

# Going Alarm Free

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BROADWAY VILLA



## Reasons it is difficult to let go

- Average census ~128
- Skilled census ranges from 16-20 skilled beds
- High number custodial patients
- 51 patients with a dx of Dementia
- 20 patients on antipsychotic medications

## Why we did it

- Staff was showing “Alarm Fatigue” (desensitization to alarms due to a high rate of false alarms resulting in ignoring or a delay in addressing alarms)
- Research indicated that fall rates do not decrease with increased use of alarms (Shorr et. al)
- It increases agitation with some residents and disturbs sleep during the night
- Regulations and possible F tags:
  - F242 Self determination and participation
  - F250 Environment
  - F240 Quality of life
  - F309 Quality of care
  - F272 Resident assessment
  - F279 Comprehensive care plan
  - F353 Sufficient staff

## How we did it

- All staff were educated regarding the 5 P’s related to falls and how to address them:
  - **P**otty
  - **P**ain
  - **P**lacement (of objects in the room i.e., water)
  - **P**osition (in bed, wheelchair, etc.)
  - **P**articipation (in activities; are they restless and/or self isolating)



## How we did it (cont.)

- Falling star program was rolled out:
  - Patient enrolled after a fall and monitored for the next 90 days
  - Patient identified with a star sticker outside of room and on wheelchair/wristband
  - Increased rounding on patients enrolled in falling star
  - After 90 days free of falls they graduated and a ceremony is held in which they get a certificate for safety



- Alarms were removed gradually starting with the lowest risk residents

## Maintenance of Program

- Fall rounds are completed after each fall with IDT members including DON, DOR, charge nurse, CNA, and patient to discuss route cause analysis of fall and potential interventions
- Resident safety committee is completed as an IDT on the floor with charge nurses and CNA’s to discuss high fall risk patients
- At the end of each month DOR completes an analysis of all falls for QA to identify trends and implement training/interventions as necessary (i.e., what shift/time of day, what hallway, manor of fall, avoidable versus unavoidable, etc.)
- Continued implementation of falling star program and 5 P’s
- Staff huddles at shift change to discuss high risk patients and pass on pertinent information

## Therapy’s Role

- Screens are completed following falls
- Analysis of contributing factors include increased weakness, balance, cognition, environment set-up, and the appropriate discipline picks up patients when indicated
- Therapy pick-ups fluctuate based on patient need but average 2-3 (or more) per month and contribute to our long term care programming
- Rehab department has a vital role in further fall prevention and development of RNA/FMP to decrease risk for falls in the future

## Results

- Residents are less agitated related to alarms (because there are none!)
- Average falls for the 8 months prior to going alarm free: 16 falls/month
- Average falls for the 8 months after being alarm free: 14 falls/month
- Decreased “alarm fatigue” for caregivers
- Better sleep for residents resulting in better outcomes for therapy
- Decreased behaviors
- Less noise in the facility

## References

- Shorr, R. I., Chandler, A. M., Mion, L. C., Waters, T. M., Liu, M., Daniels, M. J., Kessler, L. A., & Miller, S. T. (2012). Effects of an Intervention to Increase Bed Alarm Use to Prevent Falls in Hospitalized Patients: A Cluster Randomized Trial. *Annals of Internal Medicine*, 157(10), pp. 692-699. doi: 10.7326/0003-4819-157-10-201211200-00005