

**Early Cause Identification Through Formal Retrospective Fall Analysis**  
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Problem

It is estimated that 50% of elderly patients fall when hospitalized. Consequences for patients who fall increase with age and include pain, delayed recovery, recurrent and prolonged hospitalization, injury, disability, physical impairment, and death. Healthcare institutions face increased costs and liability associated with patient falls.

Evidence

An extensive review of the literature was conducted and failed to support that a tool that has been psychometrically tested exists to systematically collect and analyze data *after* a fall occurs.

Strategy

A methodological study was conducted to test the psychometric properties of the Fall Analysis Data Collection Tool (FADCT) and to determine if the tool was clinically useful in analyzing fall occurrences. Expert panel review of the tool concluded the FADCT is psychometrically valid and reliable in analyzing fall occurrences and is clinically useful in identifying certain risk factors that placed patients at higher risk of falling.

Practice Change

The FADCT proved to be clinically useful in identifying certain risk factors that placed patients in this setting at higher risk for falling.

Evaluation

The study was conducted through retrospective review of documentation of falls in two small inpatient hospitals in Louisiana.

## Results

Data revealed that the number of falls which occurred in Hospital 2 decreased after the FADCT was implemented in late September 2003 and also substantiated that the FADCT was clinically useful in identifying specific fall risk factors for patients who fell in Hospital 1 in 2004 and Hospital 2 in 2003 and 2004.

## Recommendations

Incident analysis through use of the FADCT could lead to increased nurse awareness of intrinsic and extrinsic risk factors that could decrease or eliminate fall occurrences. Population-specific fall risk assessment tools can then be designed according to risk factors identified by analysis of falls using the FADCT.

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