

## Team approach may reduce readmissions due to falls in seniors

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A comprehensive care program that involves a team of specialists from multiple medical disciplines for treating injuries sustained from falls in older adults could help reduce hospital readmissions, according to researchers at Henry Ford Hospital in Detroit.

Under the program, the 30-day readmission rate for falls declined 10 percent from 2012-13 and remained unchanged in 2014. The 30-90 day readmission rate from 2012-13 also declined, before rising slightly in 2014.

"With the multidisciplinary approach we've put into place, we've made a significant impact on patients returning to a safer [home environment](#) and reducing their risk of subsequent falls and complications that could lead to readmission," says Jennifer Peltzer-Jones, R.N., Psy.D., a clinical psychologist at Henry Ford's Department of Emergency Medicine and Trauma Services and the study's lead author.

The collaborative approach that emphasizes early intervention was also reflective in the quality indicator of length of stay - no hospitalizations were extended. Additionally, 56 percent of patients were found to have suspected delirium with possible dementia.

The findings were presented Monday at the Trauma Quality and Improvement Program's annual meeting in Tennessee.

An estimated one in three seniors ages 65 and older falls each year,

according to the Centers for Disease Control and Prevention, and more than 700,000 are hospitalized for their injuries.

For its study, researchers sought to evaluate the quality of care for patients admitted to Henry Ford's Trauma Services. Researchers analyzed data of 558 patients, half of whom were 80 years of age and older from 2012-14.

Henry Ford's care program includes specialists in trauma, geriatrics, behavioral health, pharmacy and physical and occupational therapy, whom all meet collectively to manage and develop a care plan personalized for each patient. The program is unique in that patients are admitted to Trauma Services for repairing the injury. The specialists then collaborate on the care plan. Families also are engaged in the care planning, which has led to safer discharge plans for the home environment.

"Through this model we've been able to better understand the needs of this patient population," says Peltzer-Jones. "At the same time, our program continues to evolve. We're looking at ways in which we can involve the primary care team with the goal of preventing falls before they happen."

Provided by Henry Ford Health System

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