Does Video Monitoring Decrease Falls in NSICU Transfers?

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Background

- Patients are at risk for falls when transferred from NSICU due to:
  - Patient perception of increased independence
  - Higher nurse to patient ratio than ICU settings
- Video monitoring provides around-the-clock visualization of patients
  - Staff member called directly when patient is attempting to get up or at risk of falling
- Pre-implementation period July 2017-March 2018
  - 50 patient falls reviewed for control group data
  - 19 falls were NSICU transfer patients
- 3 patients on video monitoring prior to falling, although one fall was considered intentional and one fall occurred due to technical difficulty with video camera
- Video monitoring implemented for 4 patients post-fall

Evidence

- Fall reduction plan is criteria of The Joint Commission (Goodlett et al, 2009).
- Falls add an estimated 6.3 days to a patient’s typical hospital stay (Westle et al, 2017).
- In a three month study with ninety-eight patients on video monitoring, zero unassisted falls occurred (Westle et al, 2017).
- In a two year study with 2,500 patients on video monitoring, only two falls occurred (Brown & Sterne, 2015).
- In a twelve month study with 417 patients on video monitoring, sitter cost was reduced from $960 to $240 per four patients (Goodlett et al, 2009).

Purpose of Study

- On a medical-surgical unit, does the use of patient video monitoring for the first 24 hours upon transfer from NSICU and longer if deemed necessary reduce the risk of falls?
  - Population: NSICU transfers to 7A/Neuroscience Unit
  - Intervention: 24 hour video monitoring on admission and longer if deemed necessary, in addition to existing fall precautions
  - Comparison: pre-existing fall precaution procedure
  - Outcome: fall reduction in the NSICU transfer patient population

Implementation

- Implementation period April 8th-May 30th 2018
  - 55 NSICU patients transferred to 7ANS with 28 successfully put on video monitoring
  - 14 of the 28 required monitoring beyond 24 hours
  - Zero NSICU transfer falls on video monitoring during trial period

Barriers

- Limited video monitoring equipment
  - 12 cameras shared amongst 3 units
- Waitlisted: difficult to triage based on complexity of patients currently on camera
- Inability to receive consent for monitoring
- Confounding variables
  - Lack of awareness: gaps in the implementation process
  - Varying patient population
  - Other implemented fall preventions
    - Not appropriate for monitoring – need for 1:1 observation due to escalated behaviors

Conclusions

- Successful use of video monitoring to aid in preventing falls in NSICU transfers
  - For the first 24 hours
  - Beyond trial period when indicated

Next Steps

- Disseminate the findings
  - Develop an abstract and present at professional conferences
- Potential for publication of research findings within the American Association of Neuroscience Nurses (AANN)
- Identify diagnoses and conditions that may serve as potential precursors to falls
- Compare methods used in our study to methods of other organizations across the nation in order to develop a gold standard

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