Staying Steady: Hospice Falls Performance Improvement
Keeping Patients Safe at End of Life

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Agenda

- Background – Falls in Hospice Care
- Objectives & Goals
- Improvement Process
- Results & Outcomes
- Sustainability & Best Practice Sharing
Purpose
Atrium Health Hospice is an evidenced based medical specialty that provides expert, personalized, and compassionate care to meet the physical, emotional and spiritual needs of people with an advanced illness.

Hospice Service Area
Falls in Hospice Care

Researchers estimate over 1/3 of older adults more than 65 years of age Fall each YEAR\(^1\).

Bone fractures are the most serious health consequence of falls, 87\% of all fractures among adults 65 years and older are due to falls\(^3\).

By the year 2020, the cost of fall injuries is expected to reach $32.4 billion.

Of Hospice patients are at a high risk for falling – as most are too ill, injured, cognitively impaired or disabled to heed fall prevention education.\(^2\)
Hospice patients are particularly vulnerable to falls:  

Hospice Identified Fall Concerns:

- **Independence vs dependence:** “Don’t tell me to ask for help, I’m not that bad yet, I don’t want to be a burden.”
- **Loss of Self Control**
- **Loneliness or Isolation**
- **Support for the Caregiver**
- **Dementia**
- **Forgetfulness**
Primary Objective: To reduce falls in the home care setting through redesigning fall prevention strategies including patient & family engagement, education and interventions using a lens of maintaining patient independence.

Primary Goals & Metrics

Outcome Measure:
5% Target Reduction and 10% Stretch Reduction

- Operationalize best practices for Fall Prevention & Reduction
- Test their effect on patient safety
- Understand barriers and facilitators of successful implementation; share and spread strategies

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<th>Service Line</th>
<th>Baseline</th>
<th>Target</th>
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<td>HOUC</td>
<td>6.33</td>
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<td>HPCCC</td>
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Lower is better
**Improvement Process - Plan**

**Diagnosing the Problem & Planning for Success**

1. More accurate reporting of falls for better data analysis & focused interventions

2. Understanding the real ‘root’ cause of a fall; shifting from physical/mental limitations to patients’ experience of being dependent on others for care

3. Equipping teammates with resources, tactics & strategies to reframe fall safety, focusing on maintaining independence & quality of life

*PI Team developed with representation from front line nurses, social workers, CNAs, hospice leadership, quality and IS teammates*
Improvement Process - Do

The PI Team began testing & implementing interventions & pilots over the course of a two-year timeframe:

1. Foundational Teammate Fall Education: Defined witnessed & unwitnessed falls, Levels of Injury, CARE Event Reporting with pertinent information

2. Partnered with Healthy@Home for in-depth education & training on identification and mitigation of home safety hazards and root cause analysis of falls

3. Re-tooled subsequent fall assessment documentation tool: improving capture of precipitating events & interventions post fall

4. Train-the-Trainer Gait Belt Instruction & Call, Don’t Fall: focused on maintaining patient’s desire to ambulate & maintain as much safe independence as possible

5. Piloted Social Worker PRN Fall Visit with Fall Safety Toolkit

Plan
Act
Study
Do

9th Annual Quality & Patient Experience Sharing Day

Quest For the Best
Improvement Process - Do

Team meetings acted as the mechanism for spreading intervention ideas.

Used these handouts with our patients as a gentle reminder that it is OK to ask for help.

By equipping caregivers with gait belts and training on how to use, they facilitate the patient’s feeling of being in control and capable of ambulating safely.

Social Worker PRN Fall Visit Pilot Education

Fall Safety Tool kits were prepared and provided in tandem with the Social Worker PRN visits.
Improvement Process - Study

Feedback loops were essential in modifying & improving processes

Fall Safety Toolkits

Mitigated preconceived concerns by family for PRN Social Work visits

Patients & Families enjoyed engaging in safety efforts & appreciated the additional support

The fall rate increased as we expanded focus on improvement.

*a common phenomenon according to the Agency for Healthcare Research and Quality.*

9th Annual Quality & Patient Experience Sharing Day

QUEST FOR THE BEST

Atrium Health
Improvement Process - Act

Implementing successful interventions to ensure new processes are embedded in practice.

All interventions were successful at elevating the safety culture within our hospice agencies.
Results & Outcomes

Hospice Home Care Fall Rate - # of unwitnessed & witnessed home care falls/# of patient home care days *1000

- Educated staff on Fall definition, Care Event Reporting
- Interventions initiated
- SW PRN Visit Pilot Start

HPCCC: 32.02% decrease
HOUC: 36.65% decrease
Hospice service line: 30.8% decrease
129 less falls than previous timeframe
Results & Outcomes

Secondary Outcomes

Increased acceptance of social work support for all psychosocial issues, not just those related to falls. Extra PRN visits allow for increased rapport between patients, caregivers, and social workers.

Increased communication between interdisciplinary team members regarding patient safety and changes in condition.

Social work support validated caregiver role and alleviated potential caregiver guilt related to patient fall.

Improved skill set of teammates to analyze situations to find root causes for all safety events, expanding beyond patient falls.
Sustainability & Best Practice Sharing

Fall Prevention & Reduction Sustainability

Monitoring
Integrate processes into quality & operations monitoring

Education & Feedback
Education opportunities; Utilize post-project feedback

Carolinas Palliative Care & Hospice Network
The Carolinas Center
National Hospice and Palliative Care Organization
A special thank you to our entire Hospice Home Care Falls Performance Improvement Team:

Jan Greene  
Linda Hood  
Jeannie Thornton  
Janet Walker  
Jodi Wickey  
Karey Black  
Lynna’ King  
Shelly Hyde  
Joyce Conway  
Wanda Casey  
Shelia Hanna  
Robin Hudson  
Emily Bowers  
Cathy Therrell
