REDUCING FALLS IN THE HOME
USING THE HD NURSING FALLS PREVENTION PROGRAM

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SIGNIFICANCE

- Thirty percent of adults over age 65 fall in the community each year.
- Those under the care of Home Health face additional risk factors related to their medical needs.
- A common adverse event reported for patients receiving home health care is a fall and these falls contribute to $19 billion in falls related health care costs in the United States alone.
- Falls create significant risks for older adults as they can lead to serious injury or death.

PROBLEM

After learning of a successful inpatient falls program at Conway Regional Medical Center, the affiliated Home Health agency wondered if the program would work in the home setting. The agency screened for fall risk for patients using the MAHC 10, but staff felt it did not identify the fall risk population nor did it drive interventions, and staff were unhappy with fall rates. The home health team sought to identify whether the HD Nursing Fall Prevention Program for Home Health© would provide better clinical prediction and decision support for falls and injury prevention.

METHODS

Home health leadership collaborated with the developer of the Hester Davis Fall Risk Assessment Scale© (HDS©) and HD Falls Care Plan © to:
1. Leverage the home health electronic health record to assess fall risk,
2. Link fall risk interventions based on level of risk and risk factor, and
3. Track goals and outcomes

Prior to adding the interventions into the electronic health record (E.H.R.), both the Home Health leaders and HD Nursing content experts reviewed recommendations on the Home Health Quality Initiative web site and modified interventions used in hospitals for the home environment. Next, the lead informaticist embedded the HDS© into the home health E.H.R. The informaticist entered and linked the Home Health based Care Plan interventions to the HDS© allowing staff nurses to complete the fall risk assessment electronically and use the risk level/risk factor-based interventions as they triggered from the assessment. Falls data was collected prospectively for six months.

RESULTS

Month	Jan.	Feb.	March	April	May	June	July	August
Total Fall Rate	3.55	3.28	3.14	4.65	3.25	1.24	1.98	1.04
Injury Falls	1.76	1.64	.27	1.24	.65	0.93	0.85	0
Program Week	MAHC 10	MAHC 10	HDS 0-4	HDS 4-8	HDS 8-12	HDS 12-16	HDS 16-20	HDS 20-24

OUTCOMES

Statistically significant reductions in both falls and injury rates ($p \leq 0.05$) occurred within six months of implementation of the fall risk assessment and care plan.

- Fall rate (#falls/1,000 patient days) reduced from 3.55 to 1.04 reflecting an overall reduction in falls by 71%

- Falls with injury rates dropped from 1.76 to 0 reflecting a 100 percent reduction in falls with injury

CONCLUSIONS

Using the HD Nursing Fall Prevention Program for Home Health © significantly reduced fall rates and dropped injury rates to zero. Improved accuracy in fall risk identification, as well as using interventions mapped specifically to level of risk and risk factor, dramatically reduced fall rates and injuries overall. While interventions and care planning increased the nursing work load, both leadership and staff found value in the program due to greater patient safety outcomes.

CONWAY REGIONAL
HEALTH SYSTEM