

Patient Falls IQ Quiz

Questions

1. Prior to October 2008, what was Medicare's average cost to cover a single patient fall incident?
 - A) \$6, 138.00
 - B) \$11, 734.00
 - C) \$21,965.00
 - D) \$24,962.00
2. How is the average number of patient falls calculated in most healthcare facilities?
3. In the average acute care facility, what percentage of patients will fall at some point during their stay?
 - A. 1 in 10
 - B. 1 in 6
 - C. 1 in 5
 - D. 1 in 3
 - E. 2 in 5
4. What percentage of patient falls result in injury, including lacerations, hematomas and fractures?
 - A. 11%
 - B. 23%
 - C. 37%
 - D. 52%
5. Which of the following are EXTRINSIC (external & physical environment) factors that could indicate a patient is more likely to experience a fall at some point during their stay in the hospital?
 - A. Previous falls, reduced vision
 - B. Design of patient room equipment, improper use of rails
 - C. Musculoskeletal system, mental status
 - D. Acute illness, on medication
6. What is the average height of a standard hospital bed?
 - A. 10-12"
 - B. 13-15"
 - C. 14-16"
 - D. 18-20"
7. What are the three types of falls defined by Janice Morse in her 1997 Study?
 - A. Accidental, Anticipated Physiological, Unanticipated Physiological
 - B. Environmental, Intentional, Accidental
 - C. Unintentional physiological, Anticipated Psychological, Environmental
 - D. None of the Above
8. What percentage of hospital beds are occupied by patients over the age of 65?
 - A. 23%
 - B. 49%
 - C. 53%
 - D. 61%

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Answers

1. ANSWER: D

Before discontinuing the coverage of hospital patient falls in October 2008, Medicare estimated that their average cost per patient fall in a hospital was \$24,962. Investing in a fall prevention program helps hospitals protect their patients, lower fall rates, and minimize the costs associated with a fall incidents. At CHG Hospital Beds[®] we pride ourselves on the products we design specifically for hospitals. It is our goal to support facilities in their effort to minimize fall rates and fall injuries in any way we can.

2. The most commonly used statistic used to measure and track falls is the “fall rate” equation. = # of patient falls *1000 / # of patient days

“Reducing the risk of patient harm resulting from falls” is on JCAHO’s list of initiatives for hospitals. One way they recommend doing this is to analyze the patient to assess their risk of falling out of bed. JCAHO also suggests treating patients in a bed that goes low to the ground to reduce the risk of injury, if a fall does occur. CHG Hospital Beds[®] representatives can help design evaluation programs that estimate the likelihood of a specific patient falling from bed during their stay and find the right bed to accommodate the hospital’s, and patient’s needs.

3. ANSWER: C

4. ANSWER: C

Many fall-risk patients can benefit greatly from sleeping in a low bed. CHG Hospital Beds[®] also offers a uniquely designed floor fall pad which can help to absorb impact. Please refer to the Bed Accessories page for more information on this, and other accessories to accompany your beds.

5. ANSWER: B

Extrinsic factors are variables that could increase the likelihood of a patient fall, and usually have nothing to do with the patient themselves. Oftentimes, having to sleep in an unfamiliar environment can make a patient restless and uncomfortable. Keeping patients lower to the ground while they are sleeping is one way to increase a patient’s comfort level and help them relax.

6. ANSWER: D

The average “low” bed in the acute care industry is 18-20” high from the frame to the ground. A bed at this height does not provide a comfortable bed exit height because many patients cannot get their feet securely on the ground before lifting themselves to standing position. CHG Hospital Beds[®] low acute care beds go 10” low, which creates stability and less risk during patient transfers and movement.

7. ANSWER: A

Accidental (having to do with the environment, ex. Slipping or tripping on a water spill while getting out of bed), Anticipated Physiological (falls that occur in patients that are already known to be at a high risk of falling, on multiple medications, or have had a previous fall), Unanticipated Physiological (due to conditions that could not be predicted before the fall occurs. For example, a seizure in a patient that has never experienced a seizure before.)

8. ANSWER: B

Currently approximately 40% of admissions and 49% of hospital beds are occupied by people over the age of 65. In the next 20 years these numbers are supposed to go up to approximately 51% of admissions and 59% of people in hospital beds. Studies have shown that the older the patient, the more at risk they are to fall. By investing in a bed that accommodates for the shifting demographics now, hospitals can save having to buy new beds down the road.

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Scoring

Between 1-3 questions right

By taking this quiz you have already begun to learn more about patient falls. To learn more about Falls and how to improve your hospital's Fall Rate please visit the following websites:

- www.patientsafety.gov/fallstoolkit
- www.va.gov/ncps/SafetyTopics/fallstoolkit/index.html
- www.jcrinc.com/2009-NPSGs-Goal-9/

Between 4-5 questions right

As with many healthcare issues, new studies and information are being released regularly. To ensure that you are fully up to date on the most recent falls prevention methods, please visit the following websites:

- www.patientsafety.gov/fallstoolkit
- www.va.gov/ncps/SafetyTopics/fallstoolkit/index.html
- www.jcrinc.com/2009-NPSGs-Goal-9/

Between 6-8 questions right

Congratulations!

You have a lot of knowledge about patient falls. To learn more about Falls and Fall Prevention Programs please visit the following websites:

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- www.va.gov/ncps/SafetyTopics/fallstoolkit/index.html
- www.jcrinc.com/2009-NPSGs-Goal-9/