



D84 Epidemiology and the Cost of Falls: Monitoring the Last 22 Months at the Policlinico Hospital of Bari

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The goal of this presentation is to show the results of a retrospective study on falls occurring at the Policlinico Hospital of Bari, Italy, in the period March 1, 2010 – December 31, 2011. Patient data and fall incident report data have been reviewed to identify risk factors associated with falls and fall-related injuries. Moreover, a systematic approach led to estimates of the average hospital cost and Length Of Stay (LOS) associated with injurious falls in the hospital.

This presentation will impact the forensic science community by offering useful insights to the forensic science community by demonstrating how important risk management can be, also, in order to save money that could be better spent for healthcare services, whilst on the other hand, it highlights how forensic sciences, especially in recent years, have focused attention on patient health and safety.

Indeed, the growth of healthcare costs over the last years has fostered careful scrutiny of both the effectiveness and efficiency of healthcare delivery.

According to this, the main purpose of the Clinical Risk Management System is to ensure patient safety through the implementation of systemic measures of identification, analysis, evaluation, and treatment of risks related to the provision of care.

Such an ambitious program aims to reduce the probability of incidence of an adverse event/error or, at least, to limit the impact of the consequences of such an event also from a "hospital efficiency" perspective.

Falls, which are not strictly related to the care process and in consideration of their possible consequences, usually entirely separate from the cause of hospital admission, represent a critical organizational node. In fact, according to the literature reviewed, they (falls) are among the most frequent adverse events—especially in acute care facilities—and they can result in substantial morbidity and mortality. Particularly, falls may lead to negative outcomes such as injury, prolonged hospitalization, delayed rehabilitation, and potential professional liability profiles.

Rates between 2.2 and 17.1 falls per 1,000 patient days, depending on hospital type and patient populations, have been reported.

The correlation between potential frequency and severity of falls identifies the key role played by them in the risk map. At the same time, it is well known that falls mainly occur in the elderly, especially amongst people suffering from neuro-psychiatric disorders, and generally related to voiding and/or toileting requirements.

The potential risk factors of falls have been studied in depth and, consequently, various hospital falls-prevention programs have been implemented in the last decades. However, most of the programs had no sustained effects on fall reduction over extended periods of time. In this sense, it is certainly time for the forensic community to monitor the phenomenon and to play an active role in the implementation of corrective measures.

With this in mind, at the Policlinico Hospital of Bari a surveillance system based on the distribution and filing of "Fall of the Patient" record cards has long been in place.

Even though it is unrealistic to consider all falls to be preventable, it is hypothesized that a system-based fall-prevention program targeting high-risk situations would result in fewer falls. According to this, hospital managers have a leading role in creating an effective program and reducing hospital costs.

Falls, Risk Management, Epidemiology and Cost