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Question: In elderly patients with a mental illness, how effective is direct supervision compared to a bed alarm decrease falls?

Summary: Elderly patients in hospitals are at a high risk for falls. More so, elderly patients with impaired mental status due to dementia, depression, mania and anxiety have a substantial higher risk for falls. Also, the use of certain psychotropic medication can increase the risk of falling. Research has shown that discussing fall education with these patients is ineffective. Additionally, research has demonstrated that falls mainly occur when patients are unsupervised. In light of these findings, some hospitals choose to increase direct supervision and observation of patients who have a high risk of falling by using volunteers or care staff as one strategy within their fall prevention programs. In hospitals, nursing assistants are sometimes assigned to directly monitor patients, or patients are assigned to rooms closer to the nurses' station to be directly monitored specifically to reduce their risk of falling. Results from studies have suggested that direct supervision decreased falls rates. However, other studies have shown that direct supervision to be costly and ineffective at decreasing falls. One factor for the ineffectiveness of direct supervision is the lack of awareness about falls management among patient sitters. Another strategy is the use of a bed alarm. A bed alarm is a continuous monitoring device. The bed alarm sounds when a patient is trying to get out or does get out of bed. When the alarm goes off, the nurse is supposed to go check on the patient and this can prevent falls. A bed alarm offers more flexibility to the nurse, so they do not have to constantly monitor the patient. However, there is already constant alarms going off between medication pumps, beds, ventilators, vital sign machines and feeding pumps, and nurses can have alarm fatigue. According to Kathleen Gaines, research indicates that 72% to 99% of all alarms are false which has led to alarm fatigue.

Unfortunately, due to the high number of false alarms, alarms that are meant to alert clinicians of problems with patients are sometimes being ignored. Assuming that an alarm is false puts patients in harm's way and could lead to medical mistakes. Also, a bed alarm can lead to immobility issues if the patient is scared to make any movement because the alarm will set off.

Conclusion: Inpatient falls are among the most common incidents reported in hospitals, and elderly patients with mental health issues are at a substantially higher risk for falls. There are several fall prevention protocols in place for patient safety, but some are more effective than others. To help prevent falls in elderly patients with a mental illness, hospitals should implement specific education for nurses and nurse assistants about fall management. Patients who are a high-risk fall should be assigned to a room close to the nurse's station. This will allow the nurses to provide direct supervision and will be able to go to the room sooner to assist the patient.

Work Cited:

Primary Article:

de Jong, L. D., Kitchen, S., Foo, Z., & Hill, A. M. (2018). Exploring falls prevention capabilities, barriers and training needs among patient sitters in a hospital setting: A pilot survey. *Geriatric nursing (New York, N.Y.)*, 39(3), 263–270.
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Secondary Article:

Kathleen Gaines, MSN. (n.d.). *Alarm fatigue is way too real (and scary) for Nurses*. Nurse.org.

Retrieved January 21, 2022, from <https://nurse.org/articles/alarm-fatigue-statistics-patient-safety/>

Tertiary Article:

Bailey, M. (2019, December 2). *'I feel like I'm in jail': Hospital alarms torment patients*. Kaiser Health News. Retrieved January 21, 2022, from <https://khn.org/news/hospital-bed-alarms-torment-patients-fall-prevention/>