**Hospital Readmissions After a Fall**

*Posthospital Fall Injuries and 30-Day Readmissions in Adults 65 Years and Older*

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**Abstract:**

**Importance:** Falls are common among older adults, particularly those with previous falls and cognitive impairment and in the post discharge period. Hospitals have financial incentives to reduce both inpatient falls and hospital readmissions, yet little is known about whether fall-related injuries (FRIs) are common diagnoses for 30-day hospital readmissions.

**Objective:** To compare fall-related readmissions with other leading rehospitalization diagnoses, including for patients at greatest risk of readmission.

Design, setting, and participants: Retrospective cohort study of the Hospital Cost and Utilization Project's Nationwide Readmissions Database of nationally representative US hospital discharges among Medicare beneficiaries aged 65 years and older from January 1, 2013, to November 30, 2014. The prevalence and ranking of FRIs compared with other diagnostic factors for 30-day unplanned hospital-wide readmissions were determined, overall and for 2 acute geriatric cohorts, classified by fall injury or cognitive impairment diagnoses observed at the index admission. Analyses were also stratified by patient discharge disposition (home, home health care, skilled nursing facility). Analyses were conducted from February 1, 2018, to February 26, 2018.

**Main outcomes and measures:** Unplanned hospital-wide readmission within 30 days of discharge.

**Results:** From the database, 8 382 074 eligible index admissions were identified, including 746 397 (8.9%) in the FRI cohort and 1 367 759 (16.3%) in the cognitive impairment cohort. Among the entire 8 382 074-discharge cohort, mean (SD) age was 77.7 (7.8) years and 4 736 281 (56.5%) were female. Overall, 1 205 962 (14.4%) of index admissions resulted in readmission, with readmission rates of 12.9% for those with a previous fall and 16.0% for patients with cognitive impairment. Overall, FRIs ranked as the third-leading readmission diagnosis, accounting for 60 954 (5.1%) of all readmission diagnoses. Within the novel acute geriatric cohorts, FRIs were the second-leading diagnosis for readmission both for patients with an FRI at index admission (10.3% of all readmission diagnoses) and those with cognitive impairment (7.0% of all readmission diagnoses). For those with an FRI at index admission and discharged home or to home health care, FRIs were the leading readmission diagnosis.

**Conclusions and relevance:** This study found that posthospital FRIs (Fall-Related Injuries) were a leading readmission diagnosis, particularly for patients originally admitted with a FRI or cognitive impairment. Targeting at-risk hospitalized older adults, particularly those discharged to home or home health care, is an underexplored, cost-effective mechanism with potential to reduce readmissions and improve patient care.

**Conflict of interest statement**

*Conflict of Interest Disclosures:* Dr Hoffman reported receiving grants from the National Institute on Aging Older Americans Independence Center (University of Michigan) and grants from National Institute on Aging Pepper Center during the conduct of the study. Dr Braun reported receiving salary support from OncoImmune for his work as a biostatistician on a phase II drug trial, which had no influence on the analysis herein. Dr Min reported receiving grants from the National Institutes of Health and grants from the Veterans Affairs Healthcare System during the conduct of the study. No other disclosures were reported.

**SOURCE:** <https://pubmed.ncbi.nlm.nih.gov/31125100/>

*Third-Leading Cause of Readmissions are Falls*

Fall-related injuries are a major reason why seniors are readmitted to the hospital within a month after being discharged, a new study finds. Little was known about the relationship between falls and hospital readmissions.

**Three Key Facts About Falls and Readmissions**

Fall-related injuries within a month of hospital discharge were the third-leading cause of readmission. The risk was higher among patients already considered to be at risk for falls, and those who were discharged to their homes or home healthcare.

Fall-related injuries were the second-leading reason for readmission among patients with mental impairment whose initial hospitalization was fall-related.

Falls were the leading reason for readmission among patients whose initial hospitalization was fall-related and who were discharged to home, even if they had home healthcare.

A new University of Michigan study found that in people 65 or older, fall-related injuries within a month of hospital discharge ranked as high as the third-leading diagnosis for readmission. The risk was greater for patients already deemed fall risks, or who were discharged to their homes or home healthcare.

The study came about after he and colleagues in a previous study interviewed patients and caregivers about fall prevention, hospital-to-home transition and fall risk awareness. They found that most respondents recalled receiving little fall prevention information at the hospital discharge, though all were considered fall risks.

“Falls are a trifecta in terms of reasons why they need an increased focus,” said Hoffman, who also is a member of the U-M Institute for Healthcare Policy and Innovation. “They are highly prevalent, cause a lot of damage, including death, and they are preventable. However, fall prevention is being left out of the discharge planning conversation and that needs to change.”

Researchers examined 8.3 million patient readmissions using two years of Hospital Cost and Utilization Project Nationwide Readmissions data. They identified the frequency of fall-related readmissions overall and for two high-risk subgroups: those with cognitive impairment and those whose initial hospitalization was fall-related.

The overall readmission rate was 14 percent. It was a bit higher for those with cognitive impairment (16 percent), but a bit lower for those with a previous fall injury (13 percent).

**Discharge Planning**

The findings suggest that by emphasizing personalized fall prevention before discharge, especially for at-risk patients, hospitals could improve patients’ recovery and mobility, and minimize costly fall-related penalties, said principal investigator Geoffrey Hoffman, an assistant professor at the U-M School of Nursing.

“After discharge, the goal is to provide patient-centered fall prevention and to safely encourage patients to get up and move,” Hoffman said. “Previous research suggests that in the long-term, limited mobility can harm patients and increase fall risks, something many caregivers and patients may not realize, because sedentary behavior appears to reduce fall risks and falls in the shorter-term.” {But what about the long term… How many of you want to live out your lives at home?... How do you do that?}

Hoffman said that while the prevalence of fall-related readmissions is high, hospitals can use existing tools to reduce their frequency. Hospitals already know how to identify those with cognitive impairment and fall risk, and have improved their discharge procedures to avoid Medicare’s costly readmission penalty. Now, they just need to include fall prevention in that discharge discussion.

Source: Michigan News (<https://remingtonreport.com/intelligence-resources/futurefocus/third-leading-cause-of-readmissions-are-falls/>)

***Cost of Older Adult Falls***

Falls among adults age 65 and older are very costly. Each year about $50 billion is spent on medical costs related to non-fatal fall injuries and $754 million is spent related to fatal falls.

**Non-fatal falls**

$29 billion is paid by Medicare

$12 billion is paid by private or out-of-pocket payers

$9 billion is paid by Medicaid

| Location | Total Cost | Medicare | Medicaid | Private/Out of Pocket |
| --- | --- | --- | --- | --- |
| Alabama | $671,000,000 | $495,000,000 | $94,000,000 | $83,000,000 |
| Alaska | $48,000,000 | $22,000,000 | $15,000,000 | $11,000,000 |
| Arizona | $857,000,000 | $579,000,000 | $162,000,000 | $116,000,000 |
| Arkansas | $436,000,000 | $291,000,000 | $96,000,000 | $48,000,000 |
| California | $4,371,000,000 | $2,750,000,000 | $969,000,000 | $652,000,000 |
| Colorado | $478,000,000 | $290,000,000 | $92,000,000 | $96,000,000 |
| Connecticut | $610,000,000 | $385,000,000 | $134,000,000 | $91,000,000 |
| Delaware | $162,000,000 | $108,000,000 | $30,000,000 | $23,000,000 |
| District Of Columbia | $94,000,000 | $41,000,000 | $32,000,000 | $22,000,000 |
| Florida | $3,935,000,000 | $3,045,000,000 | $431,000,000 | $458,000,000 |

As the number of Americans age 65 and older grows, we can expect the number of fall injuries and the cost to treat these injuries to soar. {Remember: 10,000 Americans turn 65 EVERYDAY!!}

May 24, 2019

**Senior Falls a Key Factor for Hospital Readmission**

FRIDAY, May 24, 2019 (HealthDay News) -- Fall-related injuries are a major reason why seniors are readmitted to the hospital within a month after being discharged, a new study finds.

"Falls are a trifecta in terms of reasons why they need an increased focus," said principal investigator Geoffrey Hoffman, an assistant professor in the University of Michigan's School of Nursing. "They are highly prevalent, cause a lot of damage, including death, and they are preventable."

The analysis of two years of data showed that the overall U.S. hospital readmission rate among people 65 and older was 14%, with rates of 16% among those with mental impairment and 13% among those with a previous fall injury.

Overall, fall-related injuries within a month of hospital discharge were the third-leading cause of readmission. The risk was higher among patients already considered to be at risk for falls, and those who were discharged to their homes or home health care.

Fall-related injuries were the second-leading reason for readmission among patients with mental impairment whose initial hospitalization was fall-related.

Falls were the leading reason for readmission among patients whose initial hospitalization was fall-related and who were discharged to home, even if they had home health care.

The University of Michigan study suggests that by providing personalized fall prevention instruction before discharge, especially for at-risk patients, hospitals could improve older patients' recovery and mobility, according to Hoffman.

"However, fall prevention is being left out of the discharge planning conversation and that needs to change," he said in a university news release.

Proper education is crucial, agreed study senior author Lillian Min, an associate professor of geriatrics and palliative medicine.

"Discharge planners, doctors, patients and families should develop a personalized plan to balance increased mobility and fall prevention," she said. This can include community-based programs, home modifications and education.

The findings were published May 24 in the journal *JAMA Network Open*.

**More information**

The U.S. National Institute on Aging has more about [fall prevention](https://go4life.nia.nih.gov/preventing-falls/).

**SOURCE:** University of Michigan, news release, May 24, 2019 (<https://consumer.healthday.com/senior-citizen-information-31/fall-health-news-748/senior-falls-a-key-factor-for-hospital-readmission-746641.html>)