

HEALTH NEWS

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## When elders leave hospital, falls are big reason they return

Saumya Joseph



(Reuters Health) - Preventing falls among elderly patients who've just left the hospital is an important part of keeping them safe, a large U.S. study shows.

When elderly patients are discharged, one of the major reasons they end up back in the hospital is that they've suffered a fall, researchers found.

"Hospitals spend a lot of time thinking about fall risk while the patient is in the hospital, but there's much less attention to the patient after discharge," said principal investigator Geoffrey Hoffman of the University of Michigan School of Nursing.

Fall prevention efforts need to continue as the patient moves from the hospital to home, or elsewhere, he said.

Hoffman and colleagues analyzed data on more than 8.3 million patients, age 65 and above, who were hospitalized in 2013 and 2014. About 14% of the patients were readmitted within 30 days of being discharged.

Among these patients, about 5% were readmitted due to injuries caused by falling, making it the third leading cause of readmissions after blood poisoning due to bacteria and heart failure.

The prevalence of falls after discharge suggests there is a gap in the quality of care provided before and after patients leave the hospital, Hoffman said.

“Promoting mobility in and outside the hospital is critical,” Hoffman told Reuters Health by phone.

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Medicare, the government insurance program for older Americans, penalizes hospitals when patients fall. To minimize these penalties, hospitalized patients at high risk of falling may be discouraged from getting up and moving around without assistance. This enforced immobility could increase the risk of falls after discharge, the researchers noted.

While hospitals already have programs in place to prevent readmissions due to other post-discharge complications, the current findings suggest these programs should also include fall prevention, the researchers write in *JAMA Network Open*.

Preventing falls requires multifaceted interventions, some of which are beyond the hospital’s control, said Tamara Konetzka, a researcher at the University of Chicago who has studied patient safety but who was not involved in the new study.

These interventions include physical and occupational therapy to improve balance, medication review to avoid drugs that may contribute to dizziness, and home modification efforts such as installing handrails and removing rugs or slippery surfaces.

Patients who had fallen in the past, and those with impaired cognition, had a higher risk of being readmitted for any reason, the researchers found - particularly if they went home after discharge, rather than to a skilled nursing facility.

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“You essentially can’t change someone’s cognition or the fact that they have fallen previously. What type of care they receive following a hospital stay and where they receive it can be modified,” Matthew Titmuss, assistant vice president of value management at the Hospital for Special Surgery in New York, told Reuters Health by email.

“Falls are often the initial trigger for a trajectory of decline among older adults - a trajectory including functional limitations, multiple hospitalizations, and long-term nursing home use,” Konetzka told Reuters Health by email. “Reducing falls may thus have much broader implications for health outcomes.”

SOURCE: [bit.ly/2M9qOPz](https://bit.ly/2M9qOPz) JAMA Network Open, online May 24, 2019.

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