

Title: Preventing Falls in Hospice: A Quality Improvement Initiative

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Problem Statement: There is a lack of robust evidence-based approaches to fall prevention in hospice patients despite this population's high fall risk.

Background: Relevant literature between 2010 and 2020 was searched using PubMed, Google Scholar, and Science Direct. Existing research shows consensus that hospice patients have unique challenges related to maintaining quality of life following falls. Despite this, there is a lack of evidence for best practice for designing hospice-specific fall prevention programs.

Purpose: This quality improvement project's purpose is to develop a sustainable hospice fall prevention program and track its effectiveness by evaluating patient outcomes and staff attitudes.

Methods: Hospice patients with ≥ 1 falls since admission between January-June 2022 were visited by a Nurse Practitioner utilizing a specialized template to evaluate fall risk, with 2 follow up visits. Assessment outcomes were discussed with IDT team weekly. Demographic data, interventions, patient/family perspectives on fall education, and the number of falls up to 6 months post visit (or until patient's death) were analyzed. A 7-question post-initiative survey was administered to staff.

Findings: Eleven patients were engaged for all 3 visits, and 72% (8/11) did not have further falls within the intervention period. Most common interventions included adjustments of CNS altering and blood pressure medications, followed by reinforcement of caregiver education. Caregivers consistently expressed increased confidence in their ability to support functional health following visits. All IDT members reported practice changes related to falls because of the intervention. Incidentally, the overall hospice fall rate decreased two-fold during the study period (2.7 to 1.27 falls/1000 patient days).

Practice Implications: Despite the low number of completed assessments, the program was seen as valuable and continued as part of routine Face-to-Face visits performed by Nurse Practitioners. A hospice fall risk prevention program should be easily incorporated into daily practice and have staff buy-in.