

To assist a falling
patient or not ...

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Background

Inpatient falls are the most common reported adverse event in hospitals and aged care.

Falls contribute significantly to the cost of health services and poor patient outcomes.

Some falls are witnessed.

Rescue attempts can lead to injury.

Gap in evidence for dealing with a falling patient.





Aim

To understand what was being promoted to staff in hospitals, aged care and the community with respect to 'rescuing' a falling patient.

Method

Sample – delegates at the 2012 MHANZ / AAMHP conference in Auckland

Delegates – pt handling advisors:

- internal advisors, e.g. educator, pt handling advisors
- external advisor, e.g. consultant

Australia, NZ, Europe, US and Asia.



Survey

INTERNAL ADVISORS

Policy that includes direction on managing a falling pt

If YES, what is that direction, e.g. assist, never assist, something else

Training to manage a falling pt

EXTERNAL ADVISORS

Training to manage a falling pt

If YES, what do you teach, e.g. assist, never assist



Results

195 delegates - survey response rate was 43 percent.

93% were employed as internal pt handling advisors.

33% were consultants.

Results - policy

61% confirmed that their organisation's policy contained direction on whether assistance should be provided to a falling pt.

22% confirmed that their organisation did not include any direction.

10% were not sure.

30% confirmed that worker assistance was to be provided where possible to a falling pt.

62% confirmed that no assistance was to be provided, i.e. let the pt fall without any intervention.



Results – internal advisor training

64% confirmed that they include advice on managing a falling pt in their training.

Of the 14 who reported their organisation had a policy to provide assistance, only 9 included training in techniques.

Of the 29 who reported their organisation had a policy not to rescue a falling pt, 21 indicated that they included technique training to let the pt fall.

23% internal advisors do not include any training on managing a falling pt.



Results – external advisor training

Of the 27 external advisors, only 1 indicated they never include techniques for managing a falling pt in their training.

70% indicated that they always include training on managing a falling pt.

Remaining 30% - it depends, i.e. client policy, time allocated for training.

Even split – half train to assist, half never to assist.



Results

Analysis confirmed that external advisors are more likely than internal advisors to include training on managing a falling pt, i.e. statistically significant (p-value 0.02).

Regarding the advice, to assist or not, there was no difference between internal and external advisors, i.e. not statistically significant (p-value 0.2).



Discussion

Evidence	At this time, there is only evidence that there is a risk when managing a falling pt. No evidence for how this risk should be controlled.
Best practice	No consensus – pt handling advisors are divided.
Implications	Lack of consistency – no clear policy on what to do. Potential to impact on safe pt handling well into the future.

Limitations

No validation of responses against actual policies of the organisation.

Delegates did not have the opportunity to seek clarification of terms for which they may have been unfamiliar, e.g. 'assistive techniques' and 'techniques to let the pt fall' may have been perceived as having the same meaning. Hence these were analysed together.



Wrap

Further research needed

Acknowledge

- MHANZ and AAMHP committees
- delegates who responded to the survey, and
- A/Prof Craig McLachlan, UNSW

Further reading

Whitby L and McLachlan C, Inconsistent approach to providing care worker assistance to the falling patient, Ergonomics Australia 2014. 1:3.

http://www.ergonomics.org.au/downloads/EA_Journals/EA_2014/Whitby.pdf