



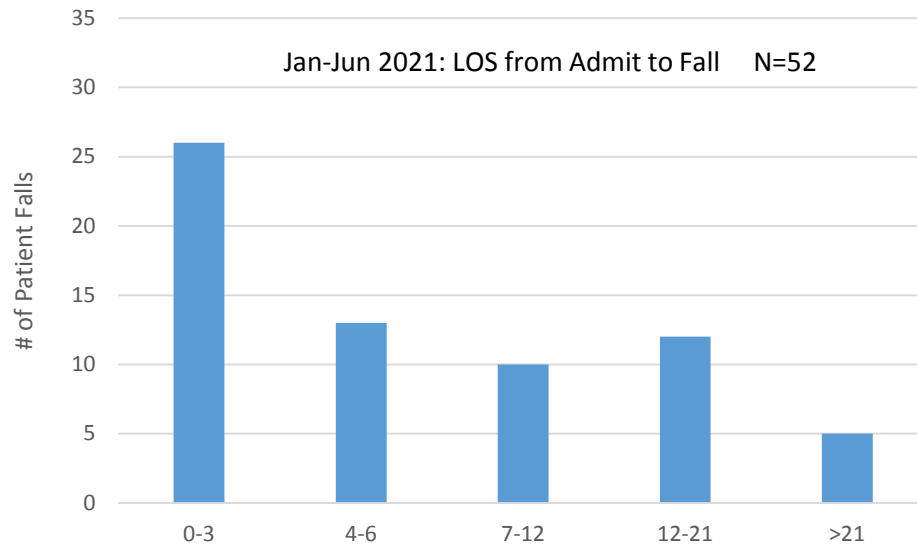
Analysis of Falls Data

A Quality Perspective

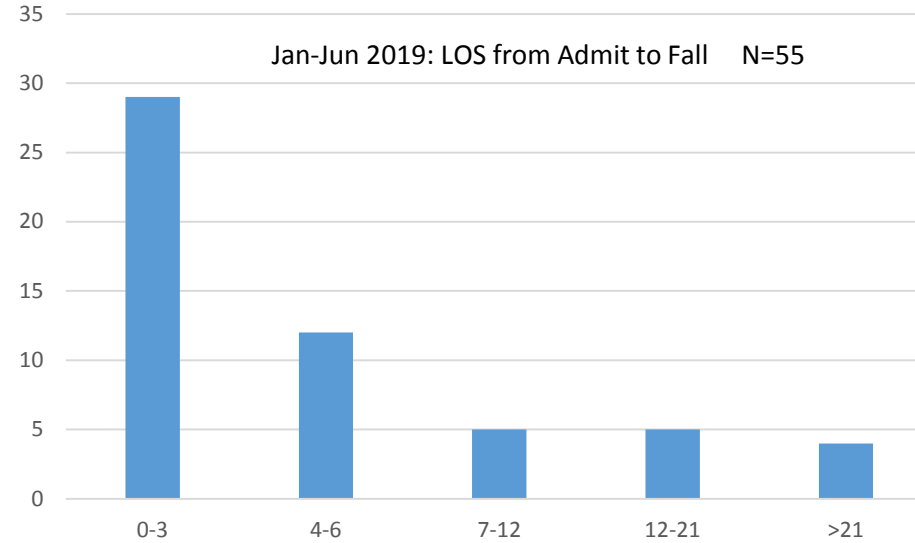


- A fall may affect a patient's length of stay. But does length of stay have an influence on likelihood to fall?
 - Patient with longer LOS may feel unrealistically confident or may be more reluctant to use call bell – *does this increase risk of fall?*
 - Patient is unfamiliar with new room after admit or transfer – *does this increase risk of fall?*

Days to First Fall



2021



2019

Patient's first fall occurred within day ranges reflected on graph.

Range reflects day of unit admit to day of first fall (includes 2CR pts from first day of 2CR admit)

Limitation: overall LOS not factored into graphed data.

t-charts

- To see if a process is stable and predictable
- To see how a planned change affects the process
- To track the passage of time between relatively rare events
 - Patient aggression
 - Infection outbreaks
 - Wrong-site surgeries
 - Accidental needle sticks

AND... **FALLS!**

Days Between Falls

Inpatient Units & ED:

Total falls Jan-Jun 2021: 59

Maximum days between falls: 18
(6/12 – 6/30)

Minimum days between falls: 0

Average days between falls: 3.7

Behavioral Health:

Total falls Jan-Jun 2021: 14

Maximum days between falls: 50
(4/12 – 6/1)

Minimum days between falls: 0

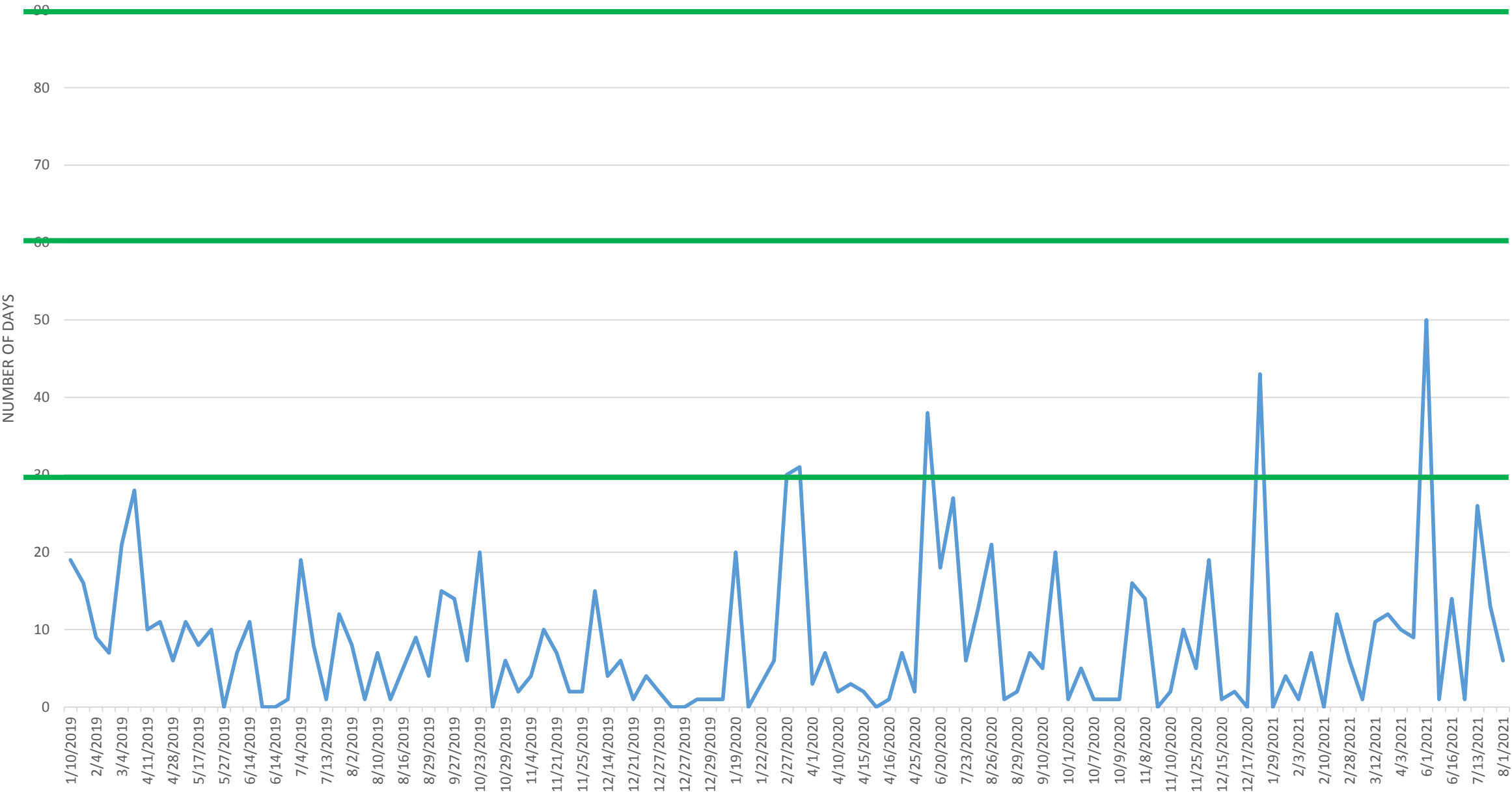
Average days between falls: 11.4

What should be our GOAL?

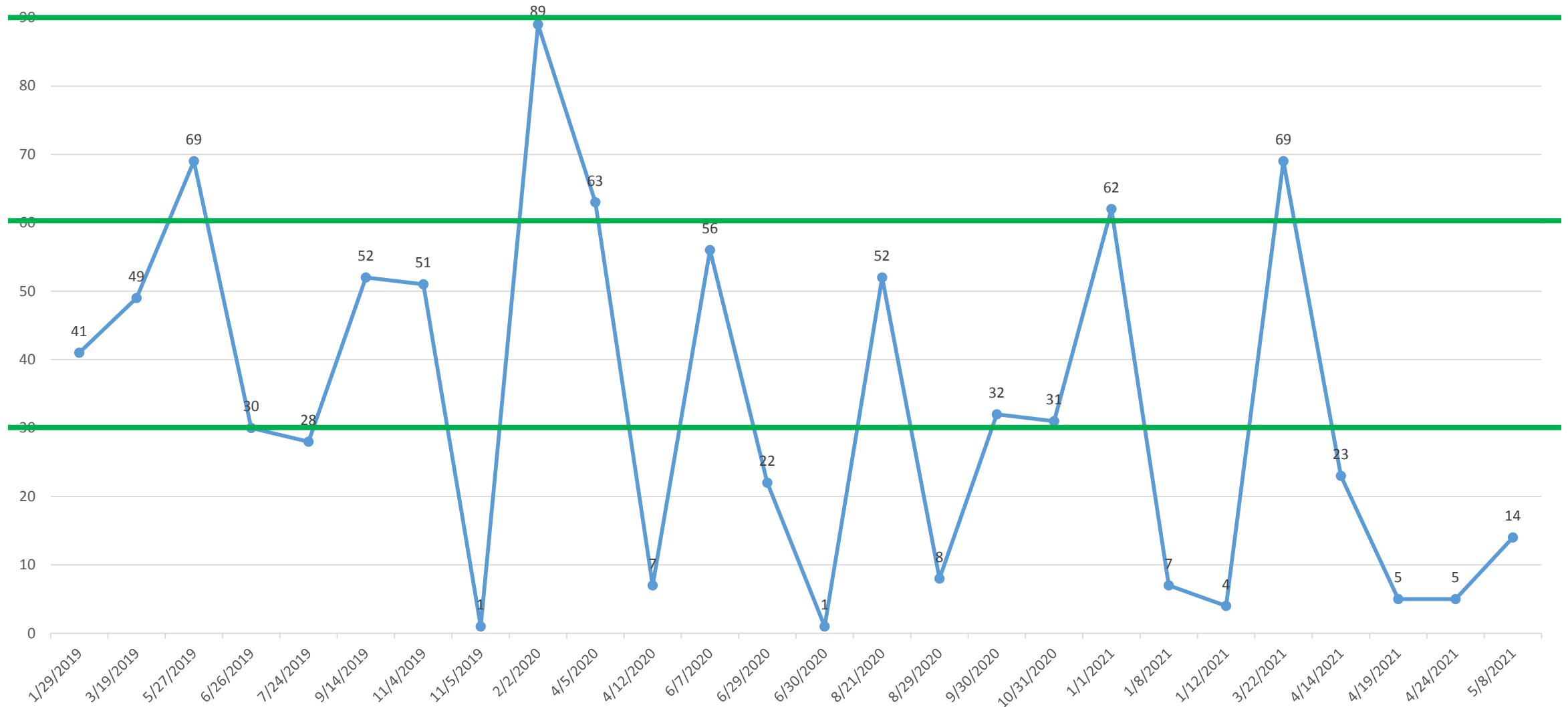
Days Between Falls: Inpatient Units

	2021 to Date	2020	2019
Total Falls	65	99	85
Max Days Between	18	15	15
Min Days Between	0	0	0
Average	3.7	3.6	4.1

Days Between Falls: Behavioral Health 2019-2021 YTD

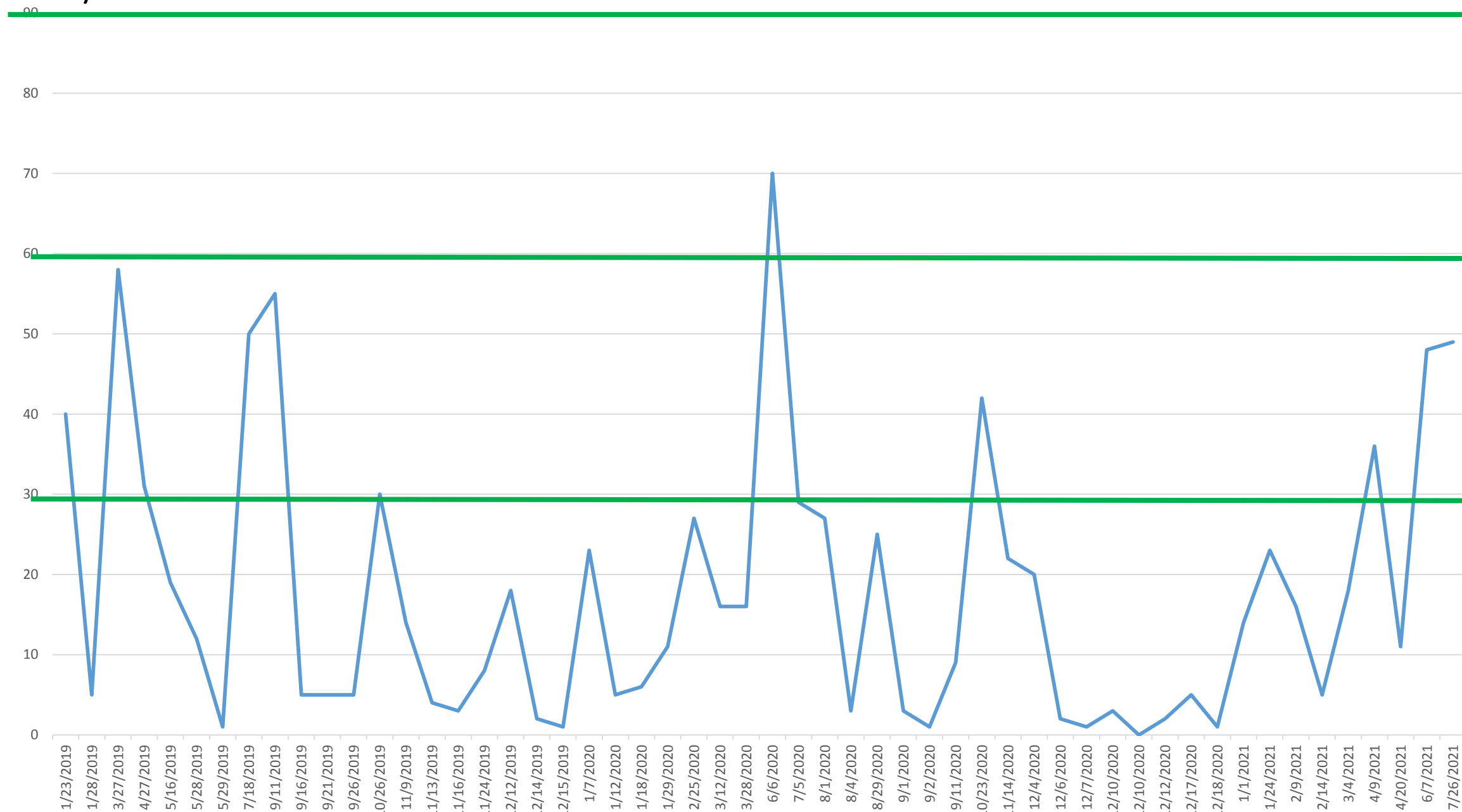


Days Between Falls: 2 Center (Ortho) 2019-2021 YTD



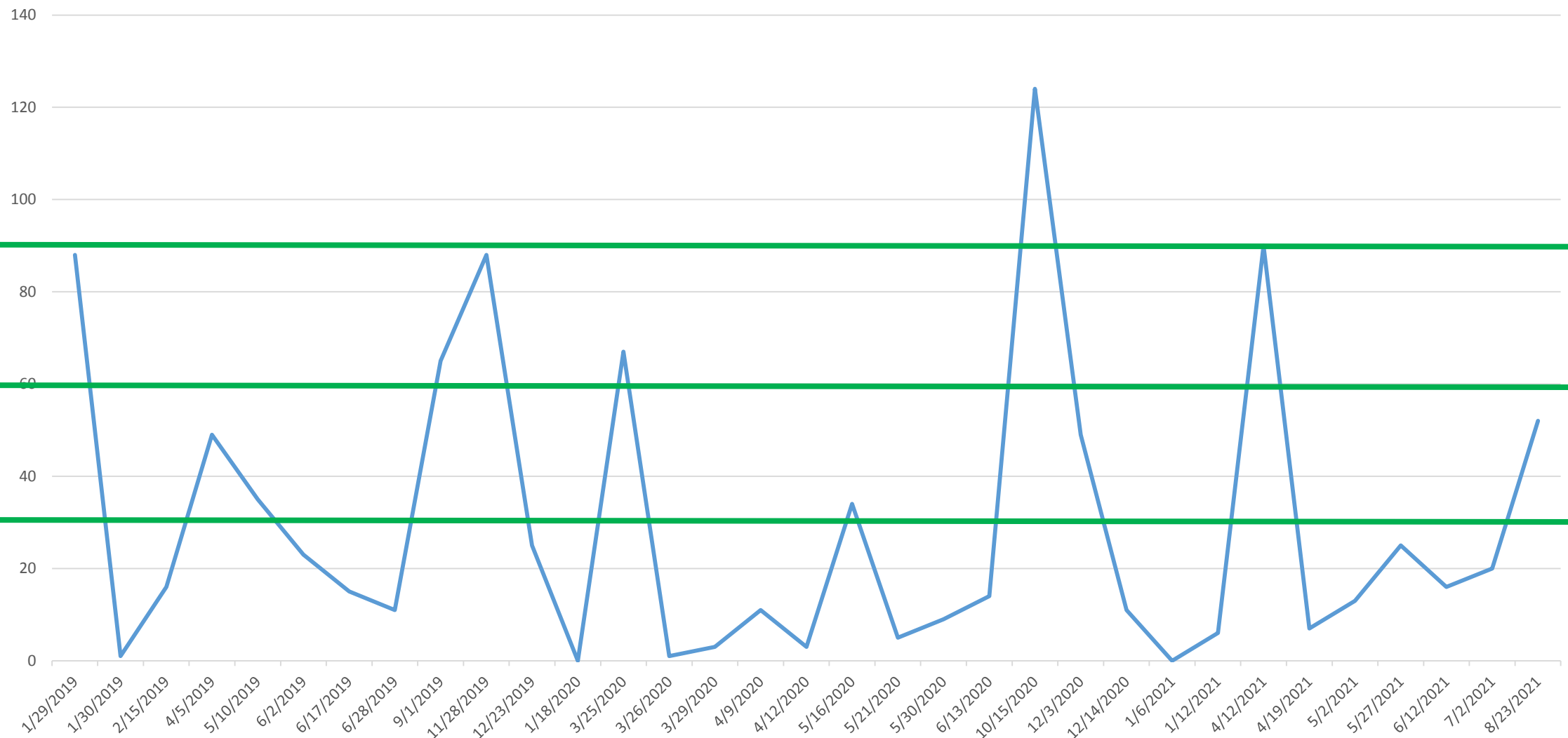
Days Between Falls: 5 South

2019-2021 YTD



Days Between Falls: Emergency

2019-2021 YTD



t-chart illustrates days between events

What influences these intervals?



Census

Staffing

Meds

Acuity

???

