Alarms: The New Deficient Practice?

Carmen Bowman, MHS
Regulator turned Educator
Blending Innovation & Regulation

The Oakview Terrace Story

- 2006 to 2007, 36 less falls after eliminating alarms
- Attributed also to consistent staffing, education
- May 2012 to April 2013 90 less falls, fall rate reduced by 44% due to engaging staff.

Solutions: medications discontinued; root cause analysis reveals infection; resident jumps from bed over floor alarm resulting in fall with fracture, alarm caused fall, alarm discontinued. Staff decide whether each fall was preventable and if so, implement what could have been done to prevent.

Research

- NO evidence to support alarms’ usefulness in preventing falls or injuries. (Rader, Frank, Brady 2007)
- “Falls Prevention: the efficacy of a bed alarm system in an acute-care setting” Department of Geriatrics and Adult Development, Mount Sinai Medical Center 1993: “results failed to demonstrate a statistical difference in bed falls between the experimental group (with alarms) and control group (without alarms).”
- JAMA 1994: Strategies that reduce mobility through use of restraints have been shown to be more harmful than beneficial and should be avoided at all costs.

Anecdotal research

- Jewish Rehabilitation Center for the North Shore, Massachusetts Eliminated alarms on one neighborhood, in 1st qtr, 32% reduction in falls.
- Exempla Colorado Lutheran, Arvada, CO
  Started Aug. 2010. fall rate was 64/month, 2011 average 40 falls per month, year to date 2012 - 27.3 falls per month.
- Friendship Haven Health Center, Iowa
  In 4th quarter 2012, 86 falls and 21 alarms
  In 1st quarter of 2013, 42 falls and 8 alarms.
Alarms: The New Deficient Practice?

2014 Eden Alternative International Conference

Pros and Cons

MIGHT prevent a fall, IF we are close enough, IF we run fast enough – HAPPENSTANCE

Is this worth the harm of alarms?

The harms of alarms

Physical:
- Pressure ulcers – why? Is alarm on top of pressure relieving pad cancelling it out?
- Cardiac overload – inadequate blood flow, why? Including through liver, kidneys resulting in retaining medications/SEs
- Bone loss – why? Not transporting nutrients, O2, eliminating waste
- Edema – why? Pooling of fluids/blood → venous ulcers, pain, cellulitis, hospitalization, life threatening
- Malnutrition – why? Maybe also from being depressed about it?
- Contractures – why?
- Increased infection – UTIs, why?

Main outcome of alarms = decreased mobility

Immobility leads to:
- INCREASED RISK FOR FALLS due to: decreased ROM, pulmonary function, balance, strength, shortened tendons, contractures
- Constipation which can lead to fecal impaction and increased use of meds with increased side effects
- Constipation which can lead to fecal impaction a sentinel event
- Pressure ulcers which leads to pain
- Anyone see a vicious cycle? Or many?

More Cons

Psychological:
- Increased confusion – not understanding loud sound
- Agitation – tries to turn off, upset all day
- Aggression – increased confusion/agitation lead to
- Depression
- Social rejection – “shut that thing off” “shut up”
- Social isolation – feel different, don’t want to be yelled at
- Traumatic memories – “war siren”
- Undignified/degrading – “what have I done wrong?”
- Could live on your own in the morning, then move to a nursing home and are “alarmed” and wearing a bib by lunch

“The benefits of mobility far outweigh the risk of falling.” Theresa Laufmann, Oakview Terrace

Advancing Excellence Campaign Goal: ... Mobility

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Sleep deprivation/noise/stress
- Lack of sleep, both the resident and roommate
- Noise
- Ever ran to the wrong room?
- Staff report feel "bruised"/stressed
- Staff admit they grow a tolerance for it, or not run so fast

Joan Wood, resident, Brighton Care Center, Brighton, CO:
- "They certainly raise your stress level."
- "It would be like your fire alarm going off in your house all the time."

"Convenience"
is defined as any action taken by the facility to control a resident’s behavior or manage a resident’s behavior with a lesser amount of effort by the facility and not in the resident’s best interest.

"We moved from restraints to alarms because we felt better. It was our security blanket. It felt like we were doing something."
- "Alarms become a crutch. We do not observe as much as we rely on the alarm to do that for us."
- "Alarms imply ignoring residents is okay."

Tag F221 Physical Restraints
Tag F222 Chemical Restraints
The resident has the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident’s medical symptoms.

CMS’ Definition of Restraint
- "Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body."
- "Also included as restraints are facility practices that meet the definition of a restraint."

What happened to temporary?
Tag 221:
Alarms may be used for "immediate episode" i.e. due to anesthesia. Alarm use "must not extend beyond the immediate episode."

We lean on "temporary" when someone moves in. Why? To learn their patterns? Is this good care? Would you be impressed? Impersonal sound vs. a personal touch.
- "We automatically start with an alarm with most people coming from the hospital and with any fall ever and then it stays on forever." staff member
F323 Accident prevention
- While alarms can help to monitor a resident's activities, staff must be vigilant in order to respond to them in a timely manner. **Alarms do not replace necessary supervision.**

Tag F155
Right to refuse treatment
- Are we listening to residents?
- How many residents ask for them?
- How many of us would want them?
- "Some residents figure out how to turn them off, unplug them, 'beat' them so then it seems like 'silliness' to even keep using them."
- "We say, 'They cheat' -- what does that imply?"
- "Residents have the right to refuse medications. Don't they have the right to refuse restraints too?" staff member
- Do surveyors ask residents if they want them?

Tag 252 Homelike, check this out...

- Good practices that de-emphasize institutional character include the elimination of:
  - overhead paging
  - piped in music
  - audible alarms

Tag F258 Comfortable sound levels
- Comfortable sound levels do not interfere with resident's hearing and enhance privacy . . . and encourage interaction when social participation is desired.
- Of particular concern to comfortable sound levels is the resident's control over unwanted noise.
- Consider the effect of noise on the comfort of residents with dementia.

Empira 2008 fall study - 23 nursing homes alarm free by 2013

Alarms: The New Deficient Practice?
1. F221 Physical restraints
2. F323 Accident prevention
3. F252 Homelike environment
4. F258 Comfortable sound levels
5. F155 Right to refuse treatment
6. F241 Dignity - not used in other countries b/c undignified
7. F151 Same rights as any US citizen
- Are alarms listed in your living will?
We have one problem

- Tag 221 Physical Restraints
- Interventions that the facility might incorporate in care planning include:
  - Equipping the resident with a device that monitors his/her attempts to arise

- Conflicts with many regulations and the CMS 2006/2007 From Institutional to Individual Care broadcast encouraging elimination of alarms

CMS supports elimination of alarms

2006/2007 CMS Four Part Webcast Series
From Institutional to Individualized Care
Clinical Case Studies in Culture Change
Case Study:
- Nursing Home Alarm
  - Elimination Program – It’s Possible to Reduce Falls by Eliminating Resident Alarms
  - CMS supports elimination of alarms
  - 2006/2007 CMS Four Part Webcast Series
  - From Institutional to Individual Care
  - Clinical Case Studies in Culture Change
  - Case Study: Nursing Home Alarm
  - Elimination Program – It’s Possible to Reduce Falls by Eliminating Resident Alarms

Archived Shows

The Empira Fall Study: Noise causes Falls and Alarms cause Noise – Eliminate Alarms, Reduce Falls, Sue Ann Guildermann, Empira Educator 4/19/13
A QAPI and Compliance Approach to Eliminating Alarms and Preventing Falls Matt Younger, Dir. MI State Survey Agency 5/17/13
How Oakview Terrace has been Alarm-free for 6 years Theresa Laufmann, Co-DON Oakview Terrace co-author Eliminating Alarms and Preventing Falls by Engaging with Life 6/21/13
Regulatory Support for the Elimination of Alarms Guest: Diana Wieland, RN SD State Survey Agency 7/19/13
Eliminating Alarms through Relationships Leslie Pedtke, NHA Avistion Country Manor and developer Through the Looking Glass
Eliminating Alarms and Proactively Preventing Falls by Engaging with Life, Jennifer Crimmings, NHA 9/20/13
The Benefits Beyond Reducing Falls by Eliminating Alarms Theresa Laufmann, Co-DON Oakview Terrace co-author Eliminating Alarms and Preventing Falls by Engaging with Life 10/20/13

More Resources

- 2008 webinar: Restraints, Joanne Rader and Oakview Terrace at www.CFMC.org
- 2010 webinar: Rethinking the Use of Restraints and Alarms www.SDFMC.org
- Pioneer Network Archived Integrating MDS 3.0 webinar: February 9, 2012: Promoting Mobility and Reducing Falls by Individualizing Care and Eliminating Alarms with Joanne Rader

State success stories

MN – The False Assurance of Alarms brochure by Empira
CO – Stated publicly will not cite for not using alarms
IA – Friendship Haven and state SA partnership (article)
What we can all do

- AHFSA: 3 years of training on eliminating alarms
- CMS: could write memo, delete from 221 list, train surveyors
- State Agencies: could partner and promote
- Culture Change Coalitions:
  - Request a meeting with state agency
  - Offer to partner
  - Pressure: What good is a culture change coalition if it doesn’t? Who else will?
- Pioneer Network:
  - Host a national campaign to get rid of like restraints
  - Data base of homes alarm free
- Eden Alternative Registered Homes and Green Houses
  - LEAD eliminating alarms, education, campaign, data base, partner with your state survey agencies and culture change coalitions, partner with Pioneer Network, push

Who’s going to be the 1st “no alarms” state?
The 1st “no bib” state? The 1st “no get up” state?

More Resources
Regulatory Support for Culture Change


Quality of Life:
The Differences between Deficient, Common and Culture Change Practice

Section at F241 Dignity on Using Dignified Language

Living Life to the Fullest:
A Match Made in OBRA ’87

Getting to Know You assessment
Psychosocial Needs
Ethnic culture
Highest practicable level of well-being
Activity programming according to interests, not “problems”

MEANINGFUL ACTIVITY ASSESSMENT incorporates:
- Tag 248 Interpretive Guidance,
- MDS 3.0 and
- culture change practices.
Sold as a kit by Action Pact at culturechangenow.com

Changing the Culture of Care Planning:
a person-directed approach

Covers:
- Regulatory Support
- Individual Care Planning
- I Care Plans
- Narrative Care Plans
Includes:
- Sample IN2L “Visual Care Plan”
Available from Action Pact culturechangenow.com
SOFTEN the Assessment Process

- Workbook and training DVD
- culturechangenow.com

S – Support Simple Pleasures
O – Offer Options
F – Foster Friendships
T – Tie-in to Tasks
E – Equalize Everyone
N – Normalize Now

Vibrant Living

Special Features:
- Written to Residents/ Householders
- Scrapbook style
- Learning Circle questions

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culturechangenow.com

CONVERSATIONS
Carmen
action pact

May 21, 2014
Guest: Al Power, MD
Dementia beyond Disease

- Every 3rd Friday
- 1 jam-packed hour
- Culture change training directly into your home and to your team

Sponsored by Action Pact
culturechangenow.com

www.pioneernetwork.net

The Power of Language to Create Culture

Carmen Bowman, MPH
Judah Ronch, Phd
Gina McManus, MA
July 2011

Supported by grants from the Robert & Myra Kraft Foundation

Archived shows:
- Jan. 18, 2013
- People First Language
  Kathleen Snow, author, advocate
- Friday, Feb. 15, 2012
- The Power of Language to Change Culture
  Judah Ronch, Phil, Dean Erickson
  School of Aging
  Co-author of paper with same title funded by Rothschild Foundation

Contact Information

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- All day workshops
- Conference sessions
- Webinars
- Consulting
- Teleconferences with your whole team
The negative impact of personal alarms on the lives of residents in skilled nursing homes has been studied by professionals. Their findings reveal:

“By keeping people from moving, restraints adversely affect people’s respiratory, digestive, circulatory and muscular systems, contribute to depression and isolation, and inhibit sleeping.”

“However, just as restraints cause harm by keeping people from moving, so do personal alarms. There is no evidence to support alarms’ usefulness in preventing falls and injuries. Unfortunately, in spite of that, staff and sometimes families, gravitate to the use of alarms.”

Our goal is to provide the best quality of care for our residents. We work to ensure that their safety, well-being and quality of life are what they wish it to be.

If you have any questions or concerns regarding our goal to reduce the use of personal alarms on our residents, please contact our director of nursing, administrator and/or social services at your convenience.

A growing concern to us has been the continued use of personal alarms that attach to or are placed next to the body of the resident.

We find this practice to be intrusive and undignified to the quality of life of our residents.

We strive to maintain the safest environment possible, but the use of personal alarms has not assisted us in meeting this goal.

~ "Rethinking the Use of Personal Change Alarms.” Quality Partners of Rhode Island, state Quality Improvement Organization, under contact with the Centers for Medicare & Medicaid Services, 2007.
Personal alarms are alerting devices that emit a loud warning signal when a person moves.

The most common types are:

- Pressure sensitive pads placed under the resident while they are sitting on chairs, in wheelchairs or when sleeping in bed
- A cord attached directly on the person’s clothing with a pull-pin or magnet adhered to the alerting device
- Pressure sensitive mats on the floor
- Devices that emit light beams across a bed, chair or doorway

Many states are now moving towards having “alarm-free” nursing homes:

“The noise produced by alarms agitated residents so much that residents fitted with alarms did not move at all to avoid activating the alarm. This put them at a greater risk for decline. Residents with dementia experienced an increase in agitation when fitted with an alarm.”

~ Case Study, MASSPRO a Massachusetts Quality Improvement Organization

“Alarms contributed to a lack of sleep; they wake both the resident using one and the roommate. After staff removed all restraints, including alarms, falls decreased.”

~Director of Nursing, Oakview Terrace Nursing Home, Freeman, South Dakota

“It has been proven:

Alarms can contribute to the immobility, discomfort, restlessness, agitation, sleep disturbance, skin breakdown and incontinence of residents.

In light of this recent evidence and to improve the lives of our residents, we will conduct a systematic and careful assessment and evaluation for the successful removal of personal alarms in our care center.

“Falls management: the next step is moving beyond the use of alarms.”

~ Indiana State Department of Health, Falls Management Conference, 2007
Friendship Haven pioneers alarm elimination

LeadingAge Iowa member Friendship Haven-Ft. Dodge and the Iowa Department of Inspections and Appeals have developed a strategic partnership to reduce and eliminate alarm use among the Haven’s residents.

The goal is to eliminate all alarms to coincide with the opening of Friendship Haven's new Health Center next month. "Our new health center has a home-like feel to it, and we want it to remain that way. You don't hear alarms going off in someone's home, so we don't want that happening here," said Friendship Haven President & CEO Julie Thorson. This is about more than a new building and alarm elimination; it's about changing the mindset of how we provide care.

She added the alarm elimination will allow for a quieter, more intimate environment. Alarms not only distress residents, but also contribute to caregiver burnout.

But alarms do serve a purpose in alerting staff that a resident at risk for falls is preparing to get out of a chair or bed. Resident safety is always a top concern at Friendship Haven, so Thorson, Administrator Jennifer Crimmins and Director of Nursing Michelle Jakeman met with DIA Director Rod Roberts and staff to discuss how Friendship Haven will continue to meet resident safety needs without alarms.

Crimmins emphasized Friendship Haven will use proactive and personalized non-alarm interventions to protect residents at risk for falls. These include more handrails and grab bars, strength and wellness programs, increased observation, and cross-training of employees. When a fall does occur, a team of caregivers will do a root-cause analysis to discover why. Friendship Haven's goal is to ensure every resident has the support to live full lives with faith, passion and purpose.

Crimmins said the passion and vision for alarm reduction came from a small groups' attendance at a LeadingAge Iowa program featuring national alarm reduction expert Carmen Bowman. "We came to
the conclusion alarms weren't preventing falls, and they weren't the right solution for our residents—mentally, physically and emotionally," said Crimmins.

The alarm elimination process is being conducted gradually, with the goal of elimination of all alarms when the move is made into the new health center, scheduled for June 3 to 6.

Crimmins and Jakeman developed a packet of documents explaining the rational for the alarm elimination initiative, including steps toward implementation and a timeline. It's called "Friendship Haven and DIA: Strategic Partnership," To obtain a copy, contact Jennifer Crimmins: jennifer.crimmins@friendshiphaven.org.