Falls Prevention in a Senior Population

Pilot Project

Comfort Keepers is one of the leading providers of in-home care including companionship/homemaker and personal care services. By providing a caregiver in the home, Comfort Keepers offers thousands of seniors the option to remain safe and independent at home.

Comfort Keepers was selected via a national request for proposal (RFP) process by a national health insurance company to participate in a pilot project in three distinct geographic locations. The health plan does not reimburse Comfort Keepers for services; health plan enrollees pay for services, commonly referred to as “private pay.”

Comfort Keepers customized the companionship and personal care services to meet the health plan’s requirements and help fulfill their strategic objectives. As a normal course of business, Comfort Keepers customizes care plans based on the specific needs of any senior for whom they provide care.

Comfort Keepers’ ability to collect data was a critical component of the pilot program.

Between January 2011 and September 2012, Comfort Keepers caregivers who were caring for seniors in the pilot areas, were able to prevent 58 falls, while providing care to 1526 clients. Comfort Keepers also provided the health plan data on utilization of companionship and personal care.

Facts on Falls in Senior Populations

Falls are one of the most common and expensive conditions facing seniors. Each year, approximately one-third of elderly adults experience a fall.\(^1\) Falls are particularly catastrophic because (a) falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death;\(^2\) and; (b) direct medical cost for fall-related injuries among the elderly is about $20 billion annually and is expected to increase substantially over the next decade as the population ages.\(^3\)

Elderly adults had over 2.1 million Emergency Department (ED) visits for injurious falls in 2006, accounting for 1 in 10 ED visits among patients aged 65 years and older. The cost of hospital care following an ED visit for an injurious fall among the elderly totaled $6.8 billion in 2006.\(^4\)

The majority of these cases (70.4 percent) were “treat-and-release” (i.e., the patient was released from the ED rather than being admitted to the hospital for further care); the remaining 29.6 percent of visits resulted in hospital admission.\(^5\)

Of the seniors who went to the ED due to falls, 41 percent had fractures, primarily of an upper extremity or a hip. Other common injuries resulting from falls included open wounds (21 percent of visits for falls), sprains and strains (10 percent), injuries to internal organs (5 percent), and joint dislocations (1.5 percent).
Potential cost savings discussion

Deriving the number of senior falls that result in ED visits is very difficult since many seniors do not discuss these falls with their healthcare provider. To facilitate the discussion on the potential cost savings associated with prevented falls in a senior population and to reflect possible injuries represented in the data above, we provide three (3) possible injury scenarios for consideration. The falls assumptions and corresponding costs are as follows:

• Client 1 fell in her home, but was able to slow her fall by placing her hand on the floor to cushion the impact. She now has pain in her wrist that may be a sprained or a fractured wrist. She was able to get up from the floor, called 911 and was taken to the ED of her local hospital. During her ED visit, she received an x-ray of her wrist, vital signs review and hydration.

  Estimated cost of this ED visit is $17,500.00.

• Client 2 fell in her daughter’s home and was unable to catch herself before she hit the floor. She bumped her head on a table as she fell, suffering a substantial laceration, a possible concussion, and a broken wrist. She also complained of hip pain. During her ED visit she received a head CT, laceration repair, wrist X-ray, wrist casting, MRI of the pelvis, and hydration.

  Estimated cost of this ED visit is $20,000 - $25,000.00.

• Client 3 fell in his home resulting in a broken hip. He required X-rays, surgery, a one-week hospital stay, occupational and physical therapy, and a three-week stay in a rehabilitation facility to gain strength before he could be released to his home. He required ongoing non-medical care once he returned home.

  Estimated cost for the injury is $28,000 - $40,000 to treat the broken hip. The cost of his additional health issues can cost up to $580,000.

Prevention of the three falls discussed above may have saved a hypothetical healthcare system upwards of $600,000.

Other Costs

Comfort Keepers caregivers work diligently to provide falls education and complete a safety analysis of a client’s home. It is impossible to quantify the additional savings attributed to this enhanced education and safety measures provided by the Comfort Keepers caregiver in homes where clients did not fall. It is also impossible to quantify the value of “peace-of-mind” provided to both clients and family members by the addition of a Comfort Keepers caregiver to the care of the senior member in a family. The costs associated with lost wages or other non-medical expenses (ex: wheelchair ramps), reduced quality of life and decreased functional capacity of many older adults who sustained fall related injuries can also not be estimated.

References
(2) http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html
(4) http://www.hcup-us.ahrq.gov/reports/statbriefs/db80.pdf, page 1
(5) http://www.hcup-us.ahrq.gov/reports/statbriefs/db80.pdf, page 2
(6) http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html
(8) http://www.rrh.org/billing Ridgecrest Regional Hospital, Ridgecrest, CA
(9) http://wiki.answers.com/Q/How_much_does_surgery_cost#ixzz1izza1C1i