Video Surveillance to Reduce Patient Falls: What a Difference a Camera Makes

Patti Creed, MSN, RN, Regina Masters, MSN, RN, & Sara Reece, BSN, RN

Background:

Continuing Care Hospital (CCH) is a 53 bed long-term acute care hospital located on the campuses of Saint Joseph East and Saint Joseph Hospital.

- Average length of stay is > 25 days.
- Medical-Surgical, Telemetry, and ICU patient population.
- Falls are a serious health concern that leads to fall-related injuries and complications including extended length of stays, expenses, and death.
- Multifactorial reasons for patient falls so a blended approach to fall prevention is required to decrease patient falls.
- Video Surveillance (VS) is an increased observation monitoring technique available for nursing staff to ensure the safety of identified high risk fall patients.

Purpose/Aim:

- The purpose of this Quality Improvement project was to decrease the number of patient falls thereby decreasing fall-related injuries and complications.

Desired Outcome:

- REDUCE PATIENT FALLS

Outcomes:

- CCH has reduced falls overall by 36% in one fiscal year with standard fall prevention techniques.
- Since the initiation of VS monitoring on March 10, 2014, CCH has had only one patient fall in a monitored room.
- Documented behaviors on daily log sheets reflect near miss patient falls prevented by staff interventions.

Process/Change:

- A grant was submitted and approved for funding by the Kentucky Hospital Engagement Network (KHEN) for ten video surveillance cameras and monitoring system.
- VS team was developed. The team met weekly initially for planning and implementation. The team continues to meet monthly to monitor progress.
- Initial planning included identifying the target patient population for VS monitoring.
- A VS Algorithm was developed to outline actions and interventions for identified behaviors.
- Ten rooms were identified and installed with cameras.
- Education provided to 102 staff members. Staff were instructed on the purpose, desired outcome, VS initiation and discontinuation algorithm, monitoring technique, interventions, documentation, and data collection.
- The VS monitoring go-live was March 10, 2014.

Discussion/Implications for Practice:

- Ongoing education for observation staff on log sheet documentation of behaviors and interventions.
- Informal feedback from staff has been positive.
- Continue VS monitoring.

Acknowledgement:

A special thank you to our interdisciplinary team member representative: Dawn Wilson, RN.