SESLHD GUIDELINE COVER SHEET

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SUMMARY	The purpose of this document is to outline the key considerations and recommended guidelines for a designated high risk observation room. The target patient group is adult inpatients that will benefit from increased observation as part of their individualised falls prevention and management plan. Considerations include the need for a designated high risk observation room, staffing, environment, equipment, patient selection and assessment

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Falls Prevention and Management: Guideline for Designated High Risk Observation Rooms (Adult Inpatients)

Section 1 - Background

Patient safety aims to continually improve the care provided to patients to reduce harm. Falls are the most commonly reported adverse event in hospitals; and while the majority of inpatient falls are associated with minor injury, more serious events such as fractures, intracranial injury and death also occur.

Risk factors for falls in hospital include cognitive impairment and/or delirium, balance and mobility limitations, incontinence, visual impairment, orthostatic hypotension, medications and environmental considerations[1]. Preventing falls and harm from falls in hospital requires an individualised, multifactorial approach and should be part of routine care for people at risk of falls and falls related injury in hospitals.

One strategy as part of an individualised falls prevention and management plan may be increased visual observation, often enabled by co-locating high risk patients. Surveillance and observation approaches are particularly useful for patients who forget or do not realise their limitations, such as those with an acute delirium, dementia or who are deemed impulsive[1]. There is also evidence that volunteers can be effectively used as companion observers to help to alert staff to increasing agitation, risky behaviours or unmet needs[2].

The Australian Commission on Safety and Quality in Health Care Best Practice Guidelines for Preventing Falls in Hospitals (2009) recommend, where possible, allocation of high-visibility beds or rooms to patients who require more attention and supervision, including patients who have a high risk of falling. For the purposes of this Guideline, such rooms are referred to as designated high risk observation rooms.

This guideline outlines the key considerations and guidelines for wards and units with, or in the process of implementing, a designated high risk observation room.

Section 2 - Principles

EXCLUSIONS

Mental Health: This guideline does not relate to Patient Care Level allocation within an acute adult Mental Health Inpatient setting. Appropriate levels of observation for patients admitted to South Eastern Sydney LHD (SESLHD) Mental Health Inpatient facilities should be determined in line with SESLHDPR/615 Engagement and Observation in Mental Health Inpatient Units.

This guideline should be used in conjunction with SESLHDPR/380 Falls Prevention and Management for People Admitted to Acute and Sub-Acute Care, which outlines best practice and details tools to facilitate clinical decision making in the prevention and management of falls and fall injuries in individuals identified at risk of falling.

Many wards may not provide care for a patient demographic that requires a designated high risk observation room. Please note that placement of high risk patients in close proximity to a nurse's station should still occur as appropriate for individual patients.

However, proximity to the nurse's station is only one consideration in designating a high risk observation room. As such, other recommendations as per this Guideline must also be addressed prior to classifying a patient care room as a designated high risk observation room.

As in any clinical situation, there will be factors which cannot be addressed by a single guideline. This document is not a Procedure and does not replace the need to use clinical judgement with regard to individual patients and situations.

This guideline outlines the key considerations and guidelines for wards and units with, or in the process of implementing, a designated high risk observation room.

Section 3 - Definitions

Fall

For the purposes of this Guideline, a fall is defined as “an event which results in a person coming to rest inadvertently on the ground or floor or other lower level”[3].

High falls risk:

Refers to patients who score ≥ 9 on the Ontario Modified Stratify (Sydney Scoring) falls risk screening tool or are deemed clinically to be at risk of falls. Clinical judgement overrides an individual risk screen score.

Designated high risk observation room:

A designated patient care room which adheres to the recommendations within this Guideline and has been set up to allow for continuous visual monitoring of adult inpatients assessed as being at high risk of having a fall

Hi-lo bed:

An electric height adjustable bed that can be lowered for the patient to safely enter and exit the bed and raised to an appropriate height for staff to safely deliver care.

Lo-lo bed:

An electric height adjustable bed that can be lowered to a level below the standard minimum bed height, reducing the risk of injury to a patient who is impulsive or agitated and attempting to climb out of bed.

Equipment

Refers to patient care equipment that assists with safe manual handling, patient transfers and mobility. It includes, but is not limited to, transfer belts, walking aids, wheelchairs and hoists.

Section 4 - Responsibilities

Unit Managers are responsible for:

- Reviewing monthly falls and falls injury data in consultation with ward team members and determining the need for a high risk observation room
- Ensuring unit-based high risk observation rooms adhere to the recommendations detailed in this Guideline
- Considering staffing allocation, models of care over a 24 hour period and implementing suitable processes for staff break times and assisting patients with care needs so as to allow continuous visual monitoring of the patients allocated to the high risk observation room
- Ensuring that all nursing staff are trained in the use of the recommended falls risk screen (Ontario Modified Stratify – Sydney Scoring) and Falls Risk Assessment and Management Plan (FRAMP)
- Ensuring all nursing staff are trained in implementing individual patient falls risk management strategies
- Identifying and facilitating access to the equipment and devices required for the patient population being served and ensuring this equipment is maintained.
- Individualising the recommendations contained within this Guideline according to the needs of the unit.
- Ensuring all nursing staff are trained in the Person-Centred Profile / Top 5 clinical form

Nurses are responsible for:

- Completing the relevant falls risk screen (Ontario Modified Stratify – Sydney Scoring) within 24 hours of admission to the ward/unit
- Completing a Falls Risk Assessment and Management Plan (FRAMP) for adults scoring at high risk on the screen (≥9) or those deemed clinically at risk
- Complete with family, the Person-Centred Profile / Top 5 clinical form, on admission to assist in communication and planning person centred care
- Identifying patients who may be suitable for increased surveillance in a high risk observation room as part of the individualised, multifactorial falls prevention plan
- Discussing suitability for bed allocation in a high risk observation room with the NUM, team leader or other senior staff member, where possible in consultation with other multidisciplinary team members
- Supporting the designated staff member and/or volunteer companion to remain in the high risk observation room according to the agreed model of care in place on the unit. The model should include agreed processes to allow for break times and assisting patients with care needs such as toileting
- Completing relevant assessments such as the repeat Ontario Modified Stratify (Sydney Scoring) falls risk screen and review of the management plan (FRAMP) if a change in condition occurs (which includes a new fall)

- Completing mandatory and other relevant training in falls risk screening, assessment and management

Allied health clinicians are responsible for:

- Contributing to the identification of patients who may be suitable for increased surveillance in a high risk observation room
- Contributing to the multidisciplinary falls assessment and management plan in high risk adults
- Undertaking discipline-specific assessments and interventions
- Completing mandatory and other relevant training in falls risk screening, assessment and management.

Medical officers are responsible for:

- Contributing to the identification of patients who may be suitable for increased surveillance in a high risk observation room
- Reviewing patients with identified falls risk factors including history of falls, delirium and/or altered mental status, postural hypotension and centrally acting medication use
- Investigating risk factors as appropriate
- Contributing to the multidisciplinary falls assessment and management plan in high risk adults.

Volunteers are responsible for:

- Adhering to the statement of duties provided by the unit on which they volunteer
- Alerting the allocated nurse if/when they are leaving the designated high risk observation room.

Section 5 - Guidelines for Designated High Risk Observation Rooms

5.1 Considerations when determining the need for a designated high risk observation room

It is acknowledged that many wards will not require a designated high risk observation room, and that those wards which do, may not require this room to be active at all times. Consideration should be given to acuity and case-mix when identifying need for a designated high risk observation room at any given point in time.

In determining the need for a designated high risk observation room on an adult inpatient ward/ unit, the following factors should be considered:

- Number and rate of falls per 1000 occupied bed days
- Trend in rate of falls over time
- Number of injurious falls
- High risk patient demographic, for example:
  - Patients with an altered mental status
  - Patients who are at risk of delirium
  - Patients exhibiting behaviours increasing their risk of falls and other adverse events such as agitation, impulsivity or an inablilty to comply with requests from staff.

5.2 Staffing

- To maximise observation, a staff member or volunteer companion should remain in a designated high risk observation room at all times
- If companion observers are used to provide increased observation in a ward's high risk observation room, the volunteer role and responsibilities should be clearly outlined in a statement of duties
- In situations where carers or family are assisting with the provision of increased observation for high risk patients, flexibility regarding visiting hours should be considered as part of the individualised patient care plan
- Consideration should be given to models of care over a 24 hour period, including night shift and weekends.

5.3 Environment and Equipment Considerations

- A designated high risk observation room should be located in an area that allows for increased visual observation and/or nursing presence within the room. Where possible, a designated high risk observation room should be located in close proximity to the nurses station
- A designated high risk observation room may be a mixed gender room as per NSW Ministry of Health Policy PD2015_018 - Same Gender Accommodation

- Designated high risk observation rooms must be kept clear of clutter and excess equipment at all times
- Consideration should be given to environmental factors such as noise, light and activity that may increase patient agitation and distress as per SESLHDPR/345 Delirium - Prevention, Assessment and Management of Deliruim in Older People
- To aid orientation, the time, day and date should be visible to patients in the room
- Consideration should be given to the provision of signage highlighting the purpose of the designated high risk observation room
- Bathroom and toilet facilities within or nearest to the designated high risk observation room should be clearly identified with signs
- All beds within the high risk observation room should remain at their lowest height, unless nursing care is being provided which requires the bed height to be raised. Consideration should be given to the use of lo-lo bed if required
- The use of bed rails should be assessed on an individual basis in line with SESLHDPR/421 Bedrails Adult Inpatient Use in Acute, Subacute and Residential Care Settings
- Consideration should be given to the use of mobility aids, alarm devices and/or non-slip socks. The need for these items should be assessed on an individual basis with input from the multidisciplinary team

  SESLHDGL/054 Falls Prevention and Management: Guideline for use of bed/chair alarm units (Adult Inpatients)
- Where practical, consideration should be given to the provision of a workstation within the room to allow staff to attend to documentation without leaving the designated high risk observation room
- Relevant Clinical Excellence Commission (CEC) falls prevention information flyers should be made readily available for patients and carers.

5.4 Patient Selection

- Patients identified at high risk for a fall should be assessed for the need to be cared for in a designated high risk observation room as part of their individualised falls risk assessment and management plan by a staff member caring for the patient
- Any staff member involved in the care of the patient can identify patients that may benefit from care provision within in a designated high risk observation room
- Consultation with the Nursing Unit Manager (NUM), team leader or other senior staff member should occur prior to bed allocation in a designated high risk observation room
- Patients with delirium, confusion, agitation and/or impulsive behaviours should be given priority to a bed in a designated high risk observation room.

5.5 Ongoing Patient Assessment

- The provision of a bed within a designated high risk observation room does not negate the need for a comprehensive individualised falls prevention care plan for the patient
- When caring for high falls risk patients within the designated high risk observation room, assessments including repeat Ontario Modified Stratify (Sydney Scoring) and FRAMP should be attended as per SESLHDPR/380 Falls Prevention and Management for People Admitted to Acute and Sub-Acute Care
- Additional investigations such as measurement of postural blood pressure, assessment of pain, investigation of new urinary incontinence or new/worsening confusion must be considered as appropriate for the patient's condition
- Patients allocated to a bed in a high risk observation room must not be left unattended in the bathroom
- Prior to moving a patient out of a designated high risk observation room, consultation between staff members caring for the patient and the NUM, team leader or other senior staff member must occur to determine that the patient:
  - Is either no longer at high risk of falls or
  - Has a comprehensive management plan in place that can be implemented outside the designated high risk observation room
- A repeat Ontario Modified Stratify (Sydney Scoring) and updated FRAMP must be completed when a high risk patient is moved out of a designated high risk observation room

Section 6

Documentation

In line with SESLHDPR/336 Documentation in the Health Care Record, documentation in the health care record must provide an accurate description of each patient/client's episode of care or contact with health care personnel.

Co-location of high risk patients as a falls prevention and management strategy should also be documented on the individual patient's FRAMP.

References

1. Australian Commission on Safety and Quality in Health Care. Preventing Falls and Harm from falls in Older People: Best Practice Guidelines for Australian Hospitals. Sydney: ACSQHC; 2009
2. Donoghue, J., Graham, J., Mitten-Lewis, S., Murphy M. and Gibbs, J. (2005). A volunteer companion-observer intervention reduces falls on an acute aged care ward International Journal of Health Care Quality Assurance. 18 *(1)*, pp. 24-31
3. World Health Organisation. Falls [Internet]. 2016 [cited 2016 April 26]. Available from http://www.who.int/violence_injury_prevention/other_injury/falls/en/
4. SESLHDPR/380 Falls Prevention and Management for People Admitted to Acute and Sub-Acute Care
5. NSW Ministry of Health Policy PD2015_018 - Same Gender Accommodation
6. SESLHDPR/345 Delirium - prevention, Assessment and Management of Deliruim in Older People
7. SESLHDPR/421 Bedrails Adult Inpatient Use in Acute, Subacute and Residential Care Settings
8. SESLHDPR/336 Documentation in the Health Care Record
9. SESLHDGL/054 Falls Prevention and Management: Guideline for use of bed/chair alarm units (Adult Inpatients)
10. SESLHDPR/615 Engagement and Observation in Mental Health Inpatient Units.

Revision and Approval History

Date	Revision no:	Author and approval
Oct-Nov 16	Draft	Draft for Comment
April 2017	1	Endorsed by Clinical and Quality Council
March 2020	2	Update to Executive Sponsor. Published by Executive Services.
April 2022	3	Minor review: References updated; addition of reference to bed/chair alarm guideline; addition of Person-Centred Profile/Top 5 tool. Executive Sponsor details updated. Approved by Executive Sponsor.

Appendix A: Suggested audit tool

Designated high risk observation room	Yes	No	Action Required
Is the room located in an area that allows for increased visual observation and/or nursing presence?			
Is there a staff member or companion volunteer allocated to remain in the room at all times?			
Is the room clearly identified with a sign?			
Are the bathroom facilities within or nearest to the designated high risk observation room clearly identified with signs?			
Are falls prevention information brochures readily available for patients and carers?			
Is the room free of clutter and obstacles, including the areas surrounding the beds?			
Is the floor dry?			
Are frequently used items such as the call bell, phone and patient personal items (e.g. glasses) within the patient's reach?			
Are all the beds in the room at their lowest height?			
Are the bed brakes on all the beds?			
Is the level of light comfortable and appropriate?			
Is a clock and the day and date visible to patients in the room?			
Is the night lighting adequate?			
Is there a workstation for staff use within the room?			

Appendix B: Frequently asked questions (FAQs)

1. Why is this a Guideline not a Procedure?

A SESLHD procedure is a document that contains a series of interrelated steps. It requires compliance and describes actions to be taken when there is non-compliance. SESLHDPR/380 Falls Prevention and Management for People Admitted to Acute and Sub-Acute Care is a procedure.

A SESLHD guideline:

- Identifies, summarises and evaluates the best evidence and most current data about a particular issue, disease or disorder. It can describe clinical care or administrative functions.
- Outlines the most desirable course of action and guides decision making
- Does not require mandatory compliance, but documented explanations are required for any deviation

As this document does not contain a series of inter-related steps and serves to guide clinical practice, it is a guideline not a procedure.

2. Do all wards need to have a designated high risk observation room?

No. The need for a designated high risk observation room on an adult inpatient ward/ unit, will depend on:

- Number and rate of falls per 1000 occupied bed days
- Trend in rate of falls over time
- Number of injurious falls
- High risk patient demographic, for example, patients with an altered mental status, patients who are at risk of delirium, patients exhibiting behaviours increasing their risk of falls and other adverse events such as agitation, impulsivity or an inablilty to comply with requests from staff
- The acuity and case-mix at any given time on the ward. Designated high risk observation rooms do not have to be ‘active’ at all times.

3. If my ward/unit cannot incorporate the recommended guidelines, can we still have a ‘designated high risk observation room’?

No. Placement of high risk patients in close proximity to a nurse’s station should still occur as appropriate for individual patients. However, proximity to the nurse’s station is only one consideration in designating a high risk observation room. As such, other recommendations as per this guideline, must also be addressed prior to classifying a patient care room as a designated high risk observation room.

4. How do we provide the recommendend continuous visual observation on night duty?

As continual observation is one strategy for a patient, it will usually require a discussion within the patient area as to how best meet the needs for the individual patient. This may require a change to the model of care for a paitent over a determined period and consideration of staffing levels and skill mix.

5. I am interested in implementing this guideline. Who can I contact for advice and/or further information?

- The chair of your local falls prevention and management committee
- Your facility's Aged Care Clinical Nurse Consultant
- The District falls prevention program coordinator: lucy.haver@health.nsw.gov.au

6. Where can I find resources about preventing falls and harm from falls?

SESLHDPR/380 Falls Prevention and Management for People Admitted to Acute and Sub-Acute Care

Falls Prevention information page on the SESLHD intranet:
http://seslhdweb.seslhd.health.nsw.gov.au/Falls_Prevention/

Australian Commission for Safety and Quality in Health Care:
https://www.safetyandquality.gov.au/our-work/comprehensive-care/related-topics/falls-prevention

The Clinical Excellence Commission:
http://www.cec.health.nsw.gov.au/patient-safety-programs/adult-patient-safety/falls-prevention

The NSW Falls Prevention Network
http://fallsnetwork.neura.edu.au/