

Reducing Falls Utilizing a Science-Based Systems Approach

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Organization Background

- Based in St. Louis, SSM Health was founded in 1872 by the Franciscan Sisters of Mary.
- Care is provided for people in a variety of settings including 23 hospitals, physician offices, a pharmacy benefit company, an insurance company, nursing homes, home care, hospice, virtual care services, and an accountable care organization.
- Operating facilities exist in four states: Wisconsin, Illinois, Missouri and Oklahoma with numerous rural hospital affiliations.

Opportunity

- Falls constitute the largest category of reported adverse events in hospitals.
- Patient falls are widely regarded to be a nurse-sensitive indicator of performance.
- Annual fall-related costs have been projected to reach \$47 billion by the year 2020.
- Falls were costing SSM Health approximately \$29,000 per day. Safety sitters alone were accounting for \$1.8 million in annual expenses and non-injury falls were costing the organization over \$8.5 million per year.

Project

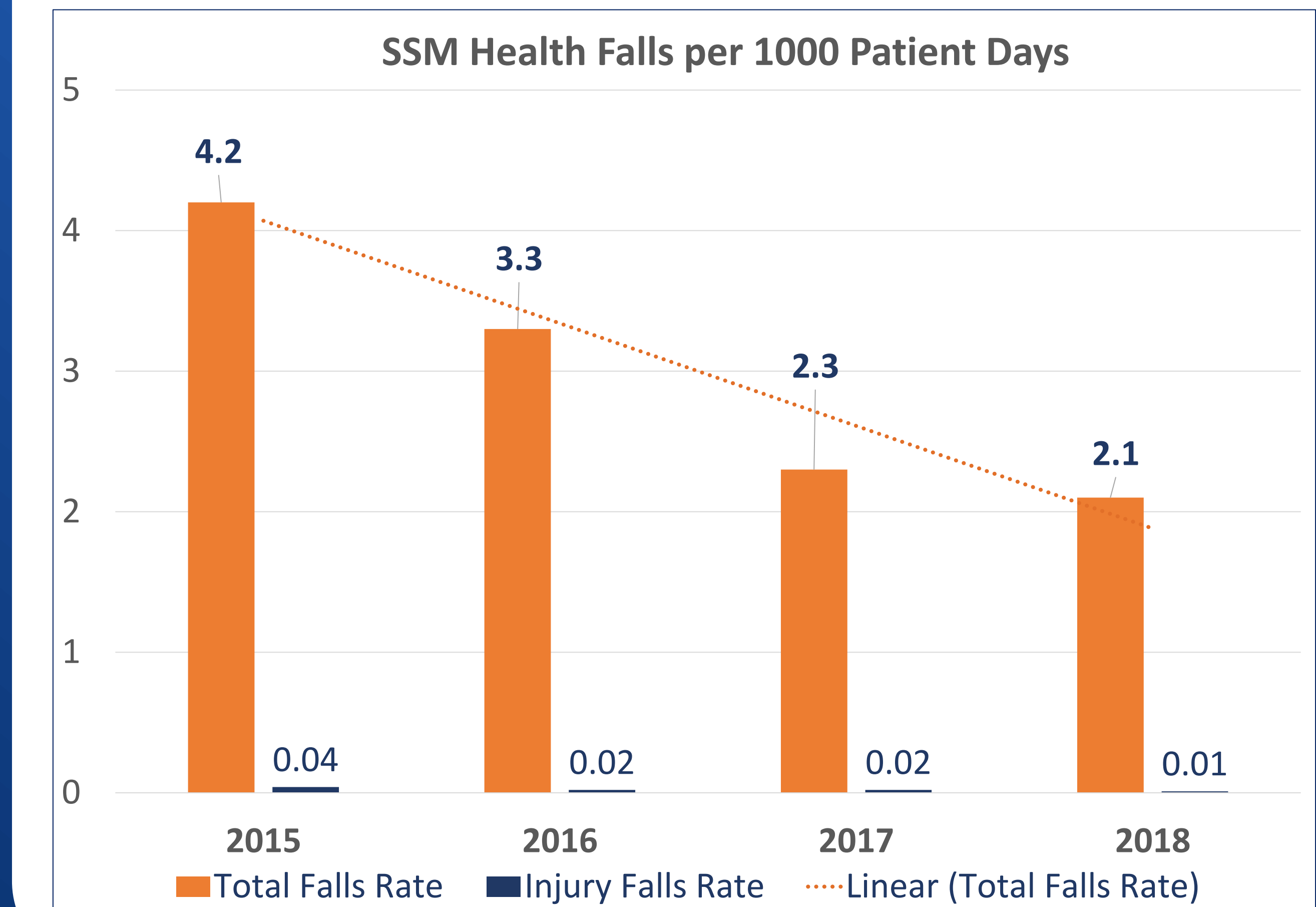
Within our health care system, several different tools were being used in clinical practice. The clinical nurses identified that the current fall risk assessment tools were vague and not patient specific. The fall risk assessments in use did not accurately identify patients at risk of falling nor the reasons they were at risk for falling. Without identifying the factors that put patients at risk for falling, the clinical nurses were not able to organize an approach to resolve the risk of falling. In researching approaches to this opportunity, it was determined that clinical nurses needed an accurate instrument to predict the risk of falling, which would be paramount in identifying the correct patients in need of fall prevention measures. An evaluation of a new falls program at St. Mary's Hospital-Madison, WI (SM-M) that supported comprehensive patient-specific assessments and interventions for fall prevention was completed and supported through their clinical nurses. After achieving successful outcomes in preventing falls at SM-M with the program, it was subsequently adopted throughout the healthcare system.

The Hester Davis Falls Program™, a science-based approach, was chosen as the clinical decision support system to predict and prevent falls and injuries across the continuum of care. The program is a total falls management solution comprised of three evidence-based components proven to predict, prevent, and sustain: fall risk assessment scale, falls care plan, and a falls toolkit.

The risk assessment scale evaluates patients on criteria which generates an individualized care plan based on specific risk factors. The falls care plan is mapped to specific interventions based on identified risk factors, and the individualized care plan adjusts based on the patient's real-time condition often eliminating costly measures like patient sitters. The toolkit provides training and education, nurse competency, audit and compliance tools. This evidence-based and scientifically validated clinical tool was successfully implemented in our multi-state health care system. Since implementation of the fall program ensued in 2015 a 50% reduction in total falls per 1000 patient days resulting in a cost saving of approximately \$3,819,500 for non-injury falls, and a 75% reduction in injury falls per 1000 patient days, resulting in a cost saving of approximately \$1,600,000.

Implementing a comprehensive, individualized fall management program, has provided nurses with the necessary tools through the electronic health record to achieve established patient safety goals and address the growing costs associated with falls for the organization. Nurse engagement has improved with implementation, as units are recognized with a green safety cross award when their unit achieves no falls for an entire month

System Results



References

1. Wu S, et al. A cost-effectiveness analysis of a proposed national falls prevention program. *Clin Geriatr Med* 2010;26(4): 751-66.
2. Hester AL, Davis DM. Validation of the Hester Davis Scale for fall risk assessment in a neurosciences population. *J Neurosci Nurs* 2013;45(5):298-305.
3. Additional references available upon request.

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