

Evidence-based fall prevention program reduces both harm and costs

January 25 2023



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Despite the large number of patient falls at hospitals, there are few large-scale studies to quantify the cost savings of intervention programs. The Fall TIPS (Tailoring Interventions for Patient Safety) Program is an evidence-based fall prevention effort implemented in 33 medical and surgical units across 8 hospitals.

Investigators at the Massachusetts General Brigham Healthcare System have used electronic health record data from a large cohort of 900,635 patients to determine the average total cost of a fall. Using 7,858 non-injurious falls and 2,317 injurious ones, they calculated that a fall costs \$62,521 (with \$35,365 in direct costs) and that [injury](#) was not a significant predictor of increased costs.

Given that falls are expensive in terms of both human suffering and health care costs, the authors then conducted an economic analysis of Fall TIPS. The program was implemented for all adults hospitalized from 2013 to 2019 in health care systems in New York and Boston. The researchers found that the [intervention](#) program was associated with \$22 million in savings at eight study sites across the five-year study period.

"Through a series of clinical trials, the Fall TIPS program has demonstrated reductions in falls and [fall-related injuries](#), and this study indicates that the Fall TIPS program is also cost effective," said corresponding author Patricia C. Dykes, Ph.D., RN, FAAN, FACMI, from the Brigham's Center for Patient Safety, Research, and Practice in the Department of General Internal Medicine. "Our findings suggest that policies which incentivize organizations to implement evidence-based strategies which reduce the incidence of all falls may be effective in reducing both harm and costs."

The paper is published in the journal *JAMA Health Forum*.

More information: Patricia C. Dykes et al, Cost of Inpatient Falls and

Cost-Benefit Analysis of Implementation of an Evidence-Based Fall Prevention Program, *JAMA Health Forum* (2023). DOI: [10.1001/jamahealthforum.2022.5125](https://doi.org/10.1001/jamahealthforum.2022.5125)

Provided by Brigham and Women's Hospital

Citation: Evidence-based fall prevention program reduces both harm and costs (2023, January 25) retrieved 25 April 2024 from <https://medicalxpress.com/news/2023-01-evidence-based-fall.html>

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