Problem: Falls are common to the older adult but are particularly at high risk of a fall post hospitalization due to de-conditioning, medication changes, or new disabilities.

Evidence: Patient falls represent over one third of incidents reported in hospitals, and they are the largest single category of hospital adverse events.

Strategy: The Clinical Nurse Leader (CNL) of the Geriatric Evaluation and Management Clinic reviews the patients that are scheduled for follow up appointments from hospital discharge. Phone discussion with patients 48-72 hours post discharge.

Practice Change: The CNL identified that veterans did not understand medication instructions, were unaware of home safety equipment needs, and had difficulty performing activities of daily living. The current process in the clinic does not include post hospitalization follow up calls.

Evaluation: Implementation of the discharge follow up calls resulted in an increase in medication adherence, veteran identification of medication side effects; access to home equipment needs to improve self care, and social work services. During the six months of implementation of the post hospitalization calls one patient fell at home with minor injuries, a retrospective chart review indicated prior to the implementation of the calls four patients fell post hospitalization within 72 hours, one hip fracture and three minor injuries.

Results: The CNL identified the need for post hospitalization follow up call to improve communication with the patients to discuss home safety. It is noted that patients who had a fall in the hospital had more needs to be met to promote home safety. Falls post hospitalization are self reported and the circumstances are not well documented.

Recommendations: Improved handoff from hospitalists to primary care physicians and clinics to prevent falls and fractures post hospitalization especially with patient who have new disabilities.

Lessons Learned: Patients report increased satisfaction and reduced anxiety transitioning to home post hospitalization with follow up calls. Teach family and patient fall prevention safety at every encounter.

Bibliography: