

Can You See Me Now?

Cathy Gray, RN-BC, CCM / ACE Team

Sidney and Lois Eskenazi Hospital; Indiana University Geriatrics



ESKENAZI HEALTH

Background

The CMS stated approximately 11,000 fatal falls occur in the hospital annually (1). Between 30-35 percent of the patients who fall sustain an injury (2-6). Each of these injuries, on average add 6.3 days to the hospital stay (7). Cost for a fall with injury is about \$14,056 (8-9)

The goal was to identify patients requiring greater oversight for safety throughout the acute setting. Determining if greater visibility in identifying the at risk patient does increase staff awareness of the vulnerable patient.

Driven by the initial admission and reassessment Fall Risk screening tool at risk patients are identified. Staff provides education to the patient and family regarding falls, injury and actions to minimize or avoid said situation. The patient is physically identified by wearing a Fall Risk Indicator gown attachment. This alert is conveyed visually to the multidisciplinary staff by utilizing a physical identifier as well as by traditional charting methods.

Study and Population

The study was conducted on the inpatient general medicine service of Eskenazi Hospital (EH). EH is a 450-bed, university-affiliated, urban, public hospital that is staffed by Indiana University School of Medicine faculty and house staff. EH provides care to the indigent and underserved population of approximately 750,000 in Marion County.

Methods for Usability Testing

A nursing unit was designated at Eskenazi Hospital for the Fall Indicator trial. Ten East was selected as it accommodates patients with potential surgical interventions with additional oversight required post-op. The nursing staff is telemetry trained and each patient is equipped with telemetry monitoring. The trial focused on patients scoring greater than six (6) on the fall risk scale.

Commonly Utilized Fall Risk Identifiers in the Acute Setting

The color yellow has been designated as the universally accepted alert for the at risk patient. Patients with a higher probability to fall are provided door magnets for their hospital room, wrist bands, yellow socks and yellow blankets.

However, each of these identifiers comes with its own limitation.

This trial has explored these limitations that can effect their overall benefit. Identifying these issues and determining the pros and cons will allow you to determine which tool you may want to utilize in identifying your greater risk patient.

Secondly, by comparing each identifiers visibility and limitation it could be ascertained which identifier(s) are more appropriate for your patient or patient care setting. Thus, optimizing the cost effectiveness of patient identifiers.

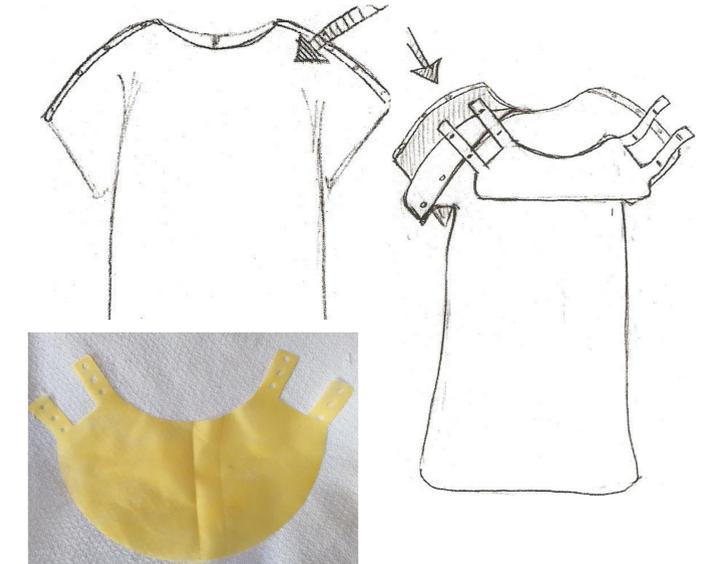
Identifiers and their Limitations

Door Magnets: Unfortunately are often overlooked at discharge and remain on the patient door jamb until the next admission. Thus, eventually desensitizing staff to their alert.

Wrist Bands: Can be cumbersome to the patient and removed for bathing and never be reapplied. Can often be found sitting on a bedside table.

Yellow Socks: Patient may remove after becoming too warm, commonly found tied to the bed footboard, leaving the patient with no identifier when not in bed. Patients may require an additional pair (or more) during hospitalization after bathing or becoming soiled.

Yellow Blankets: Not accompanying the patient when being transported outside the room, family members utilizing or removing from the hospital.



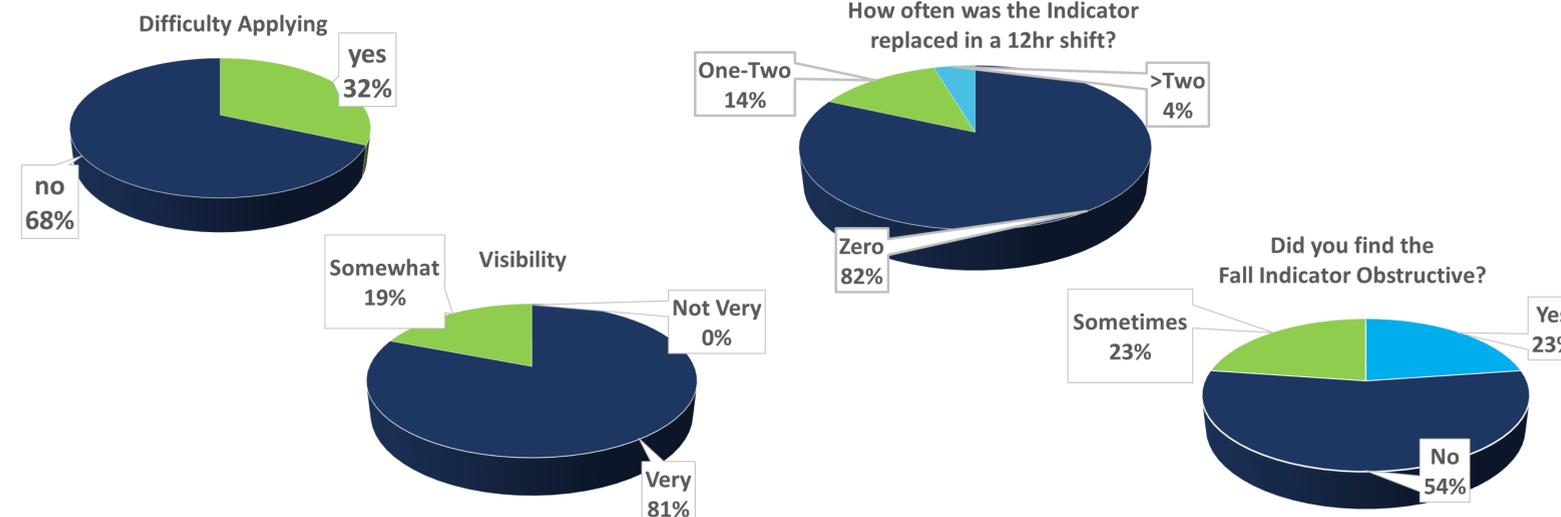
Conclusions

We successfully completed usability testing of a new fall risk indicator in an acute care environment.

Response from nursing staff was generally positive with strengths of ease of dissemination, application, and high visibility.

Next steps include evaluating patient feedback and correlation with clinical outcomes such as falls and costs.

Trial Overview: Completion Questionnaire



References

1. Spoelstra, S. L., Given, B.A., and Given, C.W. (2012). Fall prevention in hospitals: An integrative review. Clinical Nursing Research. 21(1). 92-112
2. Oliver, D., Healey, F., Haines, T. Preventing falls and fall-related injuries in hospitals. Clinical Geriatric Medicine. 2010;26:645-692
3. Wu, S., Rubenstein, L., et al. (2010). A cost-effective analysis of a proposed national falls prevention program. Clinical Geriatric Medicine. 26:751-766