FALL PREVENTION:
Bed alarms, Motion sensors, and MORE!!

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Objectives

• Identify the contributing factors that may place the patient at risk for falls.
• Describe falls prevention measures.
• Increase knowledge of the morbidity and mortality associated with patient falls.
Significance of Falls

- Falls & Injury prevention is a Public Health Priority
- No Geographic Boundaries
- Affect Males and Females of ALL Races, ALL Age Groups
- CDC ranks death due to falls #3 Nationwide
- Monitored by Administrative and Government Surveillance Systems (e.g. CDC)
- Medicare reimbursement-Healthcare agency **must** collect the outcomes and risk assessment focus on the patient fall
OH, SO WHEN I ASKED YOU IF I SHOULD MAKE A LEFT AND YOU SAID "RIGHT" YOU MEANT AS IN CORRECT... YEAH, I TOTALLY MISUNDERSTOOD THAT.
The Whole Story…

• Nurses hear similar stories and witness the patient’s perspective
• Patient perspective
• The other half is what the Nurse/Provider thinks and does about the fall
Culture of Safety

- Patient falls or the lack of are a marker of quality of care by nurses
- Mobilize partnerships
- Protect Health and Ensure Safety
- Insights and Solutions to problems related to falls and their prevention
- Risk factor reduction: Intrinsic & Extrinsic
Fall Definitions

• Cochrane review shows wide range of case definitions & methods used to measure falls. 44/90 publications provided no definition of the term “FALL”

• Government:
  Patient Fall
  Patient Fall with Injury
  Sentinel Event

• Provider Terminology
  Fall - Faller
  Frequent Falls
  High Risk-Low risk-No risk to Fall
Fall Definitions cont.

• Patient Terminology
  — “suddenly went down”
  — evoke emotional response: fear, anger, frustration, helpless, & hopeless

• Pay close attention to the words and phrases used to describe their fall.
  — This helps to identify the impact the fall had in their life
ANA & National Quality Forum define patient falls

“An unplanned descent to the floor (or extension of the floor, e.g. trash can or other equipment) with or without injury. All types are included, whether they result from physiological reasons or environmental reasons”.

Deanna Gray-Miceli, 2014. 5 EasySteps to Prevent Falls
What we know about falls

There are 3 types of falls:

• Anticipated physiological falls (fall prone) - 78%
• Unanticipated physiological falls (stroke, seizure, cardiac arrhythmias) - 8%
• Accidental (slipping, tripping) – 14%

Fell/Gardner, 2012
Facts

• No evidence-based instrument exists that can accurately identify older adult at risk for falling

• Use of the Morse Fall Scale itself isn’t sensitive enough to identify patients at the highest risk for falls!!

• Single most reliable risk factor to predict future falls is a history of falls
What’s Your Approach??

• Careful history
• Witnessed/ Unwitnessed
• Injury risk examination of **WHY** the fall occurred
• Patient indicators:
  - Physiology changes
  - Multitude of events and pathology
• Modifiable intrinsic or extrinsic risk factors
  - A potential for reversibility
Video
Modifiable Risk Factors

- Medications (sedatives-hypnotics-anti anxiety, …)
- ETOH
- Delirium
- Syncope
- Visual Impairment
- Gait/Balance impairments
- Fatigue/Weakness
- Urinary issues
- Orthostatic hypotension
- Abnormal Lab: anemia, hyper/hypoglycemia, sepsis
Standard of Care

• Health History
• Focused exam
• Environment
• Fall type
• Inform, Educate, and Empower the Patient
Injury Prevention

• Create a Safety Culture
  - Inter-professional/Interdisciplinary

• Post Fall Huddle
  - Process measure to ensure that each patient’s fall type is identified
  - Appropriate Plan of care / Intervention for the give fall type

• The Hand-off
  - Best practice intervention – communication
  - Back up plan?
  - Communication chain
Handoff

• Effective Communication:
  Clear
  Concise
  Concrete
  Correct
  Coherent
  Complete
  Courteous

• Walking rounds
• Patient Reports
You know you're not allowed anything to drink before your operation!
Empowerment

• **Patient Education**
  - Dynamics surrounding the receptivity of information.
  - Signs helpful but do not provide information about why the patient was at risk and what could be done to prevent a fall.

• **Patient Engagement**
  - Motivation to learn
  - Perceived threat of illness and benefit of preventive action.

• **Patient-Centered Care**
  - Elements of a teaching plan: goals (short/intermediate/long range)
  - Goal - prevent falls/prevent falls from reoccurring.
J81 Falls Prevention Project

- No bedside commodes are to be left next to patients bed. Must be “out of sight”.
- No walkers are to be left at the patient’s bedside unless approved by management.
- Bed alarms ON for all high risk patients/ICU transfers for 1st 24 hours
- Landing strips/mats ordered on ALL new amputees
- Targeted Toileting
Alarms/Fall Prevention items available
Chair Alarms
Landing Strips
Long and Short of the Problem...

Adam, an elderly man was seated in the doctor’s waiting room. When he was called in to see the doctor, Adam slowly got up, and, grasping his cane and hunching over, slowly made his way into the examining room.

After only a few minutes, Adam emerged from the room, walking completely upright. Paul, another patient who had watched him hobble into the room all hunched over, stared in amazement. ‘That must be a miracle doctor in there.’ he exclaimed. ‘What treatment did he give you? What’s his secret?’

Adam stared at Paul and said, ‘Well, the doctor looked me up and down, analyzed the situation, and gave me a cane that was four inches longer than the one I had been using.’
QUESTIONS??