



KEY POINT SUMMARY

OBJECTIVES

The objective of the study was to review literature on patient falls, mobility, and safe patient handling to elucidate links between the three, as well as evidence-based strategies for patient and staff safety.

Falls and Patient Mobility in Critical Care: Keeping Patients and Staff Safe

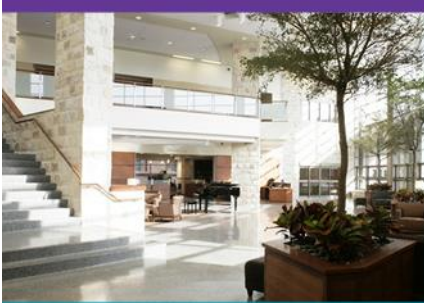
Flanders, S. A., Harrington, L., Fowler, R. J.
2009 / AACN Advanced Critical Care
Volume 20, Issue 3, Pages 267-276

Key Concepts/Context

A main priority in hospitals in the U.S. is ensuring both patient and staff safety throughout a patient's stay. Falls are a major concern in hospitals, particularly in critical care units (ICUs), where nurses care for increasingly older populations that are prone to falls and injuries from falls. Another issue that arises in intensive care units is the decision of when it is safe to mobilize patients, a relevant consideration in relation to incidence of falls and durations of hospital stay. Additionally, the mobilization of patients and the resulting burden on the health of critical care staff is another topic that impacts a hospital's safety procedures and finances. The three matters together constitute areas worthy of additional research to determine effective strategies to be included in a safety framework.

Methods

The authors conducted an electronic search of databases and consulted a medical librarian to find articles written from 2000 through 2009 pertaining to falls and fall prevention, mobility and mobilization, and safe patient handling in critical care environments. Research was reviewed and summarized within the three main topics. First, the authors honed in on fall risks in intensive care, looking at fall data in ICUs, the consequences of falls, fall reduction efforts, and fall risk and mobility. For the second section, they discussed safety considerations related to early mobility in critically ill patients, especially focusing on patients who are mechanically ventilated, since about 40% of ICU patients fit in this category. Finally, the authors summarized research on workplace safety for critical care staff, focusing on high-risk tasks, problems associated with certain interventions, solutions and equipment for safe patient handling, patient assessments, financial considerations, and strategies to reduce musculoskeletal disorders in critical care staff. There was limited mention of environmental variables throughout the article.



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Findings

There were no findings in this summary of research relevant to the linkage between the physical environment and patient falls, patient mobilization, or work-related musculoskeletal disorders, aside from a general need for more research specific to critical care environments.

Limitations

Authors identified no limitations of the study.

Design Implications

The authors did not discuss the design of healthcare facilities in any depth. Nonetheless, there is mention of the environment outside of the ICU being planned with handrails, proper lighting, and no-skid flooring. Within the ICU, there is need for more research to determine the types of environmental variables that would best accommodate the specific needs of patients under intensive care. Another issue discussed was the type of extrinsic factors inherent to ICU patients, such as equipment attached to the patient, which impacts patient mobility and thus fall incidence rates. Designers of healthcare facilities need to consider the type of equipment attached to patients when designing environments that support patient movement with these types of limitations. The authors also hint at a need to consider ways to provide sufficient space around bedside equipment, as well as the incorporation of new types of transfer devices, to enable efficient patient handling and staff safety.