

Falls are a sensitive and challenging area of health care

Dear Editor,

When 16 year old roofer, Joel Exner, was killed after falling from a roof, his employer was held responsible for failing to provide a safe workplace (Herald Sun 16/02/04). Construction workers stopped work to march on the NSW parliament demanding jail sentences for bosses who were guilty of breaches of safety (Sydney Morning Herald 22/10/03). The Labour Council of NSW pushed for the State Government to implement a criminal charge of industrial manslaughter which would carry a maximum fine of \$5 million and up to 25 years in jail (Sydney Morning Herald 19/10/03).

Imagine the legal ramifications if an up-and-coming Ian Thorpe or Pat Rafter was to be seriously hurt or disabled in a slip and fall accident in a change room. If it could be proven that falls prevention strategies had not been put in place (for example slip resistant floor surfaces) the potential payout would be in the multiple millions. Why is it then, that an elderly person can fall in hospital and die a week later as a direct result of injuries sustained in the fall, and the public is silent?

Falls are a sensitive and challenging area of health care, with a deluge of new initiatives, proposals and recommendations, but the public is largely unaware of the magnitude of the problem. Hippocrates maxim, “first do no harm”, requires the health system to offer safety and security to the public (Kohn *et al.* 1999). A person should not have to worry about being harmed by the health system itself. Yet, as reported in the article by Donoghue *et al.* in a recent issue of AHR (26:3), over the course of 2001 four patients who fell following admission to the St George Hospital died as a direct consequence of injuries sustained in the fall (Donoghue *et al.* 2003). This unacceptable statistic is not unique to this hospital.

Does the push to prevent falls need to be driven from outside the health sector? Health care is a decade or more behind other high risk industries in its attention to ensuring basic safety (Kohn *et al.* 1999). Like the occupational health and safety movement, the airline industry has also focussed extensively on building safer systems. However, in the aviation industry, the external environment has created sufficient pressure to make errors costly to the industry; and the economic ramifications of providing a service that is unsafe are enormous. The public expect no less than the most stringent safety requirements. Similarly, the workplace has become safer because of the demands of unions and employees (as in the case of Joel Exner). External public pressure on health care organisations and providers would compel them to take action to improve safety, in a radical, innovative and system-oriented manner.

Congratulations to Donoghue *et al.* for their transparency in describing the problem of falls in their hospital. The growing awareness of the frequency and significance of falls in hospitals creates an imperative to improve the situation; but this imperative will be strengthened by external pressure from a public that expects, at the very least, not to be harmed by the health care industry.

Catherine Jones

Program Manager

Clinical Epidemiology and Health Service Evaluation Unit

Melbourne Health

References

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