



June 8, 2011

To Whom It May Concern,

The Medical Unit at Providence Centralia Hospital in Centralia Washington has been focused on reducing the number of falls for the patient who gets out of bed or chair unassisted and is at risk.

Our 27 bed unit has a number of different beds- less than half of these with built in bed exit alarms. The alarms on these beds require resetting after every activation. When staff forgot to reset the alarm after responding, the patient's next attempt would occur silently with the predictable outcome.

The alarm system used most frequently by staff involved a unit with a string attached to a metal disc which was clipped to the patient's gown. When the patient moved, the disc dislodged from the unit sounding an alarm. This system was of no benefit to patients who disrobe or are alert enough to unclip their gown from the unit. Yet it was the first choice for staff as it could be quickly found and set up.

As we looked at fall prevention alarm systems **time** was identified as the bedside nurse's most precious commodity. An alarm system needed to have all the parts immediately accessible and take seconds to minutes to set up. Anything requiring search and complex assembly would be a deterrent to its use. The Bed Check system demonstrated the unit parts could be present at the bedside- including the sensormat (which goes under the bed linens and is clipped to the mattress) and the cords which attach the system to the call light giving the responders the visual of the call light to quickly locate the room where the alarm has been activated. The system resets itself after it has been activated and is not dependent on staff memory to complete this step.

Working with Jeff Quinlan and his staff was a pleasure. We ordered units for every bed on our 27 bed Medical Unit. Our engineering staff hung the unit holders on the room console near the head of the bed. Staff was in-serviced over 2 days and our trial began for 6 weeks. Jeff's crew returned promptly during our trial when we identified the alarm sound we had chosen initially was too similar to the one on our oximetry machines. Another tone was chosen and quickly changed on every unit so the bed check sound was clearly identified. The number of falls related to patients getting out of bed or the chair began to drop.

We are only three months out of our trial phase. The number of falls related to patients getting out of bed or a chair has decreased. Where these kinds of falls did occur- **it was due to the system not being activated despite the patient's assessment as a fall risk.**

Our unit did have a 24 day stretch with no falls which is a record for us and a testimony to the use of the bed check. Our unit has chosen fall reduction as one of our quality goals for the coming year and I anticipate we will achieve it. I would be happy to answer any questions you might have about our experience with the Bed Check fall prevention system.

*Mary Jean Marsh*  
Clinical Nurse Manager  
Medical Unit  
Providence Centralia Hospital  
914 South Scheuber Road  
Centralia WA 98531  
(360)807-7900