

## *HealthLeaders* ANALYSIS

# NURSE-DRIVEN INITIATIVE DECREASES FALLS, SAVES MONEY

BY [JENNIFER THEW RN](#) | JUNE 07, 2018

After implementing a new evidence-based risk assessment tool, SSM Health reduced patient falls by 30%.

Profit margins, [mergers and acquisitions](#), reimbursement: There's an enormous focus on these issues in the industry, but they are not the ultimate goals of healthcare.

"When all is said and done, our mission is caring for people, and the ones who care for people, primarily, are the nurses," says [Maggie Fowler, RN, BSN, MBA, NEA-BC, system vice president and chief nursing officer](#) for St. Louis–based [SSM Health](#). "It's not saying that our physicians, pharmacists, respiratory therapists, and all the other disciplines don't—in an acute hospital setting, it's definitely a team effort—but when most people go home, the nurses are still the ones there who are assessing the plan of care. They're the primary communicator in most situations."

At SSM Health, nurses make up one-third of the total workforce. This near-constant contact with patients puts them in a prime position to improve patient care and quality outcomes, and, subsequently, have a positive effect on an organization's bottom line.

Fowler has seen this firsthand with the success of SSM's fall-reduction efforts. Here's what nurses did at SSM Health to improve in this area.

## NEW TOOL IDENTIFIES FALL RISK

According to the [Agency for Healthcare Research and Quality](#), each year between 700,000 and 1,000,000 people in the United States fall in the hospital.

"In a healthcare environment, falls can be devastating," she says. "They can lead to a negative perspective for patient morbidity if they're injured during the fall, and have a negative impact to the organization on a cost-of-care perspective."

Recognizing this, the organization's nursing practice councils, which facilitate evidence-based decisions regarding nursing practice standards, policies, and procedures, identified a fall risk assessment tool—the [Hester Davis Scale](#)—to help reduce falls at SSM.

SSM worked with Amy Hester, one of the creators of the tool, and its EMR vendor to launch a pilot project in spring 2016 at one of the organization's hospitals.

The pilot occurred on two units, and based on its results, SSM determined that the assessment tool had efficacy for the healthcare system. The pilot had validated the value of implementing the tool systemwide, with investment on the front end being recouped by savings on the back end.

"The outcome of that pilot clearly demonstrated that this assessment tool allowed us to more clearly recognize patients who were at risk for falls," says Fowler. "The Hester Davis algorithm—once you make this assessment—identifies the steps you take to decrease falls."

The practice was then rolled out to the rest of the SSM system (although Fowler says one hospital still needs to be onboarded to the new procedure). Training was done via "waves" across the system, with three to four hospitals per wave, Fowler explains.

Each wave took three weeks and included webinar and online training. There was also coordination with the supply chain to ensure facilities had the correct equipment (including low beds and fall mats) to address fall risk.

The organization took a whole-hospital training approach that included RNs, physicians, physical therapists, environmental services, and others.

## FALLS DECREASE, DOLLARS SAVED

Based on nearly a full year of data from the facilities where the fall risk assessment has been implemented, total falls have decreased by 30% per 1,000 patient days. That reduction should have a big payoff and save the organization an estimated \$2.5 million annually, based on industry cost standards.

Additionally, there has been a 5% reduction in falls with injuries per 1,000 patient days, which equates to a savings of \$500,000

Fowler says SSM Health recognizes that healthcare delivery is changing and that [nurses are integral to redesigning and transforming the industry](#).

The success of the fall risk assessment project has both empowered bedside clinicians to influence change and driven system leadership to increase its focus on the key priorities of safety, quality, and service.

"One of my priorities with nurses is that we have to translate the value [of nursing] and have the ability to translate the work into the bottom line. That is personally a passion of mine," she says. "It's translating it into dollars and cents. We're dealing in an environment with reduced reimbursement, so anything that we do, in turn, should have a positive outcome to lower the overall cost of care. We need to be advocates to help connect the dots for executives and other employees in the organization."

***MORE INFORMATION ON REDUCING FALLS IS AVAILABLE ON-DEMAND IN THE HCPRO WEBINAR, "PATIENT SAFETY STRATEGIES: BUILDING A FALL PREVENTION TOOLKIT."***

*Jennifer Thew, RN, is the senior nursing editor at HealthLeaders.*