

Targeted Solutions Tool[®] (TST[®]) Preventing Falls



What is the Preventing Falls Targeted Solutions Tool[®] (TST[®])

The Preventing Falls Targeted Solutions Tool[®] (TST[®]) is a unique online application that guides a health care organization through a robust step-by-step process to assist in measuring performance, identifying barriers to excellent performance, and implementing the Center's proven solutions that are customized to address specific barriers and prevent falls that occur in health care facilities and result in injury to patients.

The Preventing Falls Targeted Solutions Tool[®] (TST[®]) guides an organization by:

- Measuring the current state
- Analyzing and discovering causes
- Implementing targeted solutions
- Sustaining and spreading improvements

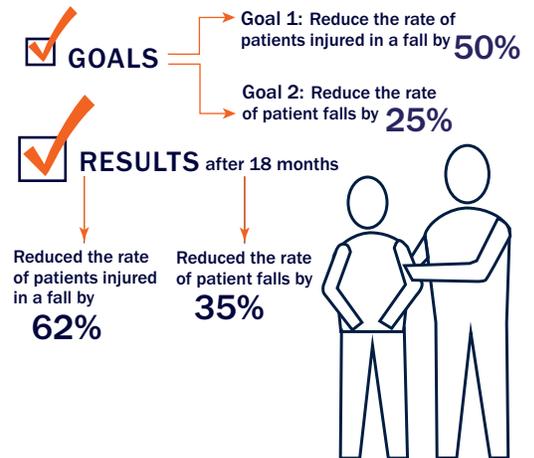
- **Hundreds of thousands of patients fall in hospitals every year**
- **30 to 35 percent of patients who fall sustain an injury***
- **Estimated average cost for a fall with injury is about \$14,056***

Falls have been identified by the Centers for Medicare & Medicaid Services (CMS) as an event that is preventable and should never occur.

Why Use the Targeted Solutions Tool® (TST®) for Preventing Falls

CMS has also identified “falls and trauma” on its list of Hospital Acquired Conditions (HAC) for which reimbursement will be limited, specifically for falls that result in fractures, dislocations and intracranial injuries. Hundreds of thousands of patients fall in hospitals every year.

The project for the Preventing Falls Targeted Solutions Tool® (TST®), was able to reduce the rate of patient falls by 35 percent and the rate of patients injured in a fall by 62 percent. If the approach is translated to a typical 200-bed hospital, the number of patients injured in a fall could be reduced from 117 to 45 and avoid approximately \$1 million in costs annually through falls prevention efforts. Similarly, a 400-bed hospital could reduce falls with injury by 133 and expect to avoid \$1.9 million in costs annually.



Results from project team participants

Bringing targeted solutions to meet your organization's unique needs

TST® modules are now available for improving hand hygiene, hand-off communications, preventing falls, and safe surgery

- Joint Commission accredited organizations can access the TST® and solutions free of charge on their secure Joint Commission Connect® extranet.
- Non-Joint Commission accredited organizations, contact us at 630.792.5800 or e-mail tst_support@cth.org

For more information about our Facilitated Oro 2.0 High Reliability Assessment or to discuss any of the Center's high reliability training programs, please contact: David Grazman, Ph.D., M.P.P., Business Development Director,

✉ dgrazman@jointcommission.org ☎ 630.792.5471

To learn more about our high reliability initiatives for health care organizations, visit us at www.centerfortransforminghealthcare.org.

* Ash, K., MacLeod, P., & Clark, L. (1998). Case control study of falls in the hospital setting. *Journal of Gerontological Nursing*, Vol. 24, 7-15. doi: 10.1111/j.1525-1497.2004.30387. Fischer, I., Krauss, M., Dunagan, W., Birge, S., Hitcho, E., Johnson, S., Fraser, V. (2005). Patterns and predictors of inpatient falls and fall-related injuries in a large academic hospital. *Infection Control & Hospital Epidemiology*, 26(10), 822-827. Healey, F., Scobie, S., Oliver, D., Pryce, A., Thomson, R., & Glampson, B. (2008). Falls in English and Welsh hospitals: a national observational study based on retrospective analysis of 12 months of patient safety incident reports. *Quality & Safety In Health Care*, 17(6), 424-430. Hitcho, E., Krauss, M., Birge, S., Dunagan, W., Fischer, I., Johnson, S., Nast, P., Costantinou, E., & Fraser, V. (2004). Characteristics and circumstances of falls in a hospital setting. *Journal of General Internal Medicine*, Vol. 19 Issue 7, 732-739. doi: 10.1111/j.1525-1497.2004.30387. Schwendimann, R., Buhler, H., De Geest, S., & Millisen, K. (2006). Falls and consequent injuries in hospitalized patients: effects of an interdisciplinary falls prevention program. *BMC Health Services Research*, 669-7. doi:10.1186/1472-6963-6-69. Galbraith, J., Butler, J., Memon, A., Dolan, M., & Harty, J. (2011). Cost analysis of a falls-prevention program in an orthopaedic setting. *Clinical Orthopaedics and Related Research*, 469(12), 3462-3468. doi:10.1007/s11999-011-1932-9. Haines, T., Hill, A-M., Hill, K., Brauer, S., Hoffmann, T., Etherton-Beer, C., McPhail, S. (2013). Cost effectiveness of patient education for the prevention of fall in hospital: economic evaluation from a randomized controlled trial. *BMC Medicine*. doi:10.1186/1741-7015-11-135

The Center is a not-for-profit affiliate of The Joint Commission created to help solve health care's most critical safety and quality problems. In keeping with its mission to transform health care into a high reliability industry, The Joint Commission shares the Center's proven solutions with health care organizations worldwide. The use of any Joint Commission Center for Transforming Healthcare product or service has no bearing whatsoever on any Joint Commission accreditation or certification award, nor does it influence the granting of such awards.