PRESENTERS

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Sound the Alarm! Standardizing the Use of Alarms to Decrease Falls

Background

The Salem Health adult inpatient harmful fall rate (HFR) increased from FY '19-FY '21. Harmful falls have a significant impact to the patient, staff, and the organization.

Purpose

To decrease the HFR from 0.71 to 0.50

Methods

- ✓ Develop Fall Prevention Alarm Standard Work providing guidance on interventions
- ✓ Leaders provide 1:1 education with staff members
- ✓ Implement daily management to ensure appropriate alarm activation

STANDARD WORK: Guidance on Fall Prevention Alarm (Bed, Chair, Shoulder) Use, Activation, and Verification

Purpose: To provide a standard system for alarm use for fall prevention at SH

Inputs: RN, CNA, PCA, ED Techs, CCT, Fall Risk Assessment (John Hopkins, ED, or IPR)

CONTENT in SEQUENCE

Sequence	Brief summary of task
1.	• Every adult inpatient on acute care units is assessed using the John Hopkins Fall Risk (JHFR) Assessment tool on admission, every shift, and as needed. • Every ED patient is assessed using the ED Fall Risk Assessment.
2.	**Inpatient:** Care providers should utilize an alarm for inpatients who • Score as a high fall risk (>13 on JHFR) • Score as a moderate (6-13 on JHFR) **AND** meet at least one of the following criteria ○ Are confused or have potential to be confused (e.g. Sundowners) ○ Are impulsive or have the potential to be impulsive (e.g. received Lasix and may have urgent need to utilize the bathroom) ○ Are physically unable to maintain position ○ Have ***not*** demonstrated ability to call appropriately and wait for staff at least <u>3</u> times (consider that a patient's abilities are fluid and may change depending on interventions, medications, procedures, etc.)

Older Model **Newer Model**

- The care provider sets the alarm and waits to hear a "beep" to ensure it was activated.
- Now double check! On older beds, the sensitivity setting will have a green light activated; on newer beds, there will be a green light at the foot of the bed.

Older beds – green light present

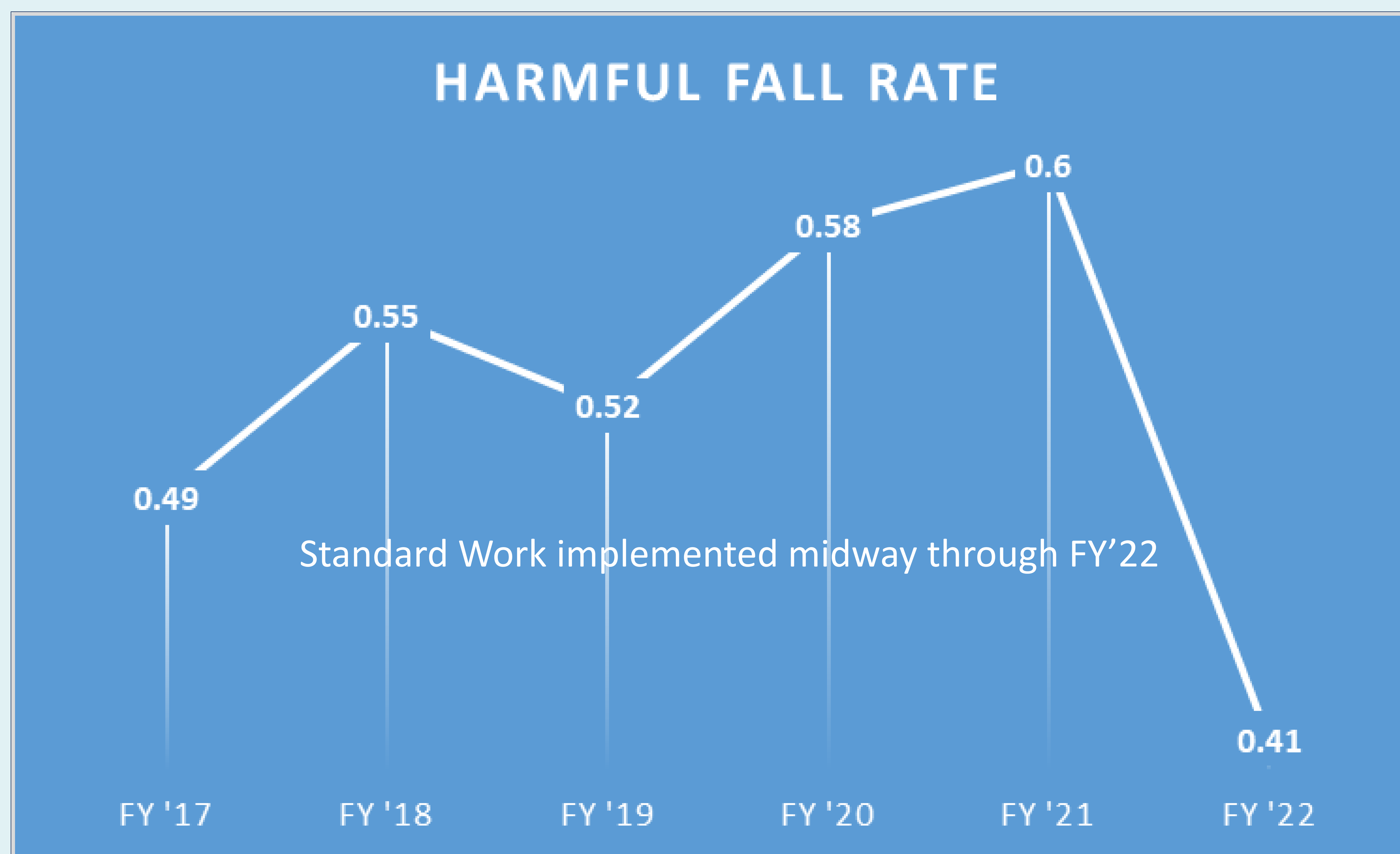
Newer beds- green light at foot of bed

<u>**Chair alarm**</u>**:** a patient is in the chair and has the potential to slide down in the chair without a shoulder alarm being activated

- Before patient sits in chair, care provider places sensor pad alarm in chair (may place inside pillow case or under chux so alarm is not in direct contact with skin.
- Care provider then connects sensor pad cord to port on bottom of tab alarm that says "pad."

Results

- HFR decreased from 0.60 in FY '21 to 0.41 in FY '22
- Total fall rate decreased from 2.03 in FY '21 to 1.92 in FY '22
- Falls that occurred in which there was a missed alarm opportunity decreased from 38% to 25%
- Compliance with new alarm standards improved from 75% at baseline to 87%



Implications

- Alarm activation Standard Work based on fall risk can decrease the incidence of both harmful falls and total falls.
- Daily management is essential for success and sustainability of alarm standards.
- Integration of Smart Client technology can assist with safety checks, but follow-up with staff is essential to ensure understanding of guidelines and patient safety.

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This poster was made possible by a grant from the Salem Health Foundation.

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