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Editorial

Quality Improvement within an Academic-Community Partnership

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Editorial

As many researchers know, accessing your targeted population is imperative when doing person-centered research. After moving to a new area of the country and accepting a faculty position at a local university, my first priority was gaining access to local nursing homes for my recently funded research study. With this in mind, I called and scheduled introductory meet-and-greet meetings at several local nursing homes. These meetings led to the 2011 formation of the Geriatric Interest Group of Spokane or GIGS.

GIGS is a group of long-term care professionals including administrators (originally from four different local area nursing homes), directors of nursing, nurse practitioners, registered nurses, nurse attorneys and myself, who meet monthly to discuss current issues affecting quality in their facilities. Our first joint quality initiative was the reduction or elimination of chair and/or bed alarms. The four nursing homes reported that in 2012, 21.5% to 49.4% of their residents were using at least one alarm.

The prevalence of alarm use in Washington state nursing homes is unknown. However, in 2012 GIGS undertook a telephone survey of 10 eastern Washington nursing homes and found that approximately 53% of resident's had either a chair or bed alarm or both (conducted by GIGS, January 2012). If this survey is any indication, the use of bed or chair alarms may be widespread.

In a preliminary effort, the four GIGS member nursing homes worked independently to reduce the number of alarms in their facilities. Especially "tough cases" were brought forward to GIGS meetings for discussion and problem solving. Even though the GIGS professionals wanted to change practice, barriers to change stood in their way- specifically, staff reluctance to remove alarms, family requests and demands for alarm use, and hospital discharge planners and social workers' reluctance to accept this change in practice. Residents using alarms were assessed by facility staff to determine their specific needs leading to the identification of person-centered interventions that were more effective in reducing falls. During the first 6 months of the initiative, 3 of 4 nursing homes eliminated all alarms within their facilities. The fourth nursing home significantly reduced the numbers of alarms over six months (from 49.4% to 22.9%), but they continued having difficulty secondary to staff and family reluctance to try other approaches or interventions. During one of the monthly GIGS meetings, it was decided to develop and pilot test an evidence-based Alarm-Elimination Training Program at the fourth nursing home.

Based on a review of falls and alarm use literature, the barriers and challenges identified earlier by the four nursing homes, and the successful alternative approaches identified during preliminary efforts, the researchers (myself and Dr. Alice Dupler) developed a nurse-led alarm-elimination training program. The program is divided into two 30-minutes sessions: (1) Person-Centered Care and (2) Assessment and Intervention. The GIGS reviewed the program content for its utility and ease of use and recommended no changes.

The new training program was pilot tested in the fourth nursing home [1]. I presented the content during two sessions, which were video recorded for viewing by staff unable to attend the live training sessions. After the training program, staff at the fourth nursing home went to work to reduce the number of chair and bed alarms used within their facility and replace the alarms with person-centered individualized approaches tailored for each resident. Alternative approaches were selected on the basis of the individualized assessment and buy-in from staff, resident and family. It took five-months for the fourth nursing home to become alarm free [1]. The dementia unit was the most challenging, possibly due to reservations and fears expressed by staff and family members. However, the facility did not experience an increase in the number of resident falls nor the number of falls with injuries during alarm reduction or after all alarms were removed and no longer used within the facility.

Why is this significant or relevant?

Falls are the most common cause of injury deaths and nonfatal injuries in older adults and are common in frail nursing home residents [2]. In an effort to detect a resident's movement,

many nursing homes use bed or chair alarms to alert staff that the resident may be attempting to get up and, in the process, possibly fall. However, there is little evidence in the literature that bed or chair alarms prevent falls [3], and mounting evidence that alarms can impede the functional status and negatively impact feelings of dignity and quality of life among older adults in nursing homes [4]. Some of the problems associated with bed and chair alarms include:

- Staff may respond to the alarm, not the person;
- People dislike them and do hide or remove them;
- Alarms can malfunction (cord breaks or detaches, battery dies, alarm fails to go off or is slow to respond);
- Multiple alarms going off at once can be confusing to caregivers and residents; and
- Alarms give a false sense of security and, at the same time, absorb an inordinate amount of staff time responding to the alarms [4].

Conclusion

The GIGS professionals identified a gap in practice and systematically worked as partners to change practice. All the nursing homes who participated in the initiative and/or training remain alarm free. The dementia unit within nursing home four is now a quiet, calm environment without the constant noise from alarms. Of note, none of the participating nursing homes experienced an increase in the number of falls, or the number of falls with injuries. In fact, since going "alarm-free", two of four nursing homes report significantly fewer falls and/or falls with injuries. Not to say that the months following the initiative have been easy. Nursing staff and family members still ask, "Why can't we use an alarm?" This leads to teaching moments where knowledgeable staff members explain why alarms are not person-centered nor do they prevent falls. Our next step is to replicate our success and test our program in other eastern WA nursing homes.

Membership in GIGS has grown from our original four facilities to seven nursing homes. Our success appears to be contagious! In a spirit of inclusion, we welcome all professionals interested in improving care and enhancing quality in nursing homes. As a group, we have learned that quality improvement is possible within an academic-community partnership!

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