

The Use of Unit Based Volunteers To Prevent Inpatient Falls

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Performance Improvement and Research Committee
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Background

- 2 active volunteer roles already in place at Hartford Hospital
 - ❖ Keeping In Touch Program (2002)
 - ❖ Safety Volunteer Program (2008)



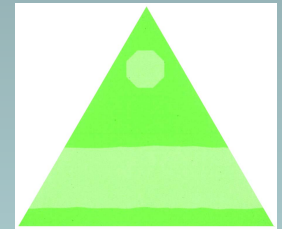
Keeping In Touch Volunteer Program

- Pts with advanced age, sensory loss, cognitive impairments, depressed, lonely , discouraged, bored, needy
- Trained volunteers visit to do selected activities (reminiscence, conversation, music, reading, games, touch, assist with meals)
- Hospital wide
- Pts followed until discharge



Safety Volunteer Program

- Round on all patients identified as high risk for falls (green triangle on door)
- Check that green bracelet on
- Check that bed/chair alarm on/connected
- Check that personal items and call bell within reach
- Remind patient not to get up without staff
- Ask patient to demo use of call bell
- Complete an audit tool that is shared with manager



New Volunteer Role on Pilot Unit

- Combination of Keeping In Touch and Safety Volunteer
- GOAL: Pair the volunteer with patients at high risk of falling to prevent falls and meet patient needs



Role Description

- Interact with unit staff to determine which patients should be visited and why
- Interact with patients to meet their needs and decrease their risk for falling
- Share information with unit staff so that fall prevention measures continue after the volunteer leaves the unit

Recruiting

- Active volunteer department
- Screened appropriate candidates
- Interviewed for interest and “fit”
- 8 individuals
 - 5 college students
 - 2 high school students
 - 1 retired nurse
- 4 hour shifts Tues, Wed, Thurs, Sun (late morning to mid afternoon)



Training of Volunteers

- General hospital orientation
- Role orientation
 - Communication
 - Sensory Loss
 - Dementia/Delirium/Depression
 - Fall Prevention Protocol
 - Assistive Dining
 - Guided Exercise
 - Activities/Equipment
- Shadowed experienced volunteer



Preparation of Staff

- Explained goals of the program:
 - ✓ Fall prevention
 - ✓ Assist staff with high risk patients
- Nurse manager discussed in staff meeting
- Signs posted with volunteer role description and schedule
- Explained role of the nurse/ PCA to identify appropriate patients for volunteer

Process

- Volunteer arrives on the unit
- Volunteers arrival is announced overhead to all staff
- Volunteer checks in with resource nurse and or other staff for list of up to 6 patients to visit
- Volunteer cycles among these patients so each are seen several times throughout the shift
- Volunteer communicates any necessary information regarding visits back to staff

Timeline

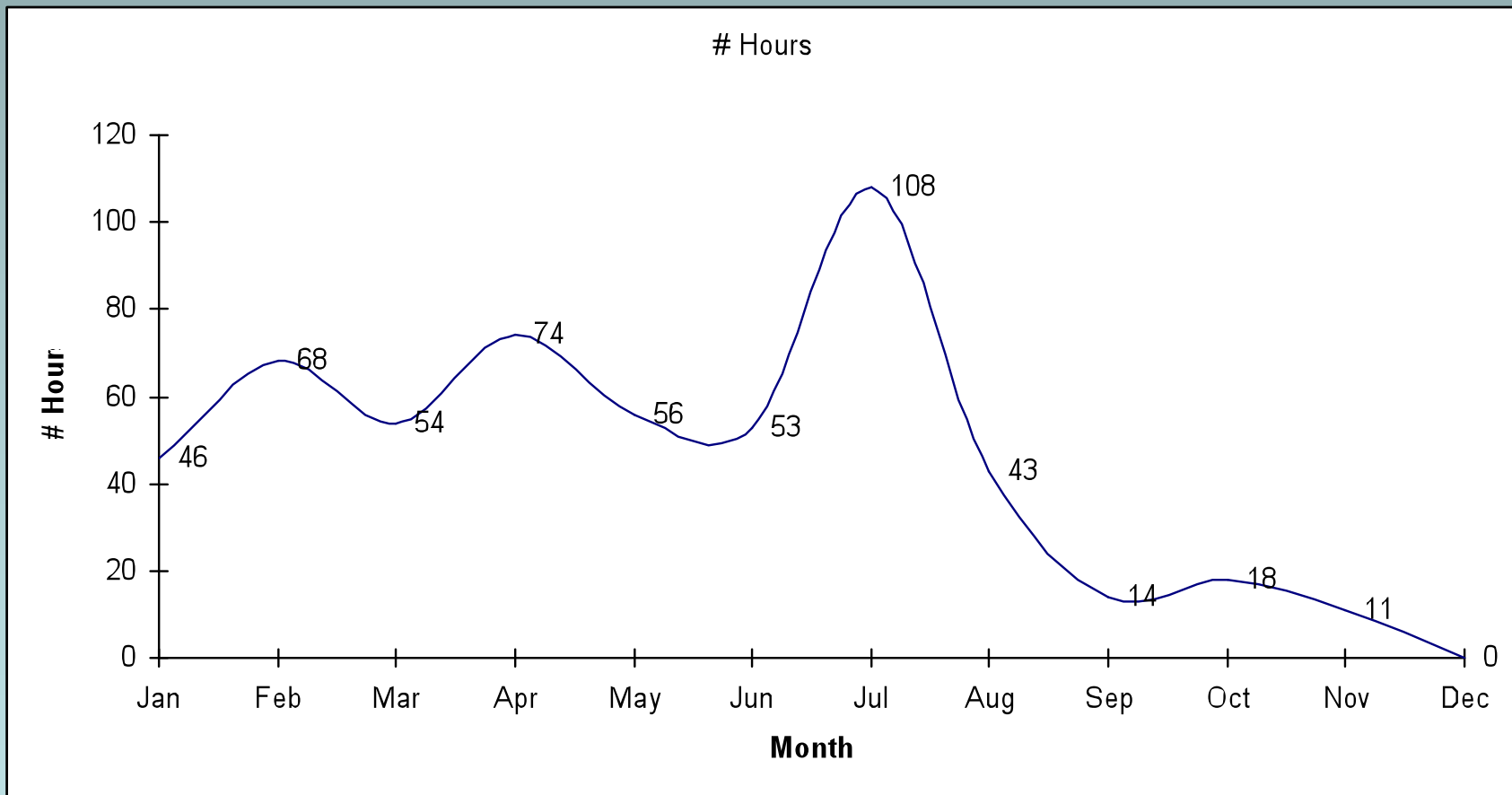


- Classroom orientation (3 hours)
- Shadowing 1 or 2 shifts (3 hours)
- First shift alone- check in by coordinator to be sure all going well
- Periodic check ins with volunteer and staff to evaluate process and outcomes

Profile of CB5

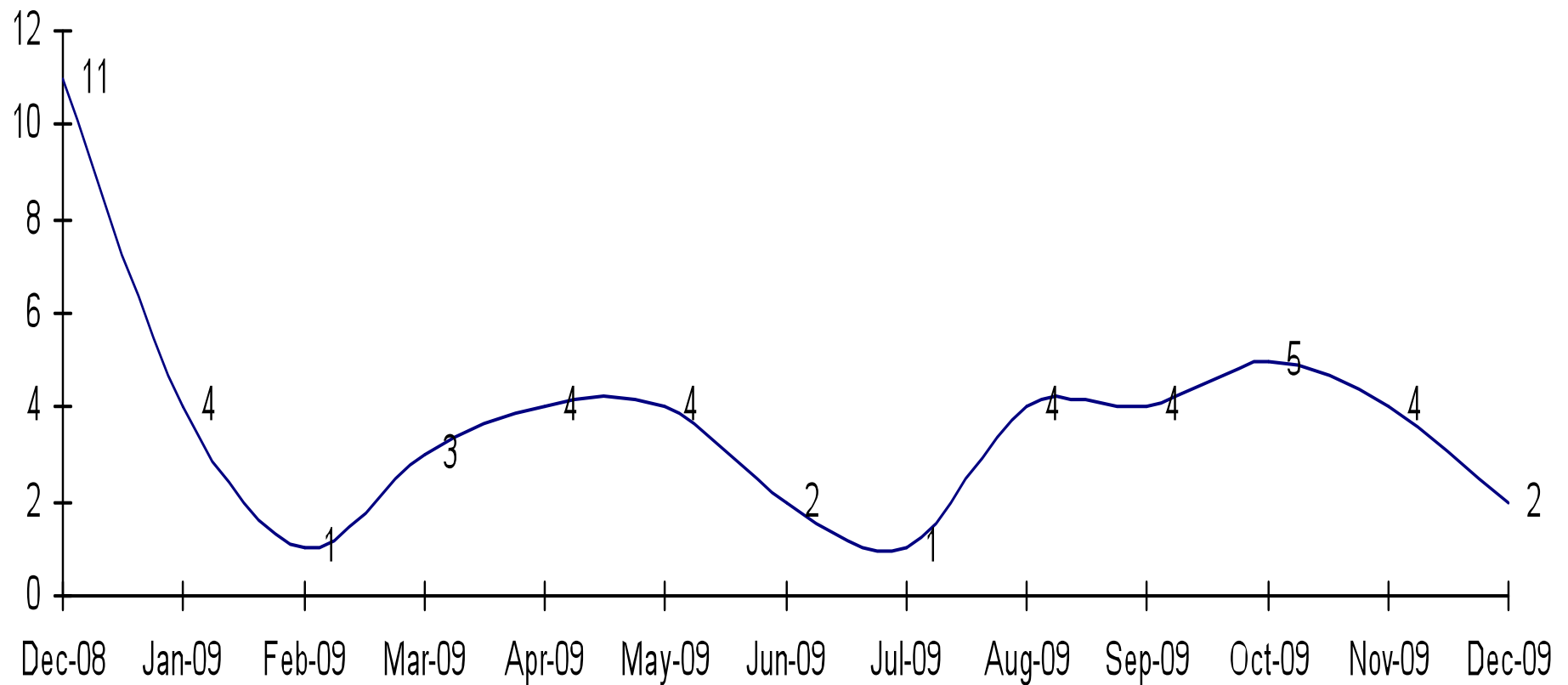
- 45 swing bed medical surgical unit
- ADC=37
- Highest number of falls of all inpatient units
- Environmental challenges
- Turnover issues (staff and management)

Unit Based Volunteers on CB5 Jan 2009-Dec 2009

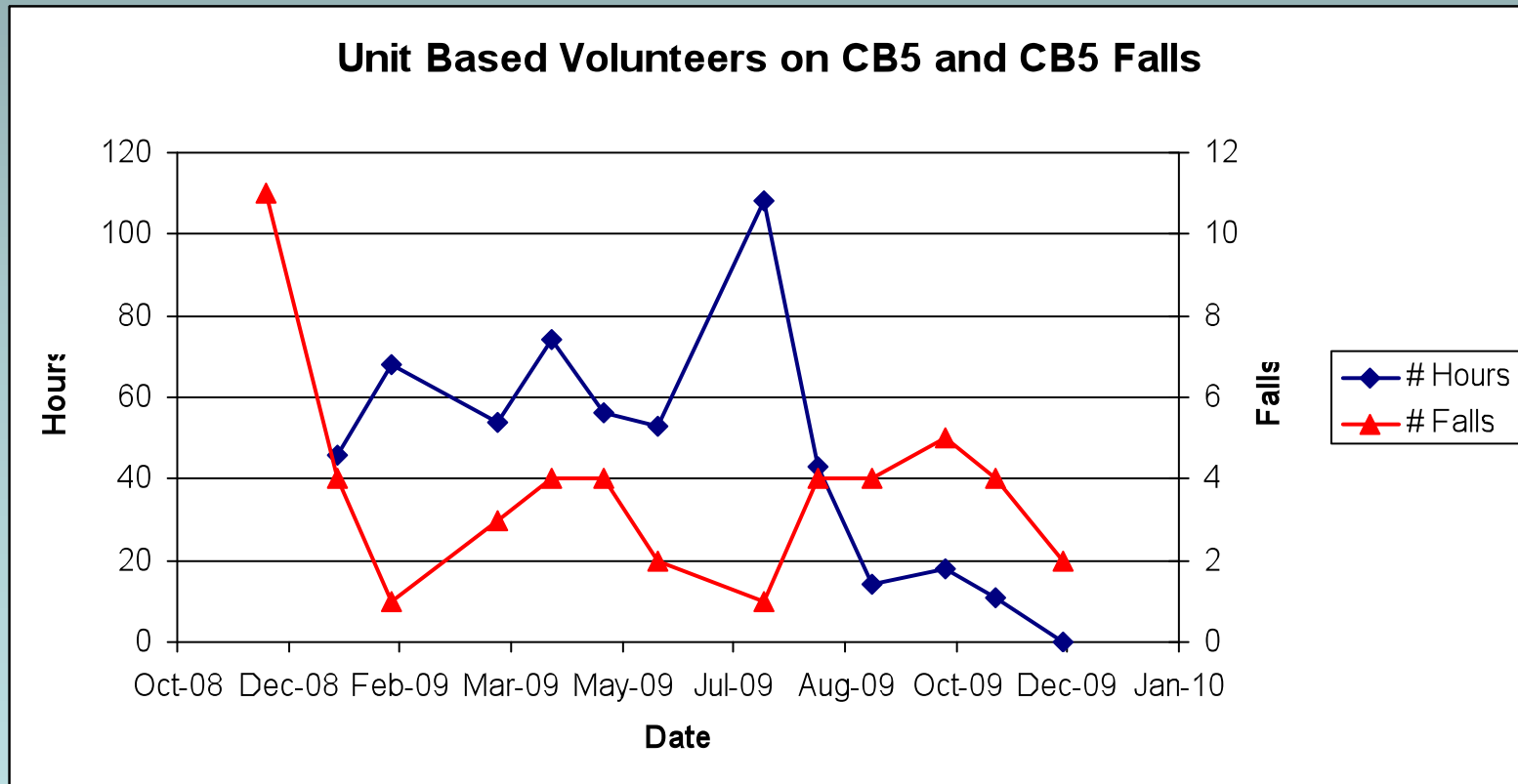


Actual # of falls/month

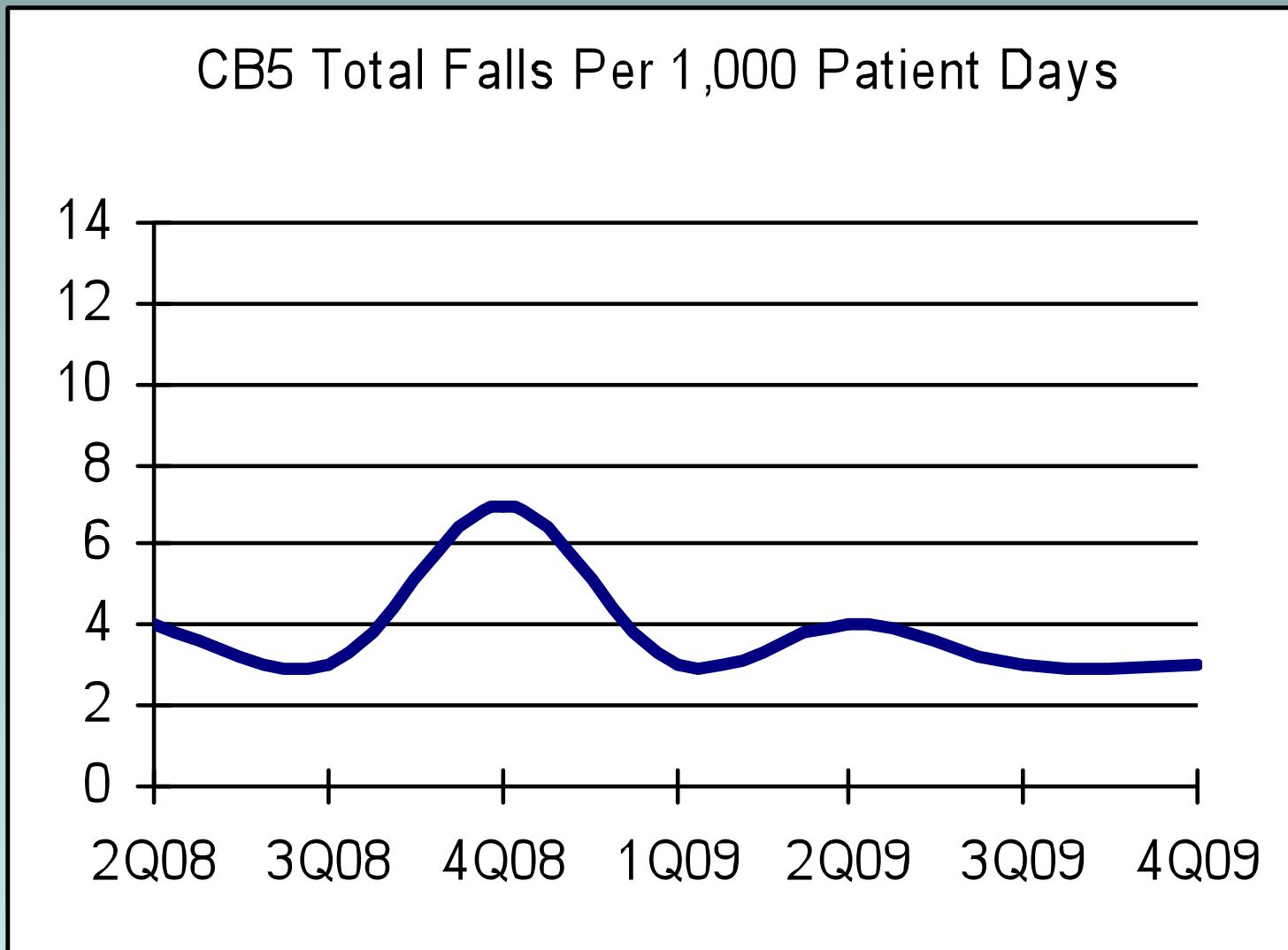
CB5 Falls



Relationship: Falls and Hrs

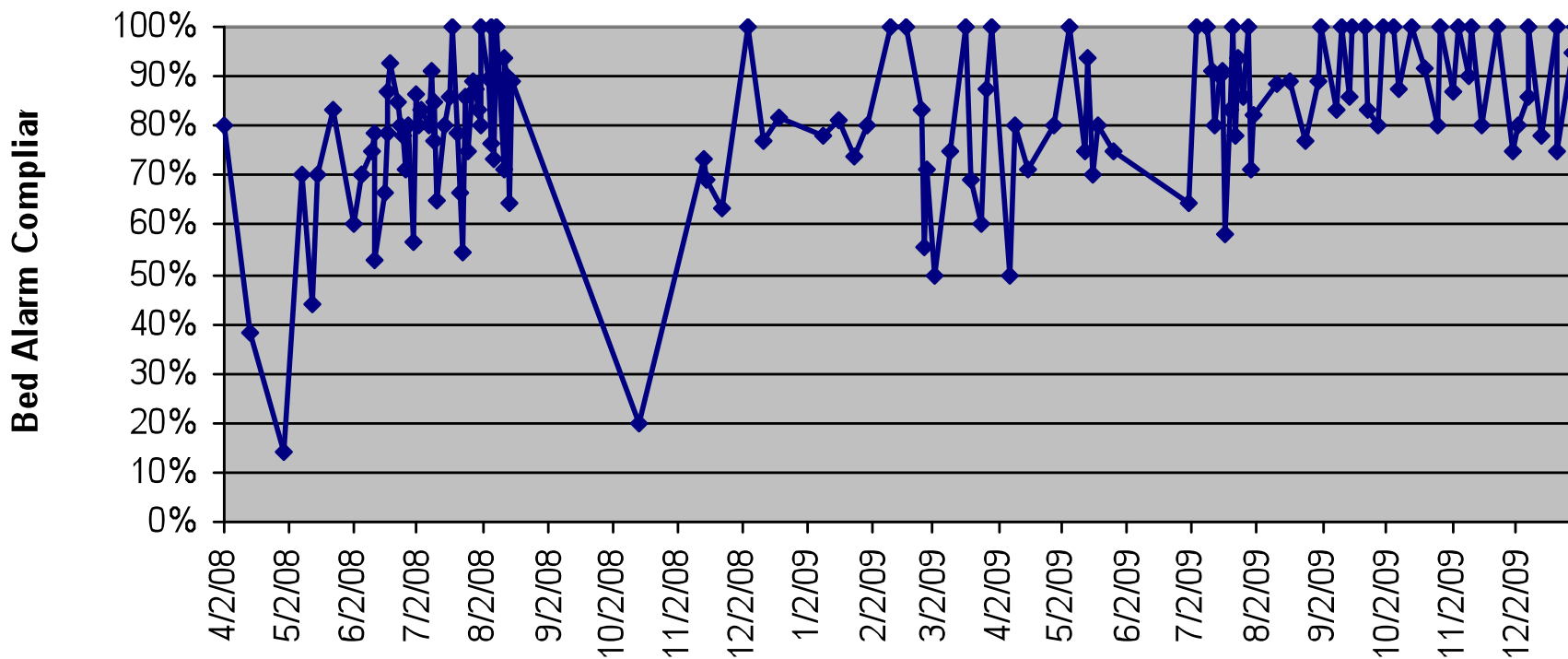


Monthly falls /1000 pt days



Fall Prevention Protocol Compliance

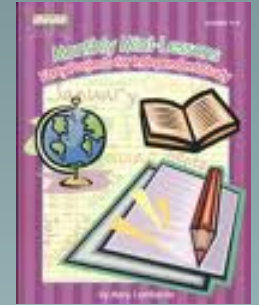
Bed Alarm Compliance: CB5



Additional Outcomes

- Call bells and bed/chair alarms have decreased during the time the volunteer is on the unit
- Volunteers' report of activities that proved effective for patients
- Volunteers' report of falls that were prevented
- Staff's perception of helpfulness of program

Lessons Learned



- It took time for staff to identify high risk patients for volunteers to visit- initially referred patients who were thought to easily engage with others- staff needed ongoing guidance to refer other types of patients (dementia, delirium, figity, impulsive) who are truly high risk for falls.

Lessons Learned

- Volunteers needed time to get comfortable with approaching staff for the list of patients to visit- often staff were very busy.
- Staff needed time and assistance in identifying patients that would benefit from a volunteer.



Questions

