

Executive Summary

The *Consensus Recommendations for Surveillance of Falls and Fall-Related Injuries* is the latest in a series of guidelines issued by a national, collaborative workgroup to improve standardization in the collection of injury data. This report was prepared by the Injury Surveillance Workgroup on Falls (known as ISW4), which examined over twenty healthcare and related data sources that can be used to monitor falls and associated injuries in national, state and local jurisdictional levels. During regular meetings that began in April 2004, the Workgroup crafted standard definitions, examined existing databases in various stages of development, and considered the needs of a variety of users of fall injury data.

The standard definitions proposed for “fall” and “fall-related injury” are:

Fall: An event which results in a person coming to rest on the ground or other lower level precipitated by a misstep such as a slip, trip, or stumble; from loss of grip or balance; from jumping; or from being pushed, bumped, or moved by another person, animal or inanimate object or force.

Fall-related injury: An injury precipitated by a fall (as defined above) and caused by striking an injury-producing surface.

The five recommendations, summarized below and described in full in Section V, address two broad issue areas:

Fall Injury Surveillance [Recommendations 1-3]—basic surveillance to be conducted at all jurisdictional levels using death and hospital discharge data; additional surveillance of falls and fall-related injuries in ambulatory, long-term care and community settings using widely, but not universally available datasets; and use of additional data sources available only at the national level.

Surveillance Capacity [Recommendations 4-5]—standardization in data collection and policy; and further research support to improve future surveillance of falls and fall-related injuries.

Recommendation 1: Core Surveillance

At a minimum, all states, territories and other jurisdictions should conduct basic surveillance of fall-related deaths and injuries by:

- a. Analyzing death certificates to monitor trends in all deaths from falls
- b. Analyzing hospital discharge data to monitor trends in all fall-related hospitalizations
- c. Using three indicators of fall injury to monitor the impact of this condition in populations
 - Unintentional fall-related deaths
 - Unintentional fall-related hospitalizations
 - Hip fracture hospitalizations in persons ages 65 years and older

Recommendation 2: Expanded Surveillance

Whenever possible, states, territories and other jurisdictions should expand surveillance to deepen their understanding of fall-related injuries in:

- a. Hospital emergency department using Hospital Emergency Department Data Systems
- b. Long-term care facilities using the Centers for Medicare and Medicaid Minimum Data Set for Nursing Homes (MDS-Nursing Home)
- c. Workplaces using Census of Fatal Occupation Injuries (CFOI), and the Survey of Occupational Injuries and Illness (SOII),
- d. Pre-hospital (emergency medical or ambulance) services using the National Emergency Medical Service Information System (NEMSIS)
- e. Communities using the Behavioral Risk Factor Surveillance System (BRFSS).

Recommendation 3: Monitoring with National Databases

States should use selected national data sources (when state data are not available) to establish baselines and benchmarks and to compare trends. Five suggested sources for this purpose are:

Hospital Inpatient Records: National Hospital Discharge Survey (NHDS) and Healthcare Cost and Utilization Project-Nationwide Inpatient Sample (HCUP-NIS)

Emergency Department Records: National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP), National Hospital Ambulatory Medical Care Survey-Emergency Department Component (NHAMCS-ED), and the National Electronic Injury Surveillance System-Work Injury and Illness Study (NEISS-WIIS)

Household Surveys: National Health Interview Survey (NHIS).

Recommendation 4: Standardization

Leadership is needed at national and state levels to establish appropriate standards and policies for consistent collection of data on injuries, including fall-related injuries. Such leadership should facilitate standardization and policy setting to:

- Ensure that external cause of injury (ECI) codes from the International Classification of Diseases (ICD) are collected on all medically treated injury cases.
- Ensure that a standard set of data elements is established in medical records and promoted for collection of more complete and detailed information about injury circumstances of falls.
- Solidify the capacity of the BRFSS to collect community data on the incidence and prevalence of personal risk factors for falls and fall-related injuries.

Recommendation 5: Fall Surveillance Research

Research should be pursued to determine and improve the usefulness of various methodologies for identifying and tracking falls and fall-related injuries and associated co-morbidities across a spectrum of healthcare delivery systems.