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Reducing Fall Risk to Prevent Rehospitalization and Emergency Department Visits

By MedBridge

Overview

For many home health agencies, rehospitalizations and emergency department visits are ongoing challenges that cause a variety of negative impacts, from Medicare penalties to low patient satisfaction and star ratings. Under the Home Health Value-Based Purchasing (HHVBP) model, ED visits and hospitalizations are considered adverse events and indicators of potential gaps in care coordination and management. Falls are one of the most prevalent events contributing to rehospitalizations, and are the leading cause of fatal and non-fatal injury in older adults. By reducing fall-related events, home health agencies can demonstrate their ability to deliver high-quality care, promote patient safety, and effectively manage patients' health conditions. This positively impacts their overall quality performance scores, which, in turn, influence their reimbursement rates and reputation.

With 2023 the first performance year measured under HHVBP, it's especially important for agencies to optimize performance in key assessment areas and set an improved performance-year baseline.

In this guide we'll cover:

- The primary reasons why potentially avoidable hospitalizations occur.
- How digital training and education can help your agency reduce fall-related events.
- How MedBridge can help you get the training and education you need for your nurses.

Table of Contents

Why Do Fall-Related Rehospitalizations Occur?

Falls are one of the most prevalent events that contribute to rehospitalizations. According to fall risk data from the CDC, nearly one in four older adults (aged 65+) report falling in 2020, and in 2021, approximately 39,000 older adults died due to a fall injury.

There are a number of contributing factors for fall-related hospitalizations, but one thing that most of them have in common is that they're potentially preventable with the right training, tools, and processes. These top contributors include:

- Complications from chronic and non-chronic conditions leading to reduced balance or strength (for example, breathlessness due to COPD)
- Incomplete or missing patient education leading to misunderstandings about discharge instructions and care plans
- Impairments in activities of daily living (ADL) function
- Home layout, poor lighting, or slippery floors
- Poor patient engagement and compliance
- Inadequate transitions of care
- Medications that can lead to drowsiness or lightheadedness
- Mobility issues following surgery or from a condition like Parkinson's disease
- Lack of physical activity leading to deconditioning/ muscle weakness

Read more about how inadequate transitions of care contribute to hospital readmissions in our white paper by Dr. Jason Falvey

Why Do Fall-Related Rehospitalizations Occur?

Continued

But one additional risk factor has been uncovered during a recent report released by the U.S. Department of Health and Human Services. According to HHS, a study found that many home health agencies are often not accurately reporting falls that lead to rehospitalization: "55 percent of falls identified in Medicare claims were not reported in associated OASIS assessments as required."

This shocking revelation will undoubtedly lead to increased emphasis on ensuring that all fall-related events are reported accurately in the OASIS going forward. This also demonstrates the importance of ensuring that staff are properly trained to document accurately, as OASIS inaccuracies can have huge consequences for agencies and the patients they serve. OASIS accuracy accounts for 35 percent of the quality score, and an additional 35 percent is based on submitted claims for emergency department visits, as well as hospitalizations that occur within the first 60 days a patient receives service.

The health risks posed to the injured patient following a fall event are dire enough, as over half of hospitalizations from home health occur within the first 14 to 21 days of start of care.[1] But you can imagine the additional cost to an agency's reputation and bottom line in a scenario where a patient experiences a fall-related hospitalization that is then not reported accurately into the OASIS. This troubling trend also makes it difficult to report with great accuracy the number of falls leading to hospitalization from the home health setting, which can negatively impact the entire industry. And with reimbursement cuts seemingly on the table each year, we all want to do our part to ensure our reporting is accurate.

55%

of falls identified in Medicare claims were not reported in associated OASIS assessments as required, according to the U.S. Department of Health and Human Services.

How Digital Training and Education Can Help Reduce Fall Risk and Prevent Rehospitalizations

For a digital solution to be effective, it needs to combine clinical and soft skills training, patient education and engagement, and accurate OASIS documentation and compliance.

Clinical Training

To effectively mitigate falls in the home, home health nurses must first understand fall risk and learn how to make adjustments to patient behavior and risk factors in the home. Fall prevention programs are complex and must factor in the ever-changing risk factors of each patient, and the varying levels of clinicians' knowledge, experience, and competencies. To prepare competent nurses for the field, you'll need to provide skill-based training that meets national standards and requires an expert-prepared, competency-based program.

Ensure That Nurses Can Identify Signs and Symptoms

Let's look at two of the leading contributors to increased fall risk: chronic conditions and medication adherence. For patients with chronic conditions, taking medications as prescribed isn't always easy. One day a patient might experience symptoms, but on other days feel good and be tempted to skip doses. To prevent conditions from progressing, home health nurses must recognize warning signs as soon as they arise and ensure that patients are following their prescribed care regimen, regardless of how they're feeling from day to day. Once they can identify the signs and symptoms, better education on when to add therapy or other resources to the plan of care can result in better overall care.

For home health agencies tasked with minimizing costs while improving care quality and clinician competence, digital training and education is an effective strategy for reducing fall-related hospitalizations and ED visits.

How Digital Training and Education Can Help Reduce Fall Risk and Prevent Rehospitalizations

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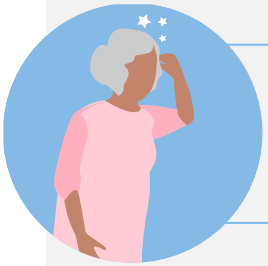
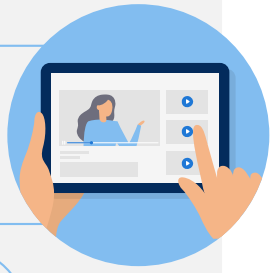
If they don't, it can lead to a domino effect of problems that can exacerbate fall risks. Let's see an example of how a patient not adhering to their medication schedule can increase their fall risk, and how it can be addressed.



The patient isn't taking medication properly, leading to dizziness and reduced vision.

Nurse has been properly trained in OASIS/fall risk, conducts medication review for OASIS, notices that the medication isn't being taken properly.



The nurse helps the patient understand why it's so important to take her medication every day and uses active listening skills to address her concerns.

The patient returns to her prescribed medication regimen and her symptoms subside.

This reduces a medication-related fall risk and prevents a potential rehospitalization.

How Digital Training and Education Can Help Reduce Fall Risk and Prevent Rehospitalizations

Continued

Soft Skills Training

Home is where most people feel the safest, so it can sometimes be difficult for a patient to understand that they may be at an increased fall risk in their safe space. And if the message is not delivered tactfully, many of the contributing factors to falls (like obstructive furniture placement and slippery surfaces) could feel like a judgment statement on their home. That's why it's crucial that soft skills training is an important part of clinician onboarding and ongoing training, making it easier for clinicians to effectively communicate to patients so they understand the various risk factors that may be present in their home or risk factors that can be exacerbated by their health conditions. Nurses can more effectively deliver appropriate, compassionate, and individualized support when they have a strong understanding of the mental and emotional impact of patient falls. Emphasize interactive patient education methods such as teach-back and provide staff with education on patients' perceptions of falls.

Patient Education

Clinical education and soft skills are essential in the patient-provider relationship, but the simple fact remains that the home health nurse will not be there with the patient 24 hours a day.

Educational resources and self-management tools empower patients to actively participate in improving their physical function. These resources teach patients about their conditions, self-care techniques, and strategies for preventing disease progression and maintaining physical function. By gaining knowledge and adopting self-management practices, patients can take proactive steps to optimize their physical well-being. In fact, a higher perception of self-efficacy after discharge from physical therapy is associated with better perceived clinical improvement, lower pain intensity, and a lower number of physical therapy sessions.[2] At the same time, disengaged patients are three times as likely to have unmet medical needs and two times as likely to delay medical care.[3]

Patients need to be adequately prepared with education on how to prevent falls, as well as what to do if the worst should happen and a fall occurs.

How Digital Training and Education Can Help Reduce Fall Risk and Prevent Rehospitalizations

Continued

OASIS Documentation and Compliance Education

The last piece of the puzzle is ensuring that home health nurses are given documentation and compliance education to ensure accurate reporting in OASIS. Clinicians need to be prepared to appropriately document higher fall risk in patients as well as report risks accurately to avoid penalties down the line. Simply put, you need to capture the data correctly to show that the care you're giving is working—and that's where the OASIS comes in. To succeed, agencies will need to foster not only a model of continuous improvement in technical competency among staff, but a culture of embracing OASIS data and leveraging it to promote improved functional outcomes.

The foundation for OASIS success starts with onboarding. Incorporate effective, expert-led OASIS training into your organization's onboarding program to get your clinicians off to a good start from day one. But the process doesn't stop there, as remediation will always be necessary to keep standards high over time. One way to do this is to incorporate effective monitoring alongside refresher courses to reinforce knowledge, encourage practice, and improve accuracy.

Without continuous improvement strategies, your clinicians might be replicating errors without realizing it.

Addressing the PI Piece of QAPI

Patient management and quality analysis software platforms such as Homecare Homebase, Medalogix, and SHP help your agency tackle the quality analysis piece of your QAPI program by understanding which patients need more care and how well your agency is managing your patient population. But when it comes to improving performance, what's the next step?

Digital care tools that coordinate well with your existing software platforms help your agency intervene at the correct point to get the right care to the right patients at the right time. For example, if a patient has been flagged by your QA software as high risk for ED utilization, you can use digital care tools such as online patient education to help ensure that they know how to manage their condition, are following their care program between visits, and can reach out with questions or concerns. Or, if your quality analysis data shows that a high number of ED visits are caused by patient falls, you can intervene by training your nurses on fall prevention. Once you have the right training tools in place, it's easy to assign targeted training via a Learning Management System or an all-in-one digital training solution like MedBridge's Skills & Competency Manager.

How MedBridge Can Help with Proper Training for Nurses

MedBridge's comprehensive Home Health Ecosystem has everything you need for clinical excellence during all points on the nurse's career journey, from onboarding training and point-of-care education through mentorship and career advancement. Agencies and nurses need an integrated solution that can support their entire staff from day one and beyond.

We've designed our ecosystem to coordinate with the most commonly used home health patient management and quality analysis software platforms, including Homecare Homebase, Medalogix, and SHP, so that your agency can intervene in the right way at the right time to improve performance. Our ecosystem elevates your team by integrating:

Quality Onboarding

From seamless delivery of required training to digital management of the competency process, MedBridge ensures new hires are trained, skilled, and deployed in the field quickly and effectively. Our Skills and Competency Manager helps you improve quality of care and patient satisfaction, meet regulatory requirements, and reduce risk with our online skills assessment checklist and engaging, evidence-based skills training. This includes our:

Digital Skills Checklist

Prepare new hires for the field faster with a customized training program focused on identified skill gaps.

Video-Based Skills Library

Boost knowledge retention and master home health- and hospice-specific skills with bite-sized lessons.

Reporting & Analytics Dashboard

Assign checklists, simplify preceptor assessment, and review skill acquisition and sign-off data on our user-friendly dashboard.

How MedBridge Can Help with Proper Training for Nurses

Continued

Superior Training and Ongoing Mentorship

With MedBridge, agencies can keep employees sharp, satisfied, and supported through fast, accessible content so they can continually operate at the very top of their license, delivering outstanding care quality and helping to prevent employee turnover.

Excellence at the Point of Care

Our tablet-ready Clinical Procedure Manual offers fast search functionality, immediately surfacing the right procedures exactly when clinicians need it. Nurses can access point-of-care training on key skills such as fall prevention, medication, and activities of daily living to ensure clinical excellence at the point of care. This way, nurses can walk into patients' homes feeling confident and ready to deliver the highest standard of care, knowing that their agency and MedBridge have their back.

Additional Training Resources

- [Certificate Program] Fall & Injury Prevention: How To Manage, Engage, & Evaluate
- [Course Catalog] Fall Prevention Education
- Five-Part Fall Prevention Series featuring Dr. Pat Quigley

Conclusion

With ED utilization and 60-day hospitalization accounting for 35 percent of your agency's Total Performance Score (TPS) under HHVBP, it's important to address your agency's performance in these areas and implement targeted improvements. Reducing fall risks successfully will help your agency elevate quality, outcomes, patient satisfaction, and reimbursement for years to come.

References

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3. Hibbard, J. H. & Greene, J. (2013). What the evidence shows about patient activation: better health outcomes

ABOUT MEDBRIDGE

Combining powerful digital patient care tools with the highest quality education, MedBridge is committed to making healthcare better for both providers and patients. Organizations across the care continuum use MedBridge to provide an enriched, digitally enabled experience that engages patients while streamlining and simplifying care. Designed with over a decade of insight from more than 300,000 clinicians and 25 million patients, MedBridge has helped thousands of organizations realize better patient outcomes. **Learn more.**

See how MedBridge can help your organization. **Contact us to request a demo.**