**Falls in Hospitals (Acute Care)**

Each year, somewhere between 700,000 and 1,000,000 people in the United States fall in the hospital. A fall may result in fractures, lacerations, or internal bleeding, leading to increased health care utilization. Research shows that close to one-third of falls can be prevented. Fall prevention involves managing a patient's underlying fall risk factors and optimizing the hospital's physical design and environment.

SOURCE: Agency for Healthcare Research and Quality

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

A fall may result in fractures, lacerations, or internal bleeding, leading to increased health care utilization. Research shows that close to one-third of falls can be prevented.[iii](https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/overview.html#note3) As of 2008, the Centers for Medicare & Medicaid Services (CMS) does not reimburse hospitals for certain types of traumatic injuries that occur while a patient is in the hospital[iv](https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/overview.html#note4); many of these injuries could occur after a fall.

SOURCE: Agency for Healthcare Research and Quality

<https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/overview.html#Problem>

***Interventions to reduce falls in hospitals: a systematic review and meta-analysis***

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**Results**

There were 43 studies that satisfied the systematic review criteria and 23 were included in meta-analyses. There was marked heterogeneity in intervention methods and study designs. The only intervention that yielded a significant result in the meta-analysis was education, with a reduction in falls rates (RaR = 0.70 [0.51–0.96], *P* = 0.03) and the odds of falling (OR = 0.62 [0.47–0.83], *P* = 0.001). The patient and staff education studies in the meta-analysis were of high quality on the GRADE tool. Individual trials in the systematic review showed evidence for clinician education, some multi-factorial interventions, select rehabilitation therapies, and systems, with low to moderate risk of bias.

**Conclusion**

Patient and staff education can reduce hospital falls. Multi-factorial interventions had a tendency towards producing a positive impact. Chair alarms, bed alarms, wearable sensors and use of scored risk assessment tools were not associated with significant fall reductions.

SOURCE: National Library of Medicine

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9078046/>