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2 setting

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Article type : Brief Report

Nurses' perceptions of preventing falls for patients with dementia in the acute hospital setting

Abstract

Objectives: Safe and high-quality care for patients with dementia is a key priority area of the Australian Commission on Safety and Quality in Health Care, however caring for patients with dementia in the acute hospital setting is perceived as challenging. The aim of this analysis was to explore nurses' perspectives regarding falls prevention for patients with dementia in an acute care setting.

Methods: Secondary analysis of focus group data. Focus groups were conducted with nurses (n=96) across six hospitals in New South Wales and Victoria.

Results: Nurses frequently reported issues relating to the physical environment of the acute care setting, competing priorities in a complex care setting and the need for one-on-one supervision for patients with dementia.

Conclusions: Nurses report that one-on-one supervision is required to keep patients safe. Future research examining the acceptability and cost effectiveness of volunteers providing this supervision is warranted in Australian hospitals.

Keywords: accidental falls, dementia, health services, nursing

Short Report (1089 words)

29 **Introduction**

30 People with dementia are high users of acute hospitals with between 20-25% of in-patients
31 aged ≥ 70 and 47% of in-patients aged ≥ 90 having a diagnosis of dementia [1]. This is a
32 relatively conservative assessment due to the known inaccuracy of coding dementia in
33 hospital administrative data [2,3]. For a person with dementia, the impact of hospitalisation
34 can be profound. These individuals may be more likely to experience preventable adverse
35 events such as infections, dehydration, malnutrition and falls [1]. Impaired cognition has been
36 shown to be the most commonly identified risk factor in patients who fall while in hospital
37 [4]. Hence, safe and high-quality care for patients with dementia is a key priority area of the
38 Australian Commission on Safety and Quality in Health Care [5].

39 The aim of this analysis was to explore nurses' perspectives regarding falls prevention for
40 patients with dementia in an acute care setting.

41

42 **Methods**

43 This analysis was part of the 6-PACK project – a multi-centre cluster RCT testing the
44 effectiveness of the 6-PACK falls prevention intervention on falls and fall injuries in six
45 acute hospitals in New South Wales and Victoria [3]. In the pre-implementation phase of the
46 project, nursing staff from 16 medical and 8 surgical wards were invited to participate in
47 focus groups to explore current falls prevention practices [6]. Participants were 96 nurses
48 working on participating wards. A member of the research team invited nurses to attend focus
49 groups at handover times. The recruitment process has been described in detail elsewhere [7].
50 A total of 12 focus groups were conducted [6, 7]. The discussion guide for the focus groups
51 was initially designed to understand hospital practices, policies and the organisational context
52 influencing falls prevention interventions. The results of the original analysis have been
53 published [7]. An emerging theme of the complexity of preventing falls for patients with
54 dementia was identified. This paper reports on the secondary analysis conducted to examine
55 this theme.

56 The research questions guiding this analysis were:

- 57 1. How do nurses describe the problem of falls for patients with dementia?
- 58 2. What strategies do nurses propose to prevent falls in patients with dementia?
- 59 3. What challenges do nurses describe in implementing strategies to prevent falls in
60 patients with dementia?

61 Qualitative analysis of focus group data was continuous with deductive coding guided by the
62 research questions being applied by two researchers who independently coded transcripts
63 using Nvivo.

64 This study was approved by Monash University Human Research Ethics Committee –
65 CF11/0229 – 2011000072 and relevant hospital ethics committees.

66

67

68 **Results**

69 Nurses believed that implementing falls prevention interventions for patients with dementia
70 was challenging. Two key barriers were identified: the perception that standard falls
71 prevention interventions were not effective and competing patient priorities in a complex care
72 setting.

73 Participants in this study recognised that preventing falls amongst patients with dementia was
74 difficult, with some believing that falls were inevitable in this patient group.

75 *Yeah, we've got dementia patients, you can do as much as you can, and [falls are]
76 still just going to happen, I don't think it's going to be able to be stopped. I don't
77 think falls can be prevented ... it's just the way the patients are I think. (Nurse,
78 Hospital 3)*

79 Nurses felt that standard falls prevention strategies, such as patient education about the risk of
80 falls while in hospital, diversion tactics and use of a gait aid, were not effective for patients
81 with dementia.

82 *People with dementia in particular, you can tell them a million, squillion times what
83 to do but because of their physiological...mental condition, they're just not able to
84 comprehend. (Nurse, Hospital 1)*

85 *Because they're not cognitively on the ball we can't give them a magazine to read or
86 a newspaper. So entertaining them that way becomes a difficult issue. (Nurse,
87 Hospital 1)*

88 *If they've got dementia then they're just as likely to fall over with the gait aid as
89 without. (Nurse, Hospital 3)*

90 The acute setting was recognised by nurses as a challenging and multifaceted work
91 environment, particularly when it came to caring for patients with dementia.

92 *We have aged care, dementia, falls risks, we have medical [issues]... We had a*
93 *patient with acute chest pain, in that same room I've got a patient with dementia*
94 *that's a falls risk... So what do you do? You've got to deal with the acute case first.*
95 (Nurse, Hospital 5)

96 Some nurses felt that needing to address the acute care concerns first led to high risk patients
97 being 'neglected'. Hence, nurses felt one-to-one supervision in the form of specifically
98 trained patient sitters (also termed constant observers or patient watch) was the most effective
99 way to care for patients with dementia.

100 *There's a lack of manpower...Sometimes you need to have one on one*
101 *[supervision]...If you got three confused high risk falls [patients], you don't know*
102 *who to attend to. If you went to the other one, then the other one will fall. (Nurse,*
103 *Hospital 5)*

104

105 **Discussion and Conclusion**

106 Nurses in this study recognised that preventing falls in patients with dementia in the acute
107 hospital setting is challenging. Many falls prevention interventions have been found to be
108 ineffective for people with dementia [8, 9, 10]. Nurses perceived falls in this patient group as
109 inevitable and believed that one-on-one observation (use of patient sitters) was an effective
110 method to keep patients with dementia safe. However, patient sitters are a significant cost to
111 hospitals and may not be feasible within resource and financial constraints.

112 Hospitals are increasingly adopting innovative ways to mitigate resource restrictions. For
113 example, since 1995, hospitals in the United Kingdom and United States have been engaging
114 volunteers to provide basic care and supervision to patients with dementia [11, 12].
115 Volunteers receive training and are able to provide emotional support, supervision and
116 practical assistance such as fluid and nutrition assistance and supervised mobilisation to
117 reduce the risk of adverse outcomes for these patients. Research describing volunteer
118 programs for patients with dementia or to prevent delirium in Australian hospitals is
119 emerging [13]. Many Australian hospitals have existing volunteer networks which could be
120 utilised to ensure the safety of patients with dementia in the acute setting. Research is
121 required to examine whether volunteer programs to prevent falls and provide person-centred

122 care for patients with dementia is effective and acceptable in the acute hospital setting in
123 Australia.

124

125 **Impact Statement**

126 This analysis highlights that there are constraints in providing patient centred care to people
127 with dementia in the acute hospital setting, especially in in the context of falls prevention.
128 Using volunteers to provide patient centred care may be an innovative solution to overcoming
129 resource restrictions in hospitals.

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