

**Team Approach to
Elimination of Bed/Chair Alarms
and
Raising the Awareness of People Noise**

Health Care Reform
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Presenters

- ◆ Yonell Mcleod, C.N.A.
- ◆ Deborah LaRusso, LMSW
- ◆ Debora Allen, RN

Isabella Geriatric Center

- ◆ 705 Residents
- ◆ Housing
- ◆ Home Care
- ◆ Adult Day Health Care
- ◆ Child Day Care
- ◆ Community Services
- ◆ Founded 1875
- ◆ Non-profit
- ◆ Recently finished Master Planning process



Environmental Challenges with Larger Facilities

- ◆ Usually vertical, significant reliance on elevators.
- ◆ Often greater complexity in care delivery (ventilators, dialysis, etc.).
- ◆ Everything that happens in a long term care facility involves more than one, and usually many departments, which is why communication can be an especially big challenge in larger facilities.

Person-Centered Care at Isabella

- ◆ Emphasis on community

- ◆ Training

- The Resident's Perspective: Person-Centered Care
- Teamwork

Person-Centered Performance Improvement

- ◆ Clearly mandated opportunities for cross-disciplinary, cross-hierarchy problem-solving (the 'culture' needs to support working with others outside of usual departmental responsibilities)
- ◆ Who participates
- ◆ Ideas for projects
- ◆ Workgroups (cross disciplinary, cross hierarchy)
- ◆ Integrating quality of care with quality of life

Making PI Person-Centered: Isabella's Model

- ◆ Person-Centered Care PI Committee, developed specifically to model an inclusive approach to problem-solving.
- ◆ Participation in the Committee is cross-disciplinary, different positions (permanent members of Committee include a CNA, Dining Host, Housekeeper, CEO, VP for Quality, different shifts).
- ◆ Committee “charters” workgroups, to be made up of people representing those most affected (different disciplines, positions, residents, family members).

Environmental Values Workgroup

- ◆ Workgroup formed with representatives from different disciplines, different positions, family members, resident.
- ◆ Workgroup members interviewed other staff, residents and family members.
- ◆ Purpose of workgroup was to (1) articulate organizational environmental goals, to provide a common frame of reference, (2) help identify areas where there is a gap between goals and current practice/environment, and (3) provide basis for programmatic considerations in development of Master Plan for campus.
- ◆ Master Plan architects invited to participate in a session, and the eventual Master Plan included as a starting point the values developed by this workgroup.

Isabella Environmental Values: Basic Principle

Relationships are at the heart of both quality care and quality of life for residents. The physical environment at Isabella should promote an atmosphere of comfort, clinical competence and quality of life for residents, be welcoming and appealing to family members and visitors, and be respectful, pleasant and supportive for staff.



Noise should be minimized throughout the facility, and especially in resident rooms and on the neighborhoods. Use of earphones (for televisions, radios, etc.) in resident rooms should be facilitated.

There should be an inclusive process for discussing in advance any proposed changes that will affect the environment on a neighborhood. This process should address both the change itself, as well as the steps for implementation.

Mechanical Noise Sources

- ◆ Call bell system
- ◆ Television
- ◆ Tube feeding pumps
- ◆ Pill crusher
- ◆ Specialty mattress equipment
- ◆ Oxygen concentrators
- ◆ Air/heat ventilation system
- ◆ Ice Machines
- ◆ Narcotic box alarm
- ◆ Bed/chair alarms
- ◆ Squeaky wheels
- ◆ Cleaning
- ◆ Ventilator alarm

Negative Effects of Noise

- ◆ Sleep disruption of residents
- ◆ Altered mood state of residents (agitation, aggressive behavior, depression, increased confusion)
- ◆ Falls
- ◆ Increased heart rate and blood pressure of staff, residents and visitors

◆ Elimination Process

- ◆ We asked each neighborhood team to count up how many bed/chair alarms are being used.
- ◆ We had a total of 209 alarms in use!
- ◆ We requested that the teams review the resident care plan to evaluate for effectiveness

◆ Chair And Bed Alarms Observation

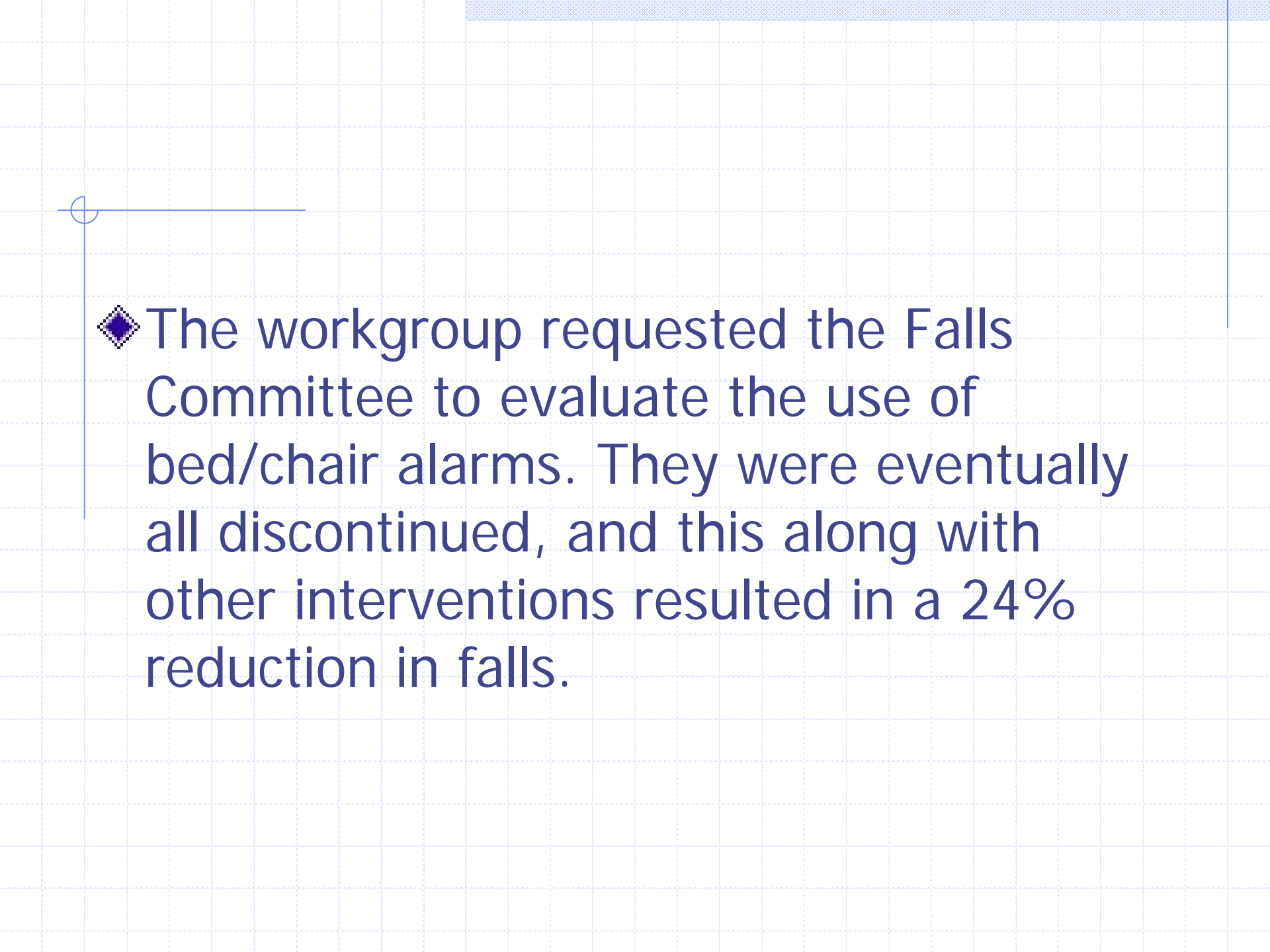
- ✓ The bed/chair alarms ringing caused negative responses
- ✓ The neighborhood team did not hear the alarms
- ✓ It became noise pollution

◆ Elimination Process

- ◆ The workgroup requested the Falls Committee to evaluate the use of bed/chair alarms.
- ◆ We requested a review by neighborhood of all the falls in the facility for the past 6 months, to determine how many alarms were included in the reports, and did they prevent falls.

◆ Cost Of The Alarms

- ◆ Chair Alarm-\$92.56 per alarm
 - ◆ Bed Alarm-\$89.95 per alarm
 - ◆ Power adapter-\$6.95
 - ◆ Safe Fall alarm for doors-\$107.50 per alarm
- ◆ Average cost of Alarm usage over-one year
\$15,517.78



◆ The workgroup requested the Falls Committee to evaluate the use of bed/chair alarms. They were eventually all discontinued, and this along with other interventions resulted in a 24% reduction in falls.

◆ Sustainability

- ◆ Two years later our fall rate has decreased by 30% since the beginning of the elimination of the bed/chair alarms.

People Noise Workgroup

- ◆ Guided by our basic environmental value: relationships are at the heart of both quality care and quality of life.
- ◆ Most workgroup members from non-neighborhood-based departments including MIS, transportation, Support Services and Security. All are attuned to environment when on neighborhoods.
- ◆ Sources of people noise: Cell phones/pagers, change of shift, use of call bells, speaking in different languages/tones of voices, speaking *over* equipment and other neighborhood noises.
- ◆ Gathering/conversing in the hallways/nursing stations/by time clocks.
- ◆ Focus on bringing awareness to the level of noise in any given area.
- ◆ Yacker Trackers rotated to each neighborhood and high traffic areas
- ◆ Focus on residents who scream and call out. Behavior is often related to a need to feel connected. Workgroup focusing on tool to help staff on units address this resident need.

Behavior Tracking Form (Pilot Study)

Resident Name: _____ Unit/Room Number _____

Date:			
7:30-9:30am			
9:30-11:30am			
11:30-1:30pm			
1:30-3:30pm			
Initials			
3:30-5:30pm			
5:30-7:30pm			
7:30-9:30pm			
9:30-11:30pm			
Initials			
11:30-1:30am			
1:30-3:30am			
3:30-5:30am			
5:30-7:30am			
Initials			

Target Behavioral Symptoms: Calling Out

0 = none, quiet

1 = occasional calling out

2 = frequent calling out

3 = continuous calling out

Initial	Signature	Title	Initial	Signature	Title

Summary of target behavioral symptoms and response to interventions:

◆ Questions To the Team

- ◆ How would you describe the persons behavior?
- ◆ What do you think is causing the behavior?
- ◆ What seems to make it worse?
- ◆ What happens just before the behavior occurs?
- ◆ What staff behaviors provide comfort to the resident?
- ◆ How did the resident cope with problems earlier in life?
- ◆ Does time of day, rest, noise, pain or eating affect the behaviors?
- ◆ How does the person's behavior affect other residents and vice versa?



17"

Getting Better All the Time

*Working Together for Continuous Improvement:
A Guide for Nursing Home Staff*



This Manual is a product of the Cobble Hill—Isabella Collaboration Project
Cobble Hill Health Center — Isabella Geriatric Center

**COBBLE HILL**
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WE KEEP BROOKLYN HEALTHY...HAPPY...HOME.

isabella

Welcome to our family.

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To obtain copies, contact:

Ellen Harnett, Isabella Geriatric Center,
eharnett@isabella.org

or

Louise Dueno, Cobble Hill Health Center,
ldueno@cobblehill.org

Mechanical Noise References

Ceiling Tiles	www.acousticalsurfaces.com
Noise Tracker	www.yackertracker.com
Curtains	www.acoustic-curtains.com
Wireless Pagers-Call Bell System	www.tektone.com
Nurse Call Bell System	www.wirelessnursecall.com
Silent Pill Crusher	www.mohawkmedicalmall.com
Oxygen Concentrator	www.portableoxygenconcentrators.com
Ice machines	www.scotsman-ice.com
Head Wireless Sets	www.Bose.com