

The Use of the Unit Based Volunteers To Prevent Inpatient Falls

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Purpose & Rationale: This program was designed to use volunteers to support patients and staff in the prevention of inpatient falls. A role was created for trained volunteers to spend quality time interacting with and insuring the safety of high fall risk patients on a 40 bed medical unit. Hospitals have been challenged to reduce falls and prevent patient injury. This medical unit had the highest number of falls of all inpatient units within our hospital system for several years. Staff expressed frustration at their difficulty in reducing fall rates in spite of increased efforts.

Research Question: Can visits from trained volunteers decrease falls in high risk fall patients?

Synthesis of Review of the Literature: Preventing falls in any healthcare setting poses a significant challenge. Hospital falls are recognized as an important patient safety issue and unfortunately account for the majority of reportable events. The literature does support the use of structured activities to provide companionship and cognitive stimulation to older hospitalized adults (Conedera and Mitchell, 2004).

Studies on the Hospital Elder Life Program HELP (Inouye et al; 1999&2000) demonstrated the positive effect of selected interventions administered by volunteers to hospitalized elderly patients, including the prevention of physical and cognitive decline.

Methods/Procedures: Trained volunteers collaborate with staff to determine which high fall risk patients should be visited and why. Volunteers interact repeatedly over their shift with selected patients to meet their needs and decrease their risk of falling. Each patient on the volunteer's roster is visited multiple times, informing the patient of when the volunteer will return. Visits may include conversation, reminiscence, reassurance, assistance with a meal, music, reading or another personalized intervention. Elements of the fall risk protocol are reviewed and patients are reminded not to get up alone. Toileting need is assessed and staff assistance is summoned if necessary. Volunteers share information with the staff so that fall prevention measures continue after the volunteers leave the unit.

Results: Initially, nurses needed coaching to determine the best patients for volunteer visits. Over a period of 6 months, falls decreased by 50%. Call bells and exit alarms were significantly reduced. Nurses identified the volunteers as a "huge help." Volunteers felt as if they made a difference.

Discussion/Application To Practice : Trained volunteers can help to decrease inpatient falls by spending time with fall risk patients, meeting their needs for reassurance and assistance with simple issues and tasks. Environmental surveillance for hazards and protocol omissions can be corrected immediately. Patient safety is a team effort.

References:

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