Reducing Falls and Costs in Advanced Care at Home: A Bundled Intervention

Troy Coffman, M.S.N., R.N., .[1], Barbara Coble, R.N., Tigist Mesfin, R.N., Primrose Mangilog, R.N., Leah Webster, PharmD, RPh, Johnna Palic M.H.A
Department of Nursing, Mayo Clinic in Florida

BACKGROUND

Advanced Care at Home (ACH), Mayo Clinic's hospital-at-home program, identified falls as a concern impacting both patient safety and quality of care, as well as associated healthcare costs.

OBJECTIVES

Reduce falls rate in Advanced Care at home by at least 50% within 6 months of implementing the bundled intervention

Improve staff confidence and competence through targeted education and training

Enhance integrated patient-centered care principles into to the bundled intervention to promote patient engagement, empowerment, and safety

Decrease the direct and indirect costs associated with falls in Advanced Care at Home through the implementation of evidence-based falls bundled intervention

METHODS

A workgroup was formed in February 2024 to evaluate falls and fall prevention methods. A comprehensive review of existing literature and best practices informed the development of a bundled intervention to reduce falls and associated costs. Research highlighted the importance of multidisciplinary collaboration, patient-centered care, and evidence based practices in fall prevention. The bundled interventions trialed consisted of the following components:

- Real-time post-fall huddles: Implementation of immediate post-fall discussions to review events and identify opportunities for improvement
- Fall tracer development: Creation of an ACH-specific fall tracer to track and analyze falls data.

METHODS- CONTINUED

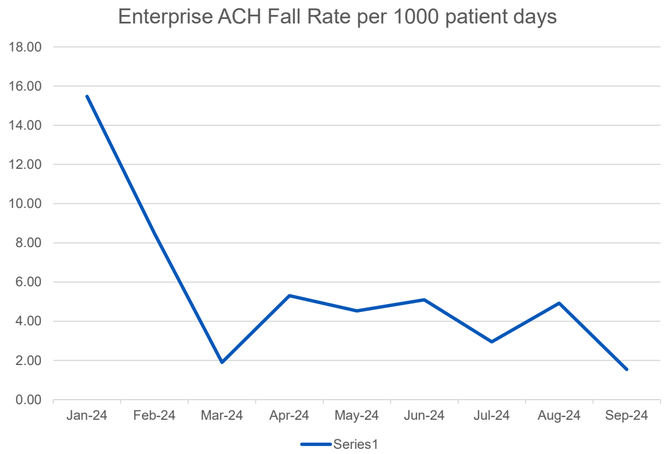
- Fall champions program: Rollout of a program to designate staff members as fall champions, responsible for promoting falls prevention practice
- Scripting for nursing practice: Development of standardized scripts for nursing staff to follow during patient interactions.
- Patient and staff education: Provision of education and training for patients and staff on falls prevention strategies and best practices.
- Interdisciplinary collaboration: Collaboration with physical therapy, providers, and pharmacists to ensure comprehensive falls prevention care.
- Falls risk assessment redesign: Redesign of the falls risk assessment process to improve accuracy and effectiveness.
- DME delivery alignment: Coordination of durable medical equipment (DME) delivery with patient arrival and falls risk assessment.
- Admissions hold for recent falls-related injuries: Implementation of a process to hold admissions for patients with recent falls-related injuries to ensure adequate care and safety.

RESULTS

The implementation of this bundled intervention occurred from March to May 2024, with full integration achieved within 60 days. Staff education was the most time-consuming aspect of the implementation process. Baseline data from January and February 2024 showed a falls rate of 17 falls per 1000 patient days. Following the intervention, falls rates decreased significantly, with a rate of 3.35 falls per 1000 patient days from March to December 2024.

CONCLUSIONS

The falls bundle successfully lowered the falls rate. This reduction in falls rate translates to an estimated average savings of approximately $482,311 per 1000 patient days, based on the average direct cost of a fall being $35,365 (Dykes et al., 2022). Additionally, anecdotal evidence suggests improvements in patient and staff satisfaction. Staff expressed improved confidence in falls prevention practices.



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