



## HOW PROACTIVE MANAGEMENT REDUCES FALLS BY AT-RISK PATIENTS

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*Lynda Jackson, Director, Acute Care Services at St. Clare Hospital, manages the patient falls reduction program at the health care facility in Lakewood, Washington.*

Falls by patients and residents in healthcare facilities are an age-old problem. And the challenge to find solutions will grow as the population ages and care providers serve even more people who are elderly or who are physically, emotionally or mentally impaired, including those who suffer from dementia.

Some common responses used by caregivers to prevent or reduce incidents of falls have failed as either too controversial, such as restraints, or very costly, such as employing "sitters" who observe patients.

Controversy or costs aside, patient safety is paramount. Hospitals and nursing homes will need to address safety as more of their constituents begin to define quality care as much by attributes of compassion as by technical competence of the staff.

Future accreditation could possibly depend on it. Aside from other factors related to accreditation, about 50 percent of the standards established by the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) are directly related to safety. Some of the standards related to safety address issues such as the use of restraints and staff competence.

In fact, JCAHO's commitment to safety is prominent in the mission statement on its Web site:

*"To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations."*

### Success Story

To illustrate a successful program, the Franciscan Health System has implemented during the past three years proactive methods that have reduced the rate of falls by patients in its three hospitals in Washington.

Franciscan is affiliated with Catholic Health Initiatives, one of the largest not-for-profit health care systems in the U.S. The Washington hospitals include St. Francis Hospital in Federal Way, St. Joseph Medical Center in Tacoma and St. Clare Hospital in Lakewood. St. Clare has 106 beds and 539 employees.

The safety steps taken include:

- Installation of electronic sensing devices on beds that measure and signal when a patient shifts to a rising position, indicating that the individual is in the process of exiting the bed.
- Development of a staff performance improvement initiative.
- Continual education and training.
- Ongoing assessment that begins with early identification of at-risk patients and includes evaluation of any incident of falls.
- Evaluation and focused training based on each incident.

### Risk Management

Falls remain the most frequent type of accident within healthcare facilities. There are some facts about falls that remain certain and accepted. For example, the potential for falling increases with the age of the patient.

St. Clare has a very elderly population and many patients with psychiatric conditions and dementia. Those patients have a high potential risk for falls. Totally eliminating falls in a health care environment is not possible. On occasion, falls will occur, especially in an acute care situation where there are patients who are at a higher risk. There are patients who will get out of bed without help despite being instructed not to. The challenge is to manage the risk and reduce the incidents.

Successful fall reduction programs must begin with commitment by staff and management. Care and well-being of the patient are part of our philosophy. Safety is an integral part of that, not an afterthought.

While St. Clare did not have a high rate of falls, a concerted effort was made to further reduce incidents as much as possible; also to reduce the use of any restraints and the use of sitters.



*Jeff Quinlan, Sales Consultant with Medical Technologies, instructs St. Clare Hospital certified nursing assistant nurse Leonita Rozul on installing the control unit that can trigger an audible alarm and/or transmit a call to a nurses' station if a patient's weight is removed from the Bed-Check<sup>®</sup> Sensormat<sup>®</sup>, which is inserted under the bed sheet. The system helps reduce falls by patients in the acute care facility.*

In 1998, hospital staff, working with Medical Technologies, a distributor of medical equipment and supplies, tested the Bed-Check<sup>®</sup> monitoring system. Bed-Check Corporation, based in Tulsa, Okla., first developed the system of patient fall reduction monitoring devices in 1978.

The Bed-Check system includes the following components:

- A disposable Sensormat<sup>®</sup>, a thin heat-sealed pressure-sensitive strip, about 4 inches wide and 29 inches long, which a staff person positions

under the bed sheet. It senses movement by the patient and transmits a signal if the weight of the patient is removed from the mat, thus alerting staff if the patient is trying to sit or stand up.

- The Sensormat is plugged into a control unit that can trigger an audible alarm and/or transmit a call to a nurses' station. The unit is AC powered and is programmable for alarm sound or music as an option, intensity and delay time. It also can be programmed with patient identification and provide a record of the previous 24 alarms with computer output.

St. Clare now stocks units to cover all its acute care beds. The units also are used in the other Franciscan Health System hospitals.



*St. Clare Hospital conducts an ongoing effort to maintain a high level of consciousness regarding risks and reduction of falls by acute care patients. The use of a "Fall Precautions Protocol" details procedures for assessment, fall precautions, patient education and post fall surveys and reporting. Items such as wristbands and color-coded alert cards placed on room doors and on charts of patients identify at-risk patients.*

### Learning Curve

As St. Clare began installing more units in 1999, following the test period, it became apparent that more staff training was needed on how to correctly place and operate the units as soon as a fall risk patient is assessed, not after the patient falls.

Falls were occurring during shift changes or breaks and due to improper application of the alert system. The current program with its checks and balances evolved from that early observation.

The components of the program include the following:

- Oversight by a Safety Committee.
- A formal, written operating plan: "Fall Safety: A Performance Improvement Imperative." In it are a mission statement, goals, tasks and Failure Mode and Effects Analysis (FEMA) guidelines.
- Utilization of the FEMA process to predict and prioritize risk based on probabilities and consequences of falls, as well as staff knowledge, competence and compliance.
- Initial and ongoing assessment of patients is a critical factor in identifying risk and reducing incidents through appropriate intervention, including monitoring.

- Training, education and communication to increase staff and patient awareness and staff competence and compliance.
- The use of a "Fall Precautions Protocol" that details procedures for assessment, fall precautions, patient education and post-fall surveys and reporting.
- Identification of at-risk patients through use of wristbands and color-coded alert cards placed on room doors and on charts of patients.

### Ongoing Awareness

St. Clare also conducts an ongoing effort to maintain a high level of consciousness regarding risks and reduction of falls. In addition to formal training of staff that includes meetings, one-on-one training and videos, the hospital has an effective poster campaign based on the theme, "Did You Know That?" For example, each one of a dozen current posters carries that question as a headline, followed by a graphic related to responses, such as:

- Problems with mobility increase the risk of falls.
- If they fall, women frequently suffer more serious injuries.
- A history of previous falls increases your risk of falling again.
- The main consequences of falls are:
  - death
  - psychological impact
  - institutionalization.



*Jennifer Gleason (left), Clinical Manager, and Patricia Spencer, Unit Based Educator at St. Clare Hospital, review a presentation used to educate staff and patients on prevention of falls in the acute care facility.*

### Results

By all measures, the program is working. The patient population has increased 17.6 percent in 2003, yet there has been no increase in falls. There actually has been a decrease in incidents. Use of restraints has decreased 99 percent and fewer sitters are used.

The nursing staff was responsible for the increase in use of the Bed-Check monitoring system. They actually asked for 100 percent support for acute care beds. Now staff has requested units for chairs and wheelchairs as well, which is in the plan.

The key is to approach the challenge on the basis of patient dignity. Falls in a hospital or nursing home will never be totally eliminated. So the program must be focused on reducing the incidents, while getting rid of regressive techniques such as restraints and saving costs by reducing sitters.

#### ABOUT THE AUTHORS

Lynda Jackson is Director, Acute Care Service, St. Clare Hospital, Lakewood, Wash. She had retired from USAF after 24 years of active duty service and had been Director of the Medical-Surgical and Critical Care units at St. Clare for the past six years supervising 200 employees.

Jennifer Gleason is Critical Care Clinical Manager, St. Clare Hospital, Lakewood, Wash. Quickly moving to this position after only two years as an RN, she earned her critical care certification and manages 95 employees.

For a second consecutive year, St. Clare Hospital was rated among the nation's top 100 hospitals in delivery of high quality, cost-effective medical care in 2001, according to a study announced in December 2002 by the Solucient Institute. In the study, "100 Top Hospitals: National Benchmarks for Success," the Evanston, Ill.-based health care information company evaluated clinical, operational and financial performance information from every hospital in the U.S. that accepts Medicare payments.

Further information about Franciscan Health System and St. Clare Hospital is available on the Web at: [www.fhshealth.org](http://www.fhshealth.org).

Published by:



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 1-800-523-7956 • 1-918-592-3338  
 Fax: 1-918-582-9828  
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