Results of Eliminating Alarms

Tideiksaar, R. Feiner CF, Maby J. “Falls Prevention: the efficacy of a bed alarm system in an acute-care setting” Department of Geriatrics and Adult Development, Mount Sinai Medical Center, New York, NY Mt Sinai J Med (1993) Nov; 60(6):522-7: “results failed to demonstrate a statistical difference in bed falls between the experimental group (with alarms) and control group (without alarms).”

Rubenstien, Laurence, MD, JAMA 1994: “Strategies that reduce mobility through use of restraints have been shown to be more harmful than beneficial and should be avoided at all costs.”

Bressler K, Redfern R and Brown M, "Elimination of Position-Change Alarms in an Alzheimer's Dementia Long-Term Care Facility,” American Journal of Alzheimer's Disease & Other Dementias, 23(8), 559-605 (2012): “After discontinuing their [alarm] use, we found a decrease in the rate of falls, and a decrease in the percentage of our residents who fell. Staff has easily adapted and reports a calmer, more pleasant environment.”

Jewish Rehabilitation Center for the North Shore in Massachusetts
Eliminated alarms neighborhood by neighborhood, shift by shift with increased resident monitoring/rounding. During the final quarter of 2005 on the first neighborhood, 32% reduction.

Oakview Terrace, Freeman, SD
2006 to 2007, 36 less falls after eliminating alarms. May 2012 to April 2013 90 less falls, fall rate reduced by 44% due to engaging staff. Found solutions: medications discontinued; root cause analysis reveals infection; resident jumps from bed over floor alarm resulting in fall with fracture, alarm caused fall, alarm discontinued. Staff decide whether each fall was preventable and if so, implement what could have been done to prevent.

Empira Nursing Home Consortium in Minnesota
2008 fall study showed noise causes falls, alarms cause falls, began 2010 now 23 nursing homes alarm free by 2013, falls have significantly reduced.

Exempla Colorado Lutheran in Arvada, CO
Identified increased number of falls August 2010 fall rate was 64, use of body and bed alarms were not effective and were not decreasing falls, seven fractures in 2011. Began elimination of alarms and purposeful rounding (Pain, Potty, Position, Proximity, Personal needs, Activities, Resident not in room, Resident sleeping; #4 (proximity) checked) June 2012. Average falls annually were: 2010 – 37.9 %, 2011 – 40%, 2012 – 29.4%. 2011 had an average of 40 falls/month, year to date 2012 average 27.3 falls/month.
Friendship Haven Health Center, Decatur, Iowa

Feared going alarm free would result in more falls. Reduced alarms by half. In the fourth quarter of 2012 86 falls and 21 alarms, in the first quarter of 2013 42 falls and 8 alarms.

Making a conscious effort to not add alarms and to reduce alarms slowly, safely, proactively and personally – striving for 1-2 alarms reduced per week as a general goal. Ultimate goal is a more quiet and intimate environment without alarms, while offering a lifestyle that engages with life -- like you would have living at home. Keeping residents as safe as possible, while getting back to proactive and personal care. We’ve looked at trending, declines after applying alarms and residents’ reaction to them. The answer isn’t alarms -- the answer is digging into WHY falls occur and coming up with a solution that gets to the root of the problem. We are getting to know our residents, and how we can care for them, even better. Focus on “life activities” to engage residents. We are spending valuable time monitoring residents now, not alarms. Implemented a 4P formal rounding program: 1) Pain, 2) Personal needs, 3) Positioning, 4) Placement of personal items within reach.

Three Friendship Haven residents’ stories

Resident had a fall and staff, personal alarm and chair alarm put in place. Resident refused to come out to meals, refused to get dressed or leave her recliner. Resident even wanted to talk to our state senator because she had worked in the kitchen at Friendship Haven and she couldn’t believe that she had to wear an alarm, she was downright angry. Team worked together to get therapy involved, assess residents gait, remove alarms and keep resident independent. As soon as alarm was removed, resident got herself dressed and came out to eat her meal. Resident was independent, mobile, and in her routine for almost a year without a fall. Her family still comments about how much the resident disliked the alarm, and if we put one back on that they wouldn’t want to come visit.

Resident moved to health center from independent living on campus, where she also had several falls. Resident fell while doing many of the activities she had done in her independent apartment. Staff supported purposeful activity to occur without utilizing alarm and by altering the environment of the room to help mitigate risk. Subsequent to one of the resident falls, staff utilized an alarm. Resident would throw alarm, her mood changed and she became more aggressive, hitting, spitting and biting. Resident removed her own alarms and resident became more upset (we were causing it), while continuing to fall. Since then, we have removed resident’s alarms, and she had become much more relaxed.

Resident of the Journeys (memory support) neighborhood had several falls within a short period of time all in the middle of the night. The resident had an alarm an approach and the resident continued to fall in the night. A fall committee convened to dig into the root cause of the resident’s fall and to not utilize an alarm. The fall committee realized that the resident was taking a laxative at bedtime and was falling trying to take himself to the bathroom at night and was falling. An alarm would have never prevented those falls.