HPSO Physical Therapy Spotlight: Falls

Healthcare Providers Service Organization (HPSO), in collaboration with CNA, has published our *Physical Therapy Professional Liability Exposure Claim Report: 4th Edition*. It includes statistical data and case scenarios from CNA claim files, as well as risk management recommendations designed to help physical therapists and physical therapist assistants reduce their malpractice exposures and improve patient safety.

You may access the complete report, and additional Risk Control Spotlights, at: hpso.com/ptclaimreport.

This Physical Therapy Spotlight focuses on our analysis and risk recommendations regarding one of the most significant topics in the report: Falls.

Falls are a common yet largely avoidable source of both patient harm and litigation. While eliminating all patient falls may not be a realistic goal, decreasing falls and mitigating the severity of fall-related injuries should remain a top priority for physical therapy professionals in any healthcare setting. As movement experts, physical therapists (PTs) may improve functional performance and quality of life through hands-on care, patient education, and prescribed movement. A PT can help patients assess their risk factors and develop a plan to address these risks. Additionally, research demonstrates that access to exercise and balance training programs can help reduce the risk of falling and minimize injuries sustained from falls. PTs can help patients reduce their risk of falling by:

- Designing individualized fall prevention and risk reduction plan.
- Helping patients make their homes as safe as possible by eliminating potential hazards and recommending enabling devices and/or modifications.
- Educating patients about the medical risk factors associated with falls.
- Providing patients with individualized and evidence-based exercises and balance training.
- Working with other health care professionals to address any underlying medical conditions or medications that may increase a patient's fall risk.

Source: https://www.choosept.com/guide/physical-therapy-guide-falls

The 4th Edition of the HPSO/CNA *Physical Therapy Liability Claim Report* revealed patient falls comprised 30.6 percent of all PT professional liability closed claims (Figure 1). The majority of falls in the claim report were due to the PT's **failure to supervise or monitor a patient during therapy**. The analysis revealed that when a patient fall occurred, the PT often had an established relationship with the patient and was aware of the patient's status as being at risk for falls. However, at the time of the incident, the PT had monitored the patient during a variety of exercises and felt comfortable permitting the patient to perform therapy with minimal assistance.

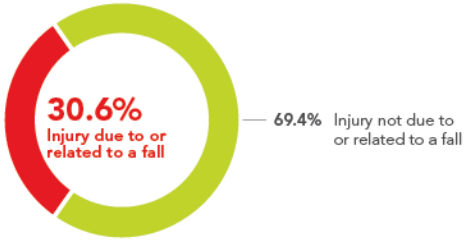
Examples of closed claims include patient falls related to:

- Mounting or dismounting exercise equipment without assistance (e.g., stationary bikes, treadmills, elliptical machines).
- Standing or sitting up after lying in a supine position on a treatment table.
- Losing balance while performing stair exercises.
- Malfunctioning equipment such as an exercise ball suddenly bursting under the patient.
- Movement throughout the treatment area in a cluttered environment.

Figure 2 displays those injuries with the highest distribution of closed claims related to falls. The majority of closed claims related to falls involved fracture injuries, representing 61.4 percent of fall claims. The average total incurred for claims involving these injuries was $146,405, which is higher than the average total incurred for all claims in the claim report dataset ($133,761).

1 Distribution of Closed Claims by Falls

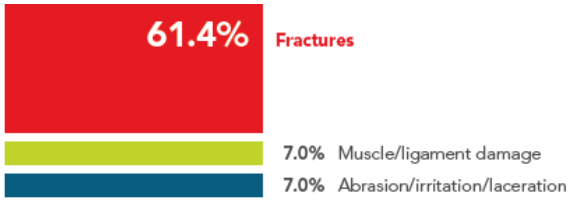
Closed Claims with Paid Indemnity of ≥ $10,000



2 Distribution of Top Closed Claims by Fall Injuries

Closed Claims with Paid Indemnity of ≥ $10,000

This figure highlights only those body parts with the highest percentage of fall claims.



Risk Management Recommendations:

There are many validated approaches to fall risk screening, and the appropriate screening tools can vary by setting, specialty, and patient acuity. Below are some proactive steps to include in your physical therapy practice related to falls.

- Review fall history and/or have the patient complete the 12-item questionnaire "Stay Independent Brochure" to check their risk of falling. If yes to either of the below questions, further assessment is indicated:
  - Question 1: Have you fallen in the last year?
  - Question 2: Do you ever worry about falling or feel unsteady when moving around?
- Once previous falls are identified, assess the circumstances of falls. Consider the use of the SPLATT acronym:
  - Symptoms: Did the patient experience any dizziness or pain prior to falling?
    - Assist with assessing for orthostatic hypotension or vestibular pathologies
  - Position: Was the patient standing or sitting when the fall occurred?
    - Assists in understanding if impairments related to position are affecting status
  - Location: Where did the fall occur? Indoors? Outdoors? Bathroom? Bedroom? Entryway?
    - Provides information on location where safety education should be provided
  - Activity: What was the patient doing when the fall occurred?
    - Provides information on International Classification of Functioning, Disability and Health (ICF) impairments related to the fall
  - Time: What time of day was it?
    - Assists in assessing if medications are placing patient at increased risk for falls
  - Trauma: Did the patient sustain an injury from the fall?
    - Indicates severity of fall and provides opportunity for screening of osteoporosis (e.g., wrist fractures)
- Perform balance screen/postural instability (e.g., 4 Stage Balance Test, modCTSIB, etc).
- Identify mobility deficits, strength deficits (e.g., Timed Up and Go, 30 Second Sit to Stand Test).
- Identify sensory deficits. Consider questions that identify peripheral neuropathy or 10-point protective sensation testing on dorsum of feet.
- Identify foot problems and ideal footwear. Recommend podiatry referral or shoe orthotics as appropriate.
- Identify vestibular deficits. Consider using questions regarding occurrence of dizziness, vertigo and onset/causes.
- Screen for depression and/or mental health issues which may increase fall risk. (e.g., Geriatric Depression Scale (GDS), and PHQ-9).
- Screen for cognitive deficits (such as Mild Cognitive Impairment or dementia) which may increase fall risk. (e.g., Mini-Cog)
- Identify Osteoporosis risk. Consider questions or observations regarding age, history of fractures, history of parents with fractures, history of smoking or alcohol abuse, or slender frame.
- Recommend home modifications. Consider using the Check for Safety Brochure.
- Recommend fall prevention interventions including appropriate exercises warranted.

Source: APTA Geriatrics: Role of the Healthcare Providers in Fall Prevention.

An example of a fall claim involving a fracture injury includes:

A patient began working with the insured PT after experiencing a fall that resulted in a fractured hip requiring surgical intervention. Following her surgery, she was receiving physical therapy, which included ongoing step-up exercises. The PT believed the patient was no longer a fall risk as she had been progressing well. As such, the PT stepped away from the patient for a brief time. During her therapy, the patient admitted that she became distracted as she turned to answer a call on her cell phone, causing her to miss a step and fall. She complained of wrist pain and the therapist applied ice for 12 minutes before the patient decided to leave early. The PT advised her to seek medical attention if the pain persisted. Later that evening, she went to the emergency department where she was diagnosed and treated for a fractured wrist. The patient filed a lawsuit alleging that the insured PT failed to supervise/monitor her knowing she was at risk of falling. The claim resolved with a total incurred amount of greater than $80,000.

APTA advises, "Patients can be at risk for a fall during a therapy session. The therapeutic process often involves decreasing levels of assistance or placing higher performance demands on a patient in order to progress a patient toward goal achievement. It is important for therapists to consider a patient's level of risk while advancing the patient in their therapy plan of care and to provide an environment that minimizes the risk for a fall or a fall-related injury. Performing a risk-benefit analysis in the progression of the therapy plan of care is an ongoing responsibility of the treating therapist. Additionally, it is important for therapists and patients to communicate regarding the patient's level of risk, confidence, and fear so that the therapist and the patient are aligned in recognizing and addressing the level of risk."

Documentation

Maintaining a consistent, professional patient healthcare information record is integral to providing quality patient care, ensuring consistent communication among all professionals caring for the patient, documenting patient care outcomes and responses, as well as establishing the basis for an effective defense in the event of litigation.

- Document your patient assessments, observations, communications and actions in an objective, timely, accurate, complete, professional, and legible manner.
- Include the results of objective tests and measures and any evaluation of the patient's fall risk and mobility, sensory, and cognitive status, if applicable. Document these evaluations and convey any problems to relevant staff members, caregivers, and health care professionals.
- Delineate any educational materials, resources, or references provided to the patient and/or their caregivers.
- Record a summary of all telephone or email encounters (including after-hours calls), documenting the name of the person contacted, advice provided, and actions taken.
- Document reexaminations, including data from repeated or new examination elements, to provide useful context for evaluating progress and helping inform plans to modify or redirect interventions.
- When indicated, document revision of goals and plan of care.

For more recommendations related to documentation, please refer to the HPSO Physical Therapy Spotlight: Documentation.

Incident Reporting

An incident report should be filed whenever an unexpected event occurs, such as a patient fall. The rule of thumb is that any time a patient makes a complaint, a device or piece of equipment malfunctions, or anyone—patient, staff member, or visitor—is injured or involved in a situation with the potential for injury, an incident report is required. In determining what to include in an incident report and which details can be omitted, concentrate on the facts:

- Describe what you saw when you arrived on the scene or what you heard that led you to believe an incident had occurred. Secondhand information should be placed in quotation marks, whether the source is a colleague, visitor, or patient, and clearly identify the source.
- Include the full names of those involved and any witnesses, as well as any information you have about how, or if, they were affected.
- Add other relevant details, such as your immediate response—calling for help, for example, and notifying the patient's physician. Include any statement a patient makes that may help to clarify his state of mind, as well as his own contributory activities or actions.
- Any follow-up communication with the patient or other providers.

It's equally important to know what does not belong in an incident report. Opinions, finger-pointing, and conjecture are not helpful additions to an incident report. Do not:

- Offer a prognosis.
- Speculate about who or what may have caused the incident.
- Draw conclusions or make assumptions about how the event unfolded.
- Suggest techniques that may prevent similar occurrences.

Keep in mind that entering your observations in the patient's chart does not take the place of completing an incident report, and filling out an incident report is not a substitute for required documentation in the patient healthcare information record. Record clinical observations in the patient's chart—not in the incident report—and make no mention of the incident report in the patient record. The report is a risk management or administrative document and not part of the patient's record.

Self-Assessment Checklist: Preventing Falls

The checklist is designed to assist physical therapists in evaluating risk control exposures associated with their current practice. For additional risk control tools or to download the *Physical Therapy Liability Claim Report: 4th Edition*, visit Healthcare Providers Service Organization or CNA Healthcare.

Preventing Falls	Yes/No	Comments/ Action Plans
I conduct a brief check ("screening") of a patient's fall risk. If the screening shows a patient is at risk, I perform a comprehensive evaluation for risk of falling, utilizing a fall-assessment tool/template that considers the following factors, including: - Review of medical history including check of my patient's heart rate and blood pressure measurements at rest and while the patient changes positions (from sitting/lying to standing). - Previous fall history and associated injuries. - Gait, balance, strength, and walking ability assessment. - Foot and leg problems, including a foot and footwear assessment. - Simple vision test. - Problem-solving, safety considerations and cognitive ability. - Identify medications that increase fall risk. - Need for mechanical and/or human assistance. - Safety assessment for environmental hazards.		
I identify higher-risk patients, including those who experience recurrent falls or have multiple risk factors.		
For home care patients, I conduct a home safety check prior to the commencement of services.		
If I detect safety problems in the home, I recommend that corrective actions be taken as part of the patient service agreement.		
I regularly assess patients and modify the healthcare information record in response to changes in their condition.		
I inform patients and families of salient risk factors, as well as basic safety strategies.		
I document all assessment findings and incorporate them into the patient service plan.		

REFERENCES

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Additional Resources

- American Physical Therapy Association (APTA)

  The APTA offers both open access and member-only resources related to balance and falls.

  Visit: www.apta.org/patient-care/public-health-population-care/balance-and-falls

- APTA Geriatrics

  This sub-section of the APTA has a Balance and Falls Special Interest Group (SIG) specifically devoted to increasing the knowledge and quality of Physical Therapy practice in relation to balance and falls management. Open access and member-only resources are available.

  Visit: https://aptageriatrics.org/sig/balance-falls-special-interest-group/

Physical Therapy Spotlight:

For risk control strategies related to:

- Protecting Your License
- Home Care
- Telehealth
- Documentation
- Liability for Business Owners and Supervisors
- Burns (video legal case study)

Visit hpso.com/ptclaimreport

- Centers for Disease Control and Prevention (CDC)
  Stopping Elderly Accidents Deaths and Injuries (STEADI) Toolkit: Provider Tools and Resources

  The CDC's STEADI initiative is an evidence-based older adult fall prevention strategy. STEADI consists of three core elements: *screen* patients for fall risk, assess a patient's risk factors, and intervene to reduce risk by giving older adults tailored interventions.

  Visit: www.cdc.gov/steadi/index.html

- Agency for Healthcare Research and Quality (AHRQ)

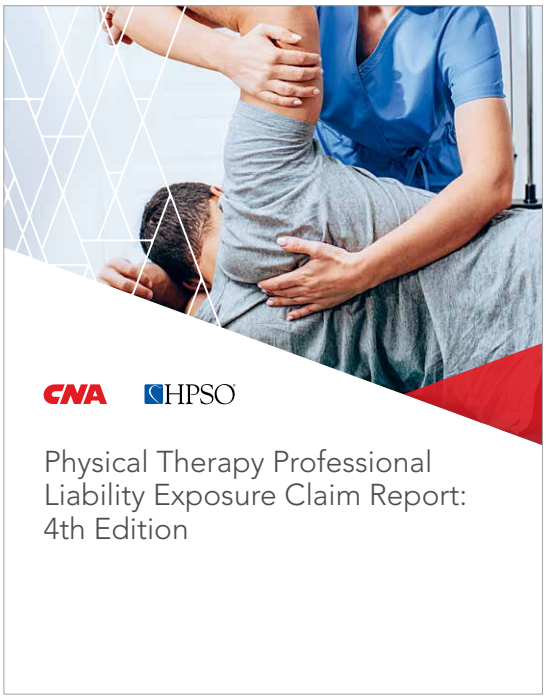
  The AHRQ developed a toolkit to prevent falls in the hospital setting. The kit provides a wide breadth of resources from enlisting leadership support, facility assessment, and development/improvement of current fall prevention programming.

  Visit: www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/index.html

- National Institute on Aging (NIA)

  A division of the U.S. National Institutes of Health, the NIA supplies resources for a variety of aging and caregiver topics such as Alzheimer's & related dementias, cognitive health, exercise and physical activity, healthy eating, provider-patient communication, and end of life issues.

  Visit: www.nia.nih.gov



This information was excerpted from HPSO and CNA's full report, *Physical Therapy Professional Liability Claim Report: 4th Edition*.
www.hpso.com/ptclaimreport

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