

THE CONNECTICUT ASSOCIATION  
for *Home Care, Inc*

Incy S. Muir, RN, CNA, MPA  
Chair, Board of Directors

Brian Ellsworth  
President/Chief Executive Officer

TESTIMONY  
BEFORE THE PUBLIC HEALTH COMMITTEE  
REGARDING:

S.B. No. 1226

AN ACT ESTABLISHING A FALL PREVENTION PROGRAM

March 14, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Brian Ellsworth and I am President & CEO of the Connecticut Association for Home Care, whose licensed home health agency and homemaker-companion agencies serve over 75,000 elderly and disabled Connecticut citizens.

The Association **supports** S.B. 1226, which establishes a statewide fall prevention program. Falls are a big concern for home care patients and staff. CT has been a leader on this issue within the home care community nationally and we are pleased to support efforts to address this issue statewide.

Research has shown that 14 percent of Medicare patients fall within the first month after hospital discharge. If they are discharged to home health care - the odds go up to 20 percent due to the higher acuity levels of those receiving home care after a hospital discharge.

One of the leading reasons for incident reports in home care among is patient falls. These falls can lead to returns to overcrowded emergency rooms and re-hospitalization.

Home care agencies are experiencing increasing pressures to reduce the rate of falls among their patients in order to meet national benchmarks. At some point, Medicare payment systems are expected to move to "pay for performance" models, where some portion of payments are tied to outcome & process measures.

Implementation of fall prevention programming is listed as the top strategy used by home care agencies across the US that have reduced the rate of their patients returning to emergency rooms.

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The home care agencies that participated in the CT Collaboration for Fall Prevention helped develop and test an evidence-based approach that is efficient and effective. Competing demands and the shortage of front line staff frustrates attempts by individual agencies to develop prevention programming in-house.

Many home care agencies staff community screening clinics where fall prevention has been tested, via a Department of Social Services pilot study. This type of programming should be continued and available statewide.

The Association and its members stand ready to work with the State on reducing the risk of preventable falls through dissemination and adoption of best practices related to fall prevention. We strongly urge the enactment of S.B. 1226.

Thank you for consideration of our comments. I would be pleased to answer any questions you may have.