

St. Anthony Hospital Reduces Patient Falls with Chaperone System

Situation

Changes to reimbursement regulations have resulted in rising acuity levels within the med/surg environment. At the same time, hospitals are finding themselves caring for older and sicker patients due to the aging of the baby boomer generation. Combine these two factors, and hospitals are also faced with an inherent increase in patient falls.

According to the *New England Journal of Medicine*¹, the average cost of a single patient fall is \$11,800 — excluding the litigation and legal fees that could potentially arise. With a national average of 2.3 to 11 falls for every 1,000 patient days², addressing fall prevention has become a prevalent issue for many hospitals.

One proactive facility, the 166-bed St. Anthony Hospital in Michigan City, Indiana, established a special action group to look at possible solutions to manage and reduce the occurrence of falls. As part of researching and reviewing fall prevention systems, the Performance and Improvement Committee implemented a program offered by Stryker Medical.

Rationale

At 4.2 falls per 1,000 patient days, St. Anthony's average fall rate was already below the mean national average. However, as a JCAHO-accredited medical center and respected rehabilitation facility offering physical and occupational therapy, St. Anthony's staff was constantly re-evaluating procedures and looking to advance the quality of patient care — this included further reducing patient falls, and thus lowering associated costs.

Methodology

St. Anthony's committee sought the help of medical bed and stretcher manufacturer, Stryker Medical. Stryker offers a premier and promising fall prevention feature on its med/surg and critical care frames. The Chaperone center-of-gravity bed exit system guarantees a 30% decline in bed-related patient fall rates when used in conjunction with an educational fall prevention program.

Chaperone's early-warning design is based on simple technology that reads weight displacement within the perimeter of the bed. Chaperone monitors the patient as the center of gravity, and can determine when as little as 50% of the patient's weight moves outside the zone.

Results

Twelve months after Chaperone's implementation and use at St. Anthony Hospital, fall numbers dropped from 4.2 to 1.8 for every 1,000 patient days — for a total reduction of 133%. St. Anthony Hospital continues to monitor its statistics on a quarterly basis, and invests in ongoing fall awareness and training for all new clinical staff.

Conclusion

As St. Anthony Hospital demonstrates in its review and findings of fall prevention programs, the Chaperone bed exit system is an effective tool for reducing the likelihood of patient falls. As a result of lowering incidences of patient falls, a hospital has the opportunity to lower medical and legal costs, while at the same time improving the quality of clinical care.

¹ *New England Journal of Medicine*, September 1994.

² *National Survey*, Stryker Medical, July/August 1999.

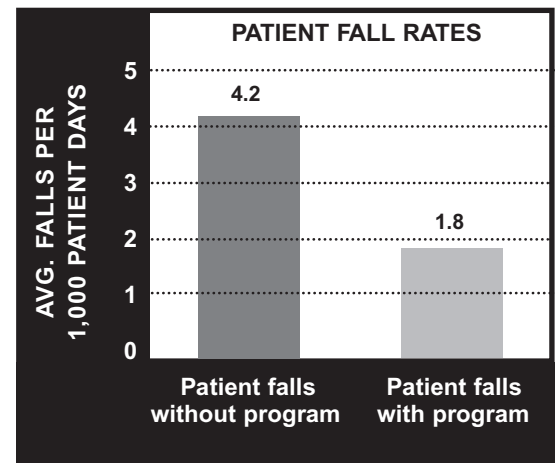


Chart compares patient fall rates before and after implementation of Chaperone bed exit system along with educational fall prevention program.

...fall rates using Chaperone dropped from 4.2 to 1.8 falls for every 1,000 patients days

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