



Nursing Home Services

Case Study

Jewish Rehab Takes Innovative Approach to Reducing Falls

Facility Removed Alarms to Reduce Falls

Background

Despite the dedicated work of two committees and the implementation of multiple individualized interventions, the residents of Jewish Rehabilitation for the Aged of the North Shore (Jewish Rehab) were still falling. The Falls Committee, an interdisciplinary team of department heads, staff nurses and CNAs (certified nursing assistants) met every one-to-two weeks to review falls and evaluate intervention successes. In addition, a separate Falls Review Committee, composed of department heads and nursing management, met every morning for 15 minutes to discuss the falls that occurred in the prior 24-hour period, identify their root causes and review the appropriateness of any related interventions.

The falls incidence rate prompted the Assistant Director of Nursing (ADON) to review data for one 45-bed unit where over half of the residents were fitted with either a bed or chair pressure alarm (or both), yet the number of falls continued to be high. During her review, she observed the following:

- Alarms were reactive rather than proactive—they only indicated that residents had moved or had already fallen
- Noise produced by the alarms agitated residents so much that residents fitted with alarms did not move at all to avoid activating the alarm—this put them at risk for ADL decline
- Residents not fitted with alarms were often heard calling to staff to turn off the alarms and telling residents fitted with alarms to remain still
- Residents with dementia experienced increased agitation as a result of the alarms
- CNAs were often distracted from other important duties, including ADL care and communication with residents

This discovery led the ADON to present something counterintuitive to the Falls Committee: eliminate resident pressure alarms to prevent falls.

Overview

Alarms were removed from several residents who had not had any falls for a significant period of time because the causative factor for their previous falls had been resolved (e.g., urinary tract infection). Surprisingly, these residents remained fall free upon removal of the alarms.

Drawing from this success, the ADON and the Falls Committee selected additional residents for alarm removal. The criteria for resident selection remained the same as for the previous group of residents: the root cause of previous falls had been determined to be episodic and the acute condition had resolved. Again, the effort was successful.

Based upon the success of the two pilot interventions, the team developed a plan to progressively eliminate all 25 alarms on the unit over a four-week period. Prior to implementation, all staff received education on the falls prevention strategies to be used once the alarms were removed. The Falls Committee made it clear that the success of the intervention depended upon the involvement of staff throughout the facility.

Alarm removal began with a unit that had a high incidence of falls and cared for relatively mobile residents who had mild-to-moderate dementia and poor safety insight. The unit was selected because its consistent staffing patterns and staff assignments gave it an excellent chance to be successful. Additionally, success with this type of unit would support the ADON's position that alarm elimination was in fact an appropriate goal.

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The intervention's critical success factor would be the nursing staff's ability to anticipate the needs of the residents, rather than respond to an alarm. In other words, they would need to change their mindset from being reactive to being proactive. The facility's workflow (consistent staff assignments) meant that CNAs and licensed nurses knew the residents well and they were able to develop individualized care plans to anticipate resident needs. Historically, alarm assessments had been completed on a quarterly basis and used to document the continued appropriateness of alarm use; they now became tools to document the resident's participation in the alarm elimination program.

Timeline

Week One: The 6:45 am – 2:45 pm shift disengaged alarms on the target unit. Alarms were reengaged again at 2:45 pm (end of shift).

Week Two: The alarms were turned off at 7:00 am and remained off until the end of the 2:45 pm – 10:45 pm shift.

Week Three: The alarms were turned off at 7:00 am and remained off during all three shifts.

Week Four: The alarms remained off during all three shifts. Residents continued to be monitored for safety.

Evaluation and Results

The Falls Committee evaluated the plan both daily and weekly during the first and second months of implementation, making modifications as needed.

The intervention positively impacted both the residents and the staff. Residents were less agitated and experienced a better quality of life, as did staff who had less anxiety and an improved workplace environment.

Going Forward

The facility has identified the need to change the starting time of Falls Committee meetings in order to allow for greater and more consistent participation by CNAs, who are recognized as a valuable and integral part of the falls prevention process.

About Jewish Rehab

Jewish Rehabilitation Center for the Aged of the North Shore is a Massachusetts-based 180-bed, JCAHO-accredited (Joint Commission on Accreditation of Healthcare Organizations), freestanding, not-for-profit facility providing sub-acute, long-term and dementia care. For years, it has been an active participant in Masspro's quality improvement initiatives, and is currently part of the Centers for Medicare & Medicaid Services' (CMS) 8th Scope of Work Nursing Home Identified Participant Group (IPG).

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Do you have a success story to share? Please let us know by contacting Helen Magliozzi, BSN, RN, Manager, Home Health and Long-Term Services, at 781.419.2797 or hmagliozzi@maqio.sdps.org.