



advance for Providers of Post-Acute Care

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Protection & Prevention: But Does it Work?

By Andrea Harman, Raleigh Ormerod and Deb Nelson

Many patients and residents are at high risk of falling, and complex diagnoses mean that more than one intervention may be needed to reduce that risk. To make the most of available risk-reduction products, clinical staff need to be educated and supplied with helpful protocols and supportive devices.

There is an array of fall monitoring products on today's market that do not offer a complete description of their application or purpose. This ambiguity often leaves purchasers without strong direction in their choice of products. Long-term and subacute care providers often need to evaluate a variety of fall prevention products--everything from hip protectors to bed alarms--to determine their relative effectiveness.

Since patient safety is a main focus in today's health care environment, gauging product effectiveness is vitally important. Clinical trial results stemming from formally funded research may be hard to find, so many health care organizations rely on the clinical judgments of their own internal fall prevention or product evaluation committees to determine product viability.

DEVELOP A COMMITTEE

Before choosing interventions, you should form an interdisciplinary committee that will design a plan of action and protocol to decrease falls. Fall prevention teams can have two people or a whole administrative board. Consider this sample committee and member duties:

The director of nursing facilitates meetings, collects data and incorporates the program into nursing policy.

A nurse manager ensures adherence to policy and instructs staff on device usage.

A risk manager or patient safety officer calculates liability costs, acts as team/ administration liaison, quantifies intervention methodology impact and may provide program funding.

A purchasing/material manager gathers device/supply information.

A biotechnology/facility manager ensures that all devices are working properly.

Other members of the fall team could include physical or occupational therapists, physicians, nurse practitioners and a security director.

EVALUATE INTERVENTIONS

The product evaluation team will concern itself with the full spectrum of interventions and will likely focus on products available to monitor and reduce falls. For each product the committee should do the following:

Establish a baseline, i.e. collect current fall data before trying the product or intervention method.

Use the device or intervention method within a specified period of time and with a sample of patients.

Measure and analyze the impact of the product during the evaluation period. Did it change the activity of staff and the care delivery to residents? Were there fewer falls? If so, how many or what was the

percentage of change? Did the product or intervention seem to reduce the likelihood of falls in the future? Would it help save staff time and money?

The team should also consider if the product is:

- appropriate for the task to be accomplished
- within the standards of JCAHO safety guidelines
- safe for both patient and caregiver
- comfortable for the patient
- easy to understand and use
- maintained with minimal effort
- versatile
- portable
- easy to clean within infection control guidelines
- readily available when needed
- cost effective with reasonable life span
- compatible with existing systems, i.e., nurse call systems
- able to promote personal dignity
- manufactured by a reputable company that has a shared interest in developing your program, offers inservice training either on site or electronically and offers product integration consultation. Good manufacturers offer ongoing program support, staff education options, and ideas and programs to promote staff and family acceptance and compliance.

LONG-TERM SUCCESS

A fall prevention team may approve the use of several product interventions. The committee may also standardize the use of a specific product or intervention for a particular patient type. For all interventions, keep track of their ongoing usefulness. Consider the following:

Outcomes, including the numbers of falls, the extent of injuries before/after the fall prevention program was in place, injuries by type, post-fall treatments, legal or other ramifications

Processes. What interventions were or were not in place when each specific fall occurred? Were the right devices used by patient type? Was it properly installed/used? Do falls tend to occur more on one shift than another? Is more staff training needed?

Planned improvements/changes. The committee, upon its review of outcomes and processes, should recommend and document areas for change to ensure continuous improvement. Balancing measures may be used to ensure that one area is not getting worse when another is improving, e.g. ratios such as restraint use/fall rates.

Providers who look at the actual bottom line, compared to budget lines, will agree the cost of intervention is small compared to risk. A good fall prevention program is the cornerstone of quality care in today's post-acute care facilities.

Andrea Harman is national account manager, Raleigh Ormerod is marketing director and Deb Nelson is VP of customer service at Senior Technologies Inc., a division of Stanley Security Solutions.