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Eliminating Alarms Can Help Reduce Falls

So much of the effort to reduce patient falls has focused on the use of alarms and physical aids that the suggestion of eliminating those tools can sound heretical. But some healthcare facilities are forgoing alarms and other methods on the theory that they can give both patients and staff a false sense of security.

Between 700,000 and 1 million people fall in U.S. hospitals every year, according to a recent report from The Joint Commission, with about a third resulting in injury. Even worse, 11,000 hospital falls a year are fatal. Risk managers know that these falls also have a significant effect on the healthcare organization, as injuries related to falls result in an average additional 6.3 hospital days. The cost of a serious fall with injury averages $14,056 per patient. *(For more information on The Joint Commission report, see related story on page 126.)*

Oakwood Lutheran Senior Ministries in Madison, WI, was no different. Oakwood experienced falls at its six continuing care retirement centers even though it had employed the typical alarms, fall pads, and low beds. But two facilities are trying a new approach by eliminating those tools. Director of Quality Assurance and Risk Management **Lauren Hartlaub,** RN, WCC, CLTC, says the results have been encouraging.

One nursing home already

was alarm-free, and another considered the change as part of an organizationwide fall quality improvement project in 2015, Hartlaub says. Each facility implemented a different fall prevention strategy, and Oakwood created a new falls reporting and review system that is available to all of them, tracking trends such as type of fall, time of day, and primary causes.

"There is a lot of research suggesting that they don't decrease falls and actually can increase falls. Patients and family turn the alarms off, or staff forget to turn them on," Hartlaub says. "Staff members also have alarm fatigue, so they don't always run to the alarm. They tune it out — not intentionally, but because they have so many alarms and other noise."

False Sense of Security

For those reasons, the fall alarms can give everyone a false sense of security, including patients and family members, Hartlaub explains. Without alarms, staff are forced to round more frequently and focus on efforts to prevent falls rather than being notified after they happen, she says.

Eliminating alarms also improves the patient experience, particularly by providing more restful sleep.

"Often the batteries are running low, or if they're not positioned perfectly on the mat, the alarm will sound or chirp at them," she says. "Patient and customer satisfaction is better without alarms."

The second facility launched Operation Quail in April 2016, with the goal of becoming an alarm-free facility by July 1. Fall mats and low beds also were phased out as part of the change. That facility already was not a heavy user of alarms because most patients were rehab and not the elderly or dementia patients more common in other Oakwood centers.

A flier and poster promoting the project included this reassurance: "This is going to a be a scary but exciting change in the direction toward more person-centered fall interventions and an overall culture change." Operation Quail kicked off with an ice cream social with all staff and corporate leaders invited.

That initial presentation of the idea was key to the program's success, Hartlaub says. Staff might resist such a change if they do not understand the reasoning behind it and how it will work for their day-to-day activities, she says, so the kickoff event allowed everyone to learn and get on board.

"Sometimes as risk managers we get excited about an idea and want to go full force with implementing it, but the staff are the ones who will actually be doing it, so we have to get their buy-in from the beginning," she says.

Staff More Aware of Falls

The Oakwood facility met its goal of going alarm-free by July, and Hartlaub says the effort has been a success. The reduction in falls is not dramatic so far, going from four falls at the facility in January 2016 to three in June as the facility neared total elimination of alarms, but Hartlaub says the experience confirmed that the change was the right move.

"Their fall rate is extremely low so we didn't expect to see any huge decrease in the numbers, but staff are more aware of falls and that was one of the primary goals," she says. "We're focusing on really being proactive and anticipate the residents' needs."

Low beds and fall pads were eliminated because they actually can cause falls, Hartlaub explains. At Oakwood facilities, self-transfer was the most common root cause of falls and those tools can increase the danger for residents who have difficulty rising on their own.

When a resident has been advised not to get up without assistance but does so anyway, trying to rise from a low bed can be more difficult and create more instability, she explains. Fall mats can be helpful when a resident rolls out of bed, but for someone trying to get up without help the fall mat can become a trip hazard and a slippery, unsteady surface for standing.

Eliminating alarms requires more patient and family education about falls, Hartlaub notes. Many Oakwood residents are transitioning from hospitals where fall alarms were common and expect the same at the

EXECUTIVE SUMMARY

Some healthcare facilities are eliminating fall alarms and other preventive measures. Advocates say the alarms give a false sense of security, and patient safety is improved without them.

- Alarm fatigue can lessen the usefulness of fall alarms.
- Educate staff well before changing alarm use.
- Maintaining mobility is important for elderly patients.

new facility.

"We have to take the time to explain how alarms don't reduce falls and actually can have a lot of adverse effects," Hartlaub says. "They understand once you explain, but you do have to take the time to inform them."

Fall alarms also can impede mobility and increase falls that way, says **Marcus Escobedo**, program officer with the John A. Hartford Foundation, a nonprofit in New York City dedicated to improving the care of older adults. Alarms can send the message that patients should not be mobile because it is too dangerous, but increasing mobility is one of the best ways to reduce falls, he says.

"There are similarities with the use of restraints," he says. "The fall alarm may not physically restrain the patient, but it tells them that they should stay where they are or an alarm will sound. If they comply with that, or if you're using restraints or chemical restraints like sedatives, they get less mobile with time and the risk of falling increases."

Better strategies include those that do not reduce mobility but help the patient or resident get stronger and walk without falling, Escobedo says, such as handrails and proper footwear. Escobedo recommends reviewing the fall prevention strategies used by the Pioneer Network, which supports better living for the elderly. *(See Pioneer's advice online at: http://bit.ly/2dG64uD.)*

Elderly people experience a 5% muscle mass loss for every day they stay in bed, says **Elizabeth Landsverk**, MD, geriatric medicine and dementia specialist, and adjunct clinical professor at the Stanford (CA) University School of Medicine. For younger adults, immobility results in a 1% loss of muscle mass per day.

"There should be a focus on keeping people active," she says. "The admission process should include a physical therapist consult, and then there should be a plan for keeping this person mobile. I'm a huge fan of physical therapists."

There is little substitute for supervision by staff, with frequent rounds and proactive steps to prevent falls, she says. Landsverk still supports the judicious use of alarms but agrees that they can give a false sense of security in some situations.

"I've seen patients who were more cognitive figure out that they can unclip the alarm and just walk around with it in their shirt pocket. It doesn't sound because they didn't pull apart the magnetic breakaway connector," she says. "It's that kind of thing that you have to keep in mind so you don't put too much faith in technology." ■

SOURCES

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