Quality and Productivity Commission

27th Annual Productivity and Quality Awards Program

"Saluting County Excellence"

2013 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: DHS SYSTEM WIDE FALL PREVENTION PROGRAM

DATE OF IMPLEMENTATION/ADOPTION: JANUARY 25, 2012
(Must have been implemented at least one year - on or before June 30, 2012)

PROJECT STATUS: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner

1 Patient falls are a serious problem in hospitals. The Center for Disease Control (CDC),
2 estimated that in 2000, the total direct medical costs of all fall injuries for people 65 and
3 older exceeded $19 billion. By 2020, the annual direct and indirect cost of fall injuries is
4 expected to reach $54.9 billion. Fall prevention has been an area of concern for DHS.
5 Patient falls increase the cost of patient care as a result of increase in length of stay, the
6 pain and suffering of patients, expenses associated with long term rehabilitation, and
7 the cost of malpractice. In 2011, the Department of Health Services (DHS) identified
8 1,238 patient falls in DHS hospitals. The impact to patient care associated with patient
9 falls was an impetus for the Office of Nursing Affairs to convene a system-wide
10 committee to develop and implement a standardized Fall Risk Assessment and
11 Prevention Committee. The goal was to develop a standardized tool for use by all
12 caregivers in evaluating the risk level of patients. The Fall project benefited the patients
13 by ensuring a safe environment and reducing the risk for fall. Since its implementation,
14 hospitals have reported a decline in fall rate, to 1,035. This was a decrease of 203 falls
15 which translates to better patient care and reduced complications and co-morbidities.

(1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE	(2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS	(3) ESTIMATED/ACTUAL ANNUAL REVENUE	(1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT	SERVICE ENHANCEMENT PROJECT
$2,295,930 M	$	$	$2,295,930 M	XX

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Office of Nursing Affairs 313 N. Figueroa St, Room 904 Los Angeles, CA 90012	TELEPHONE NUMBER 213-240-7702
PROGRAM MANAGER'S NAME Vivian Branchick, RN, CNO Chief Nursing Officer	TELEPHONE NUMBER 213-240-7702 EMAIL vbranchick@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo **SIGNATURE ON FILE** DATE 6/18/2013	TELEPHONE NUMBER 213-240-7948 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell Katz, MD **SIGNATURE ON FILE** DATE 6/18/2013	TELEPHONE NUMBER 213-240-8101

We Support Plain Language

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FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project, written in plain language. Include a discussion of the technology and linkage to the County Strategic Plan. The description should identify Performance Measures.

CHALLENGE

Due to the lack of a system wide approach to fall assessment and prevention, DHS facilities utilized individual facility specific assessment tools to document patient falls and interventions. Some of the tools utilized were home grown, so this approach prevented DHS from using our statistics to benchmark against industry standards.

In addition to the challenge of not having standardized clinical protocols for preventing prevent falls, other challenges included the inability to identify patients who are at risk for falls, the need for an assessment and re-assessment tool, plan of care, prevention measures, post evaluation management, documentation and data collection. The committee conducted extensive research on industry standards and best practices, evaluated a variety of fall assessment and prevention tools, and considered the cost of implementation. Based on research, it was evident to the committee that most hospitals are also struggling with finding the best tools to reduce their fall rate.

The committee's biggest challenge was getting physicians, nurses, and other clinicians to come to a consensus on the specific initiatives and measures to use for the diverse patient population within DHS. But with persistence and perseverance, the new policy and procedure was rolled out in 2012. Since its implementation, hospitals have reported a decline in fall rate, which will translate to better patient care and cost avoidance in terms of length of stay, complications and co-morbidities, and the cost of malpractice.

SOLUTION

The Office of Nursing Affairs recognized the need to initiate measures to reduce patient falls, by convening a DHS system wide committee made up of patient care representatives from hospitals and outpatient clinics. The committee worked on the development of a standardized fall prevention program, including the development of policy and procedure, selection of fall risk assessment tool, for both adult and pediatric population, and standardized treatment plan and documentation. The standardized Fall Prevention Program was implemented system wide in 2012. Since its implementation, hospitals have reported a decline in fall rate, which translates into quality patient care and quality outcomes as evidenced by the statistics below:

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Patient Fall Rate is based on the number of fall incidents per 1,000 patient days.

Facility	Fall Rate 2011 Using Incidents per 1,000 Inpatient Days	Fall Rate 2012 Using Incidents per 1,000 Inpatient Days
LAC/USC Medical Center	Fall rate was 2.2	Fall rate was 1.7
Rancho Los Amigos National Rehabilitation Center	Fall rate was 6.1	Fall rate was 4.6
Olive View Medical Center	Fall rate was 2.6	Fall rate was 2.5
Harbor UCLA Medical Center	Fall rate was 1.9	Fall rate was 2.2 ** **even though harbor's fall rate increased by 0.3 from previous year, the rate is still below the national benchmark of 3.9

BENEFITS

The fall prevention program has benefited the Department of Health Services in several ways. Since its implementation in 2012, hospitals have reported a decline in fall rate, which translates into quality patient care and quality outcomes.

Other benefits include:

1. Positive impact to the quality of patient care delivery within our system of hospitals and outpatient clinics
2. Standardized protocols for the assessment and re-assessment of patients at high risk for falls enable all patient care givers to utilize the same tools and documentation methodology
3. Providing a safe environment for patients at all times while they are in the hospitals and clinics
4. Reduction in extended length of stay as a result of patient falls
5. Reduction in patient complications and co-morbidities as a result of patient falls
6. Benchmarking capabilities allow DHS to compare fall rate within the system and with other health care systems
7. Increased collaboration by physicians, nurses, and other patient care givers among all DHS hospitals and clinics. It is very satisfying to have clinicians at all DHS hospitals come to an agreement about a very important patient care issue as Fall Prevention.

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LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS):

COLA 1: OPERATIONAL EFFECTIVENESS: MAXIMIZE THE EFFECTIVENESS OF THE PROCESS, STRUCTURE AND OPERATIONS TO SUPPORT TIMELY DELIVERY OF CUSTOMER-ORIENTED AND EFFICIENT PUBLIC SERVICE

DHS GOAL 5 STRATEGY 2: ESTABLISH EXPECTATIONS FOR THE DEVELOPMENT AND IMPLEMENTATION OF QUALITY IMPROVEMENT PROJECTS WITHIN EACH DHS UNIT WHERE THE PROJECTS AND STRATEGIES ARE CHOSEN BY THE STAFF, RESULTS ARE WIDELY DISSEMINATED AND BEST PRACTICES ARE SPREAD THROUGHOUT THE DEPARTMENT.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation.

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **ANNUAL** REVENUE	(1) + (2) + (3) TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 2,295,930	$	$	$ 2,295,930	☐

ANNUAL= 12 MONTHS ONLY

Implementation of DHS Fall Prevention Program will result in a cost avoidance based on the reduction on the number of falls. Among community-dwelling seniors treated for fall injuries, 65% of direct medical costs were for inpatient hospitalizations, 10% each for medical office, 8% for hospital outpatient visits, and 7% for emergency room visits. The Center for Disease Control (CDC) estimates Medicare costs per fall averaged between $9,113 and $13,507. DHS has demonstrated a decrease in patient falls by 203 falls in 2012, which translates to a cost avoidance of $2,295,930 M as reflected in the following calculation:

Medicare Cost Average per fall: $11,310 x 203 reduction in patient falls
Cost Avoidance $2,295,930