



Statement of the Problem

- Hospice patients are at high risk of falls due to a combination of terminal illness and effects of treatment.
- Quality of life can be significantly affected by fall sequelae such as fractures.¹
- Hospices do not always have robust fall prevention programs in place outside of routine screening on admission.

Background/Literature Review

The interaction between the effects of serious illness, sequelae of treatment such as chemotherapy, and pharmacological management of bothersome symptoms may contribute significantly to falls in the hospice population.² Despite this, a lack of research in this area means a of lack of evidence-based programs that can be easily implemented and cost effective.³

Purpose/Aims

This quality improvement project's purpose is to develop and evaluate a simple fall risk prevention program to mitigate the occurrence and impact of falls at Providence LA Hospice, a large urban organization serving patients from some of the highest acuity facilities.

Specific Aims:

- To develop a hospice fall risk prevention program
- To decrease the rate of injurious falls
- To educate patients and family caregivers
- To educate staff on best practice strategies



Methods

Design:

- Any patient with ≥ 1 fall since admission
- 3 in-person and/or telehealth visits by NP for three weeks
- Fall prevention program findings discussed in weekly IDT meetings

Sample: 14 home-based hospice patients (11 completed all visits), ages between 69-100, 2 with malignancy, the rest with chronic cardiovascular disease and dementias

Setting: Large home-based community hospice

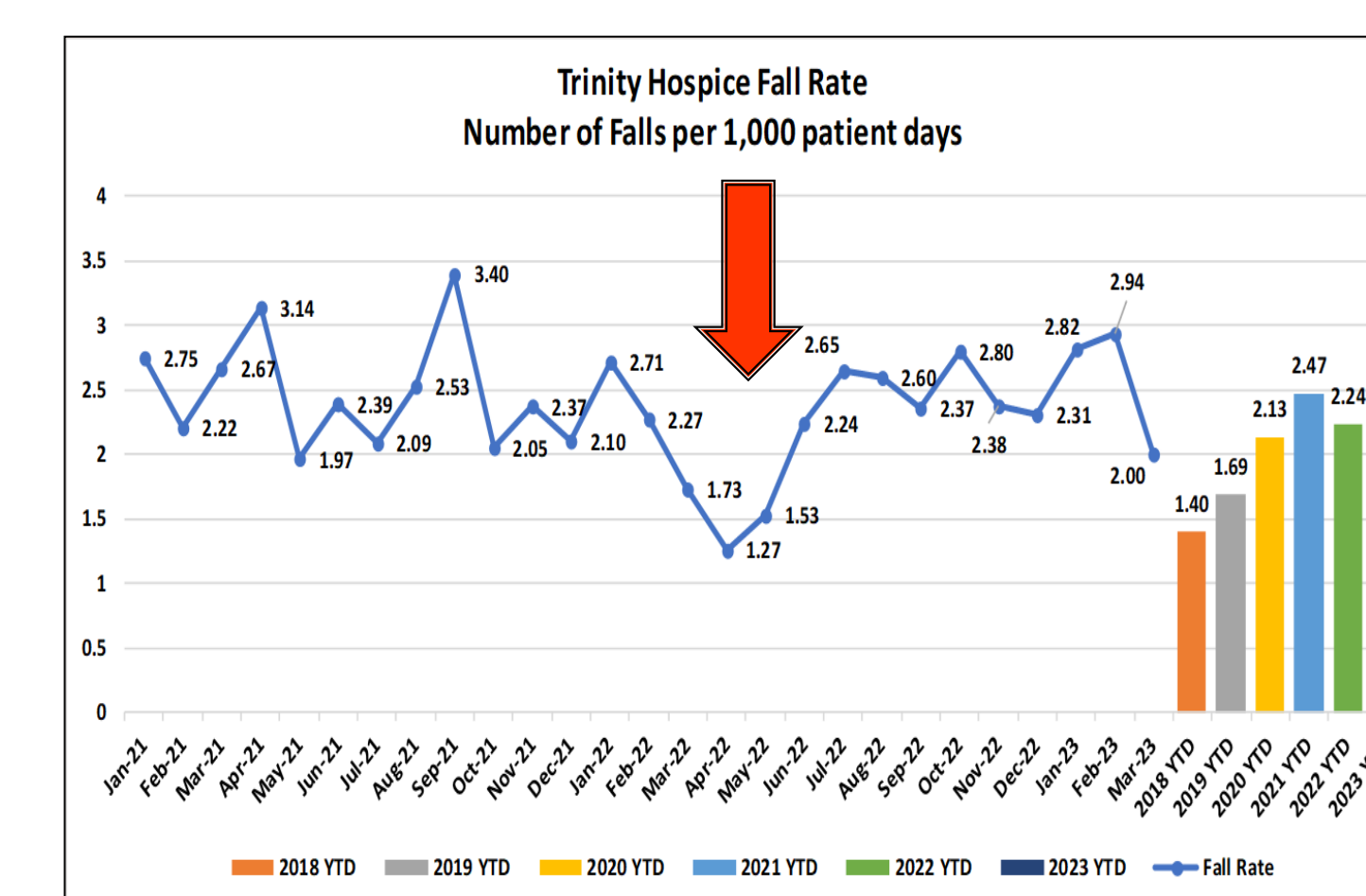
Evaluation: # of falls/injuries pre and post implementation up to the patient's date of death, informal family/patient feedback, 7-item IDT staff exit survey related post implementation

Data Collection/Analysis: data abstraction form custom designed and templated visit notes, online staff survey

Timeline: patients admitted between 1/2022 and 6/2022

Findings

- 8 out of 11 (72%) patients did not have another fall within intervention period
- Most common interventions \rightarrow adjustments of CNS altering and hypertension medications, followed by reinforcement of caregiver education
- Increased caregiver confidence consistently documented.



Lower fall rate during intervention

Final IDT Survey: 10 responses received (entire IDT team)

- All IDT members reported practice changes related to falls as a result of the intervention:
 - "I learned how medications can increase risk of falls."
 - "To drill down on the "whys" of the falls, and to keep a closer eye out."
 - "Increased monitoring and pt education are vital in preventing falls."
 - "It made me more aware of the importance of fall prevention in hospice."

Practice Implications

- A focused fall intervention may improve quality of life in hospice patients by lessening the likelihood of another fall.
- Patients and families expressed increased confidence in their ability to maintain functional health post visit.
- Fall prevention programs in hospice are seen as valuable by hospice staff and can continue with staff buy-in.
- Although a direct effect cannot be proven, an echo effect may have helped increase the organization's focus on fall prevention.
- The specialized visits were unsustainable due to time and staff constraints but were successfully incorporated during mandatory re-certification visits.
- A simple fall prevention program that utilizes already available resources does not incur additional costs and has more longevity if incorporated into daily IDT. Our program has continued in a simplified form since January of 2022.

Limitations

- Small sample size and duration of intervention
- Limitations on staff time to perform assessments
- No comparison group – the hospice does not have easily reportable fall metrics and comparison fall group would have required manual extraction from individual notes.

Acknowledgements/References

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