Whether medical malpractice or ordinary liability, falls in the healthcare setting contribute to a significant portion of the overall losses.

For healthcare professionals, clinical risk management is grounded in our duty to "do no harm." Despite our best intentions, there is much work to be done to make healthcare safer. Far too many people are harmed by medical errors. Beginning in 1999 with the Institute of Medicine's report, "*To Err is Human: Building a Safer Health System*," there has been a heightened awareness of the frequency and severity of medical errors in the U.S. The report described the nation as, "experiencing an epidemic of medical errors."[vii] The Institute of Medicine revisited the issue in a 2001 report, "*Crossing the Quality Chasm: A New Health System for the 21st Century*" and reinforced the alarm stating, "The nation's health care delivery system has fallen far short in its ability to translate knowledge into practice and to apply new technology safely and appropriately."[viii]

Medical Errors

It is hard to know the exact number of medical errors in the U.S, but a study performed at Johns Hopkins claimed that more than 250,000 people die from medical errors, making it the third leading cause of death.[ix] For comparison, there were 629 deaths from airplane crashes in the U.S. in 2016 [x] Many patients survive medical errors, but are harmed as a result. Miscommunication, flawed systems, lack of training and resources, and inadequate policies and procedures are all cited as key driver of medical errors. As healthcare professionals, we have personal accountability for managing clinical risk and preventing harm.

Against the backdrop of the alarming number of medical errors, no healthcare professional is immune from professional liability. OT professionals, as part of the healthcare team share the responsibility of managing the known risks or and identify areas prone to errors in the practice setting. Fortunately, OT practitioners are not a frequent target of a professional liability actions. Nonetheless, it is important to understand the areas of practice that pose the highest risks and implement strategies to reduce exposure.

Fall Prevention Resources for OT

The American Occupational Therapy Association Falls Prevention Toolkit

The toolkit helps OT practitioners prepare and deliver a presentation on falls prevention. It is intended to be used by PT practitioners to educate the public on strategies and resources to reduce fall risk, and on the role of occupational therapy in falls prevention. The presentation can

be given to a variety of groups and populations in health care and community settings in conjunction with Falls Prevention Awareness Day and throughout the year.

AHRQ toolkit: Preventing Falls in Hospitals – This toolkit focuses specifically on reducing falls during a patient's hospital stay. This resource helps with developing, implementing, and sustaining a falls prevention program, along with how to manage the change process. The toolkit was created by a team with expertise in falls prevention and organizational change, including staff from RAND Corporation, ECRI Institute, and Boston University.

ECRI Institute: Falls– This resource provides a summary of evidence and offers recommendations and links to resources. The recommendations were developed to assist accreditation coordinators, patient safety officers, and professionals in facilities/ building management, home care, human resources, long-term care services, nursing, outpatient services, pharmacy, quality improvement, and staff education.

IHI: Transforming Care at the Bedside How-to Guide: Reducing Patient Injuries from Falls – This how-to guide was initially developed as part of the Transforming Care at the Bedside (TCAB) initiative that ran from 2003 through 2008. Updated in 2013, this resource focuses on approaches to reduce physical injury associated with patient falls occurring on inpatient units. The guide's model for improvement advises how to form the improvement team, set aims, establish measures, and select and test changes.

Joint Commission Center for Transforming Healthcare: Preventing Falls Targeted Solutions Tool® (TST®) – This online web application guides a project leader through a robust approach to preventing falls using Lean, Six Sigma, and change management methodology and tools. The TST® guides data collection, measurement and the discovery of contributing factors in the specific project area. The aggregation of contributing factors directs the project leader and team to targeted solutions. The tool was developed through a collaborative project involving seven hospitals and the Joint Commission Center for Transforming Healthcare, and subsequently validated in five additional hospitals. It is currently being pilot tested in non-hospital settings, such as ambulatory and long-term care facilities.

VA National Center for Patient Safety: Falls Toolkit– Staff from the VA's National Center for Patient Safety worked with the Veterans Integrated Service Network 8 Patient Safety Center of Inquiry (VISN 8 PSCI), part of the James A. Haley Veterans' Hospital in Tampa, and others to develop this toolkit, which is designed to aid facilities in developing comprehensive falls and injury prevention programs. Available since 2004, this was the first national toolkit to focus on

fall injury reduction, specifically hip fractures and head injury. The current edition, with updates and revisions, was posted in July 2014.

VA National Center for Patient Safety: Implementation Guide for Fall Injury Reduction – This guide is a focused version of eight goals to help prevent falls and fall-related injuries, continuing VA's national guidance to prevent moderate to serious fall-related injuries across settings of care. This implementation guide is designed for administrative, clinical, quality and patient safety personnel in hospitals, long-term care, and home care, to further enhance the program's infrastructure and capacity to fully implement a fall injury prevention program.

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[i] Burns, E.R., J. A. Stevens, and R. Lee. 2016. "The direct costs of fatal and non-fatal falls among older adults—United States." *Journal of Safety Research* 99–103. doi:http://dx.doi.org/10.1016/j.jsr.2016.05.001

[ii] Ibid

[iii] Rand Corporation, Boston University School of Public Health, ECRI Institute. 2018. *Preventing Falls in Hospitals: A Toolkit for Improving Quality of Care.* Rockville, MD: Agency for Healthcare Research and Quality,. http://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html.

[iv] Levinson, D.R. 2014. *Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries.* Report No. OEI-06-11-00370., Washington, DC: US Department of Health and Human Services, Office of the Inspector General.

[v] Ibid

[vi] The Joint Commission. 2015. *Joint Commission Sentinel Event Alert: Preventing falls and fall-related injuries in health care facilities .* Oakbrook Terrace, IL: The Joint Commission.

[vii] Kohn, LT, J Corrigan, and M S Donaldson. 1999. To err is human: building a safer health system. Washington, DC: National Academy Press.

[viii] Institute of Medicine. 2001. Crossing the quality chasm: A new health system for the 21st century. Washington, DC: National Academy Press.

[ix] Makary, Martin, and Michael Daniel. 2016. "Medical error-the third leading cause of death in the US." BMJ 353 (i2139). doi:https://doi.org/10.1136/bmj.i2139.

[x] Aircraft Crashes Records Office (ACRO). February 2017. "Deaths and incidents per year."