INTRODUCTION

- As the population ages, the prevalence of falls among older adults continues to increase, as does mortality, morbidity and falls-related health care spending, estimated to reach $100 billion by 2030.
- Most evidence-based fall prevention programs are delivered in hospitals, nursing homes or community settings.
- Homebound older adults are higher risk for falls and have limited access to community fall resources and primary care sites.
- Managed health plans, as the payor and provider of care for homebound populations, strive to reduce harm and control costs.
- The significance of this work is to pilot an evidence-based fall prevention program to determine if recurrent falls can be reduced in a homebound, health plan population.

OBJECTIVES/AIMS

Practice Change Implementation of An Evidence-Based Falls Prevention Pilot

1. Establish a fall notification protocol for homebound older adults covered by a special needs health plan.
2. Develop an evidence-based program for fall assessment and interventions as a result of a literature review.
3. Educate staff on the CDC/STEADI fall prevention, program and documentation.
4. Implement a pilot protocol for fall assessment and interventions.
5. Evaluate outcomes of pilot project.

METHODS

Utilize best evidence and consultants on fall prevention from across the country to design and implement a fall prevention program to mitigate recurrent falls in a homebound health plan population.

- Standardize Fall
  - Notifications
  - Assessment
  - Interventions
  - Documentation
  - Multidisciplinary Approach
- Revise process flows.
- Expand Fall Data notifications.
- Monitor Ongoing Fall Data % of repeated falls.
- Incidence of new fallers
- Designed and Implemented a Pilot Project.
- Modified work flows & key processes.
- Discovered gaps in preventing recurrent falls.
- Lack of a standardized fall risk assessment.
- Identified stakeholders.
- Leadership supported process improvement change.

RESULTS

Key Findings

- A fall management pilot project was implemented with 84 homebound older adult health plan member participants.
- Qualitative results highlighted individualized strategies coordinated to meet the high risk medically complex membership.
- Quantitative results demonstrated a 50% reduction in recurrent falls in the pilot intervention group.
- Pilot outcomes and practice change recommendations were presented to health plan leadership.
- The pilot will be adopted as a standardized Fall Assessment and Intervention Pathway impacting 38,000 special needs health plan members.

REFERENCES