A 304 bed acute tertiary care organization in Austin, Texas has implemented a pilot called "QUALITY HOUR". This process seems simple enough and almost something that has been a part of the past. It is not far off from the more antiquated multidisciplinary rounds. This is far from antiquated. The CNO, Sally Gillam, and several other Nursing Leaders decided to develop a measurable pilot with a goal to reduce falls. Numerous other variables may have been selected with this pilot, however, the team wanted to actually place realistic and quantifiable avoided costs associated with it.

**INTRODUCTION**

When implemented, improvements in core measure compliance, decrease in hospital-acquired conditions, and an improvement in patient safety was the aim:

- Improve quality and convenience of patient care
- Increase patient participation in their care
- Increase practice efficiencies and cost savings
- Improve communication between disciplines
- Encourage critical thinking

**THE FINANCE OF A FALL**

A hospital fall, defined as a sudden, unintentional change in position, coming to rest on the ground or other lower level, is among the most commonly reported hospital-acquired conditions and an error. When implemented, improvements in patient safety were the goal:

- Increased knowledge and compliance with core measures
- Decrease patient falls
- Decrease hospital-acquired conditions
- Improve communication between disciplines
- Improve patient discharge planning
- Improve identification of at-risk populations (ex: dementia, suicide, etc.)

**RESULTS**

<table>
<thead>
<tr>
<th></th>
<th>Falls 2012</th>
<th>Falls 2013</th>
<th>Added Days</th>
<th>Variance Cost/Day</th>
<th>Avoided Days</th>
<th>Avoided Costs</th>
<th>Cost/Fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical</td>
<td>5.5</td>
<td>1.3</td>
<td>3.5</td>
<td>$1,240</td>
<td>14.7</td>
<td>$18,228</td>
<td>$4,340</td>
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<tr>
<td>Non-Surgical</td>
<td>49.5</td>
<td>19.7</td>
<td>1.5</td>
<td>$562</td>
<td>44.7</td>
<td>$25,121</td>
<td>$843</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td>$43,349</td>
<td>$1,275</td>
</tr>
</tbody>
</table>

Variable costs per day calculated by Decision Support Systems (DSS) reports for 2013 YTD through January 17

Historical percentage of falls requiring surgical intervention are approximately 10-15%

For this analysis a 10% rate of surgical intervention was used

Expansion of pilot to add 2 similar units:

Projected total cost avoidance (PTCA) = 2 x $43,349 = $86,698

Additional labor costs would be incurred reducing the PTCA

**REFERENCES**

4. Johnson, K., personal communication, June 1, 2013.