Using Communication to Decrease Falls in the Hospitalized Elderly Population

Roxanne L. Breighner BSN, RN, NE-BC, CEN 07 February 2018

The hospitalized elderly is a population that faces many challenges. These challenges can significantly impact their safety. One concern is the unplanned descent to the floor or a fall. MCN Healthcare blog states 700,000 to one million patients fall in hospitals across the United States each year. The MCN Healthcare blog indicates that one-third of these falls could be prevented.[1] The Center of Transforming Healthcare Project released some staggering statics that depict the consequences of falls for the elderly patient: 11,000 fatal falls occur each year, the average cost of a fall is $14,056, 30-35 percent of patients who fall sustain an injury, and injuries result in 6.3 additional hospital days.[2]

As a nurse manager for 9 years, I reviewed fall data from my unit and realized many of the falls occurred as a result of the patient not ringing for help or not waiting for assistance after calling for help. During patient interviews, the patient frequently stated, “I thought I could walk by

myself." The source of the problem seemed to be rooted in the patient's fear that no one was coming to their aid. How can nurses combat this problem? Nurses have many devices to assist in fall prevention: bed exit alarms, pad alarms, non-skid slippers, fall bracelets, and fall assessment tools. Unfortunately, patients continue to fall.

Using the innovative concepts of copy, transform, and combine, the idea of applying a communication tool to the current means of fall prevention began to take form. Nurses use a dry erase board to communicate dates, names, plans, and goals to their patients. Combining the information on the dry erase board into a smart white board and adding an interface with the bed exit alarm, provides notification to the nurse the patient is attempting to exit the bed but more importantly informs the patient "help is on the way." Activation of the bed exit alarm, sends a message to the personal phones carried by the nursing staff and to the communication board. A video of the current nurse caring for the patient displays on the white board. Using a personalized message, the nurse explains to the patient to sit still, as help is on the way. The goal is to slow the patient's exit from the bed giving the nursing staff time to reach the patient and successfully prevent a fall.

Success of the video alert fall prevention communication board will be determined by monitoring fall rate data and patient experience outcomes. Fall data is measured by the number of falls per one thousand patient days. This data

is gathered on a monthly basis and benchmarked with like organizations and nursing units. Additionally, the mechanism of the fall should be monitored to determine if falls related to exiting the bed are decreasing. This information can be obtained by the nurse manger studying the data and compiling a Pareto chart of fall information. Patient experience outcomes should be monitored to assess the patient's opinion of the video alert fall prevention communication board. Currently, there are two questions that could potentially monitor the effectiveness of the communication board: friendliness/courtesy of the care provider and help was received in a timely manner. With implementation of the communication board, specific questions about the board could be developed for the survey. Rounding on patients and families to learn about their personal experience with the communication board will also provide instant feedback and allow for necessary changes to be applied immediately.

Anti-fall technology is currently being used with smart white boards and beds. However, this technology focuses on algorithms that determine the likelihood of a patient fall. When a fall is predicted the technology displays visual alerts of fall risks and steps to implement to prevent a fall. The premise of the video alert-fall prevention communication board is to communicate with the patient and the nurse. Communication with the patient opens the door for other possibilities. For example, the prevention

and treatment of delirium. Delirium is the sudden onset of confusion frequently seen in the hospitalized elderly patient. The video alert-fall prevention communication board can display a window showing a view of the outside, adjusting for day/night simulation. The view can be individualized to meet the personal preferences of the patient; helping the patient maintain orientation and promoting sleep cycles (hospital rooms are required to have a window, many window views are less than adequate, such as brick walls).

Although the primary intent of the video alert-fall prevention communication board is to prevent falls, the aspects of its functions are limitless. Placing the emphasis on communication between the patient, family, and health providers improves the scalability and potential growth of the video alert-fall prevention communication board. My intentions are to trial the communication board with a limited number of patients, using small cycles of change to refine the tool and ensure patient safety. Attention must be placed on usability by the bedside staff. By conducting a small trial, it would allow for the bedside staff's opinions and ideas to be considered and acted upon. Obtaining the support of the staff is critical in the diffusion and promotion of the innovation. Social networking and word of mouth by the staff participating in the trial will assist in the success of the product. Next steps upon achievement of a working product would lead to relationship building and partnerships with hospital bed manufacturers. It is

important to realize the product can be used beyond the hospital and in environments such as rehabilitation centers and nursing homes.

Improving communication between patients, families, and healthcare providers, whether it is nursing staff or ancillary support departments such as dietary, physical therapy, or the physician, is of utmost importance. If communication can be combined with tools to prevent falls and improve patient safety it is a win-win outcome for everyone. Keeping the patient at the center of the design and considering their opinions will help lead the way to a relationship that promotes health and safety beyond the bedside. As a social innovation, the video alert-fall prevention communication board impacts patient safety as well as improving management of medical resources and decreasing medical costs. All are important aspects in improving safety and efficiency, as healthcare professionals provide medical care to the elderly.

Works Cited

[1] "Patient Falls Top TJC's 2Q 2016 List of Reported Sentinel Events," MCN Healthcare, accessed August 16, 2016, Link

[2] Jeff Ferenc, "Joint Commission Targets Solutions for Fall Prevention: Project Posts Impressive Fall Reduction Statistics," Health Facilities Management, accessed July 14, 2014, Link