EASTERN MAINE MEDICAL CENTER
EMHS MEMBER

Fall Prevention: Improving Effectiveness

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Background

- Ways to help control fall rates include caregiver communication and bed alarms; however, the process measurements, such as response time and communication of the events, are important indicators of fall prevention, engineering controls and patient safety effectiveness. Research has found a statistically significant correlation between lower rates of falls with harm and the use of sitter programs, including sitter specific program designs
- Effective communication promotes greater adherence to plans of safety for these patients.
- Having a Fall Risk scale such as the Conley or Morse Fall Risk Scale, a nurse can get an idea of the risk, however this scaling may not always be completely accurate.

Practice Change

Assess compliance of bed alarms or sitter programs by RN staff of the medical surgical unit before and after providing bed alarm/sitter program education; observe for improved bed alarm/sitter practices by comparing the fall occurrence rates before and after the bed alarm/sitter program education.

Methods

- Administered paper survey to registered nurses as well as nursing techs.
- Posters posted throughout unit to spread awareness of the surveys

References
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Feil M, Wallace SC. The use of patient sitters to reduce falls: best practices. Pa Patient Saf Advis 2014; 11(1):8-14
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Measures and Results

FALL SURVEY

1. Do you consistently complete the Conley Fall Risk Scale?
       YES   NO
2. Do you know where to find the correct supplies; i.e., "Stop Stay with Me" sign, red socks, fall risk wristband?
       YES   NO
   Do you implement all or some supplies that are available to prevent patient falls?
       YES   NO
   Which fall prevention supplies do you use?
3. If told in report that your patient has a bed alarm on, do you check to be sure the bed alarm is on?
       YES   NO
4. How many sitters have your seen that are distracted by homework, television programs, or are sleeping? _____;
   What distraction have you witnessed? _____
5. When there is a 1:1 sitter with your patient, does the sitter assist the patient in ambulation or moving in the bed?
       YES   NO
6. What is the better strategy to prevent falls
       1:1 Sitter   OR   Bed alarm
   WHY?_____

Fall Poster

EVEN THE BEST FALL DOWN SOMETIMES

Eastern Maine Medical Center

Results (n=25)

What is a better way to prevent falls on Merritt 3?
- Neither 4.0%
- 1:1 Sitter 32.0%
- Both 44.0%
- Bed Alarm 20.0%
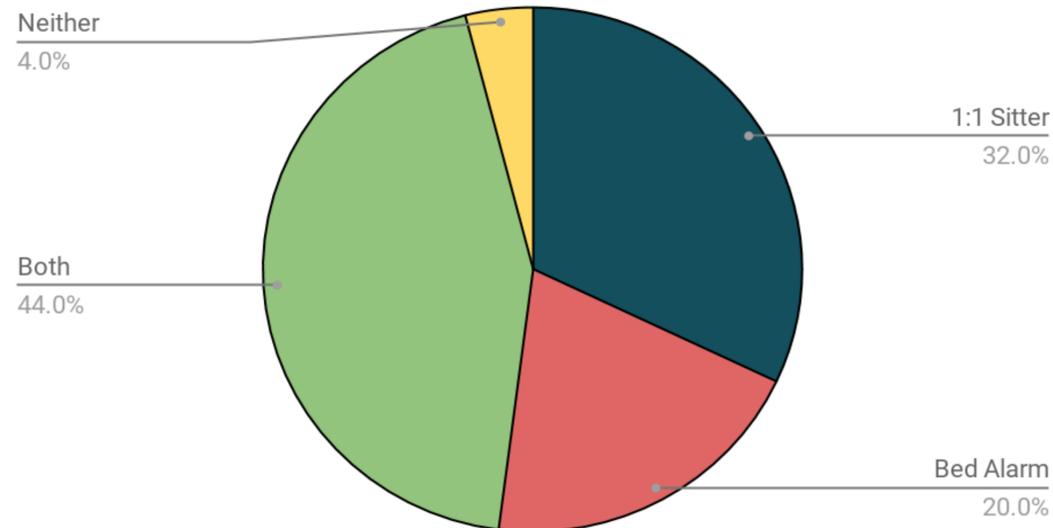
Summary/Discussion

- **With our project, we were able to assess the knowledge of nurses and CNAs on the unit about fall prevention techniques:**
  - Teach nurses and CNAs where the supplies (i.e. red socks, "Stop, Stay with Me" signs, and fall risk bands) are kept to increase usage
  - Implement a tracking system for how many days our unit can go without any falls.
- **Some feedback we received after the survey:**
  - "It often takes at least 5 seconds for the bed alarm to show up on the computer system, a sitter at the bedside can immediately visualize the patient and assist them back to bed or at the very least talk with the patient and remind them they can't be getting up."
  - "In some cases, 1:1 sitters are not always CNAs and they are not properly trained how to assist patients. For example, security does not touch the patient unless they become aggressive. These are the times where it won't matter if there is someone right in the room, the patient may still fall."

Conclusion

- Every nurse and CNA on M3S implements at least one of the "Fall Risk Prevention Techniques", whether it be placing red socks on their patients or activating the bed alarm or working with their 1:1 sitters to make a plan to keep the patient safe.
- There is no way to completely prevent a fall from occurring, but through communication, 1:1 sitters and bed alarms we can make it safer for our patients and reduce the number of falls on our floor.