



# Johns Hopkins Fall Risk Assessment Tool

## *Evidence-based fall safety initiative*

### The Johns Hopkins Fall Risk Assessment Tool (JHFRAT)

is an evidence-based fall safety initiative. The risk stratification tool is highly effective when combined with a comprehensive protocol, and fall-prevention products and technologies. Hospitals and other health care organizations can take steps to prevent falls among their patients by implementing the JHFRAT toolkit.

### Components of the Fall Risk Assessment Toolkit include:

- ▲ The Johns Hopkins Fall Risk Assessment Tool
- ▲ License to use JHFRAT at your hospital, either imbedded in your EMR or in paper format
- ▲ The Johns Hopkins Fall Prevention Guidelines by Risk Category
- ▲ Two publications by Johns Hopkins experts about the effectiveness of the tool
- ▲ 15-minute online training module describing the development of JHFRAT, instructions for effective use and a description of its effectiveness
- ▲ Unlimited access for your hospital's staff to the online training module

### What has its impact been at Johns Hopkins?

The Johns Hopkins Fall Risk Assessment Tool (JHFRAT) was developed as part of an evidence-based fall safety initiative. Since it was introduced at Johns Hopkins, in 2003, the fall rate has decreased by 21% and the fall injury rate has decreased 51%.

### Why is this Solution desirable?

On average, the hospitalization cost for each fall injury is \$34,294 (in 2012 dollars). According to the CDC falls are the leading cause of injury death for Americans 65 years and older. Each year, one in three adults 65 and older falls at least once.

In 2013, 2.5 million nonfatal falls among older adults were treated in emergency departments and more than 734,000 of these patients were hospitalized.

Approximately 30% of hospital patient falls result in physical injury, with 4% to 6% resulting in serious injury— with fractures the most common.

As many as 20% of hip fracture patients die within a year of their injury. Most patients with hip fractures are hospitalized for about one week. Up to 25% of adults who lived independently before their hip

**{FALL-PREVENTION AND SAFETY:** Falls are the leading cause of fatal and non-fatal injuries in adults 65 and older. According to the CDC, in 2013, falls among older adults cost the U.S. health care system \$34 billion in direct medical costs. With the population aging, the number of falls and the costs to treat them is likely to increase.

fracture have to stay in a nursing home for at least a year after their injury.

With an aging population, both the number of falls and the costs to treat fall injuries are likely to increase, requiring hospitals to implement effective fall prevention strategies.

### OUTCOMES OF IMPLEMENTING JHFRAT

- ▲ Standardizes the assessment of fall risk
- ▲ Improves hospital and patient safety
- ▲ Adaptable to fit the specific needs and guidelines of your hospital or setting
- ▲ Strives to reduce fall rates
- ▲ Strives to reduce fall injury rates