

Survey Report

15 May 2012



Catch 22

Managing the falling patient
... catalyst for consensus

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Introduction

The Manual Handling Association of New Zealand (MHANZ) and the Australian Association for Manual Handling of People (AAMHP) represent health professionals, academics and educators involved in the handling of people in the health, aged care, disability, community care, childcare and funeral industries. The associations co-hosted a conference, entitled *Challenging the Boundaries*, held in Auckland in March 2012.

The conference program included a forum on managing the falling patient – a patient, who for whatever reason, collapses, stumbles, missteps, trips, falls or otherwise ceases to weight-bear during a task e.g. while getting out of bed, transferring between two chairs or while walking. The forum did not address the fallen patient i.e. one who was already on the ground.

The forum was proposed because there is lack of consensus amongst patient handling trainers, resulting in views that reflect polar opposites i.e. catch, don't catch. This is complicated with falls policy/procedures that are ambiguous or make compliance with a particular approach difficult for those providing patient care.

This forum sought to provide a medium for debate on falls management, balanced against scientific evidence of risk to the patient and staff and opinion from international and local industry leaders.

Prior to attending the forum, delegates were invited to complete a pre-forum survey. This report provides a summary of the findings from those who responded to this survey.

Respondents

There were 195 delegates who attended the three day conference. The pre-forum delegate survey resulted in 83 responses, approximately 43 percent of all delegates.

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The survey form asked respondents to complete questions based on their role, either as an in-house patient handling advisor or as a consultant advisor.

Not all respondents answered every question. The number of responses are noted for each question.

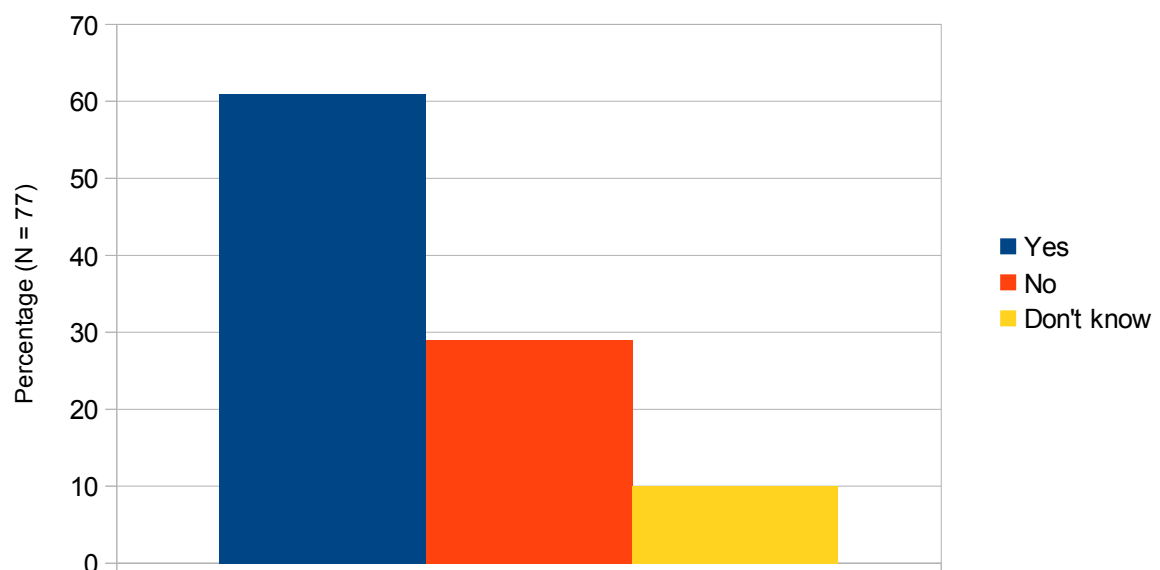
Respondents were also invited to include their name and contact details as an option for future contact on this topic.

Section A: In-house patient handling advisors

Seventy seven (77) respondents indicated they were inhouse patient handling advisors.

Sixty one (61) percent of respondents confirmed that their health care facility had a patient handling policy that included direction for managing the falling patient – refer to Graph 1.

Graph 1 Policy including direction for managing the falling patient

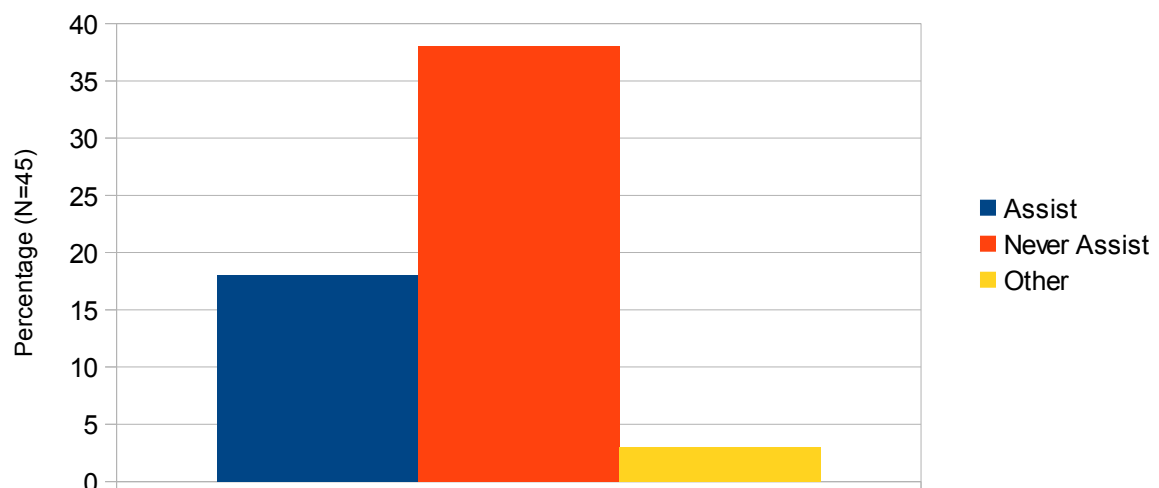


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Eighteen (18) percent of respondents indicated that their facility's policy was to assist the falling patient where possible. In contrast, double the respondents (38 percent) indicated that their facility's policy was that staff should never assist – the patient was to be left to fall without staff intervention. Three percent of respondents indicated the policy recommended something else, however no comment was included to support or clarify this response.

Graph 2 Policy to assist or let fall



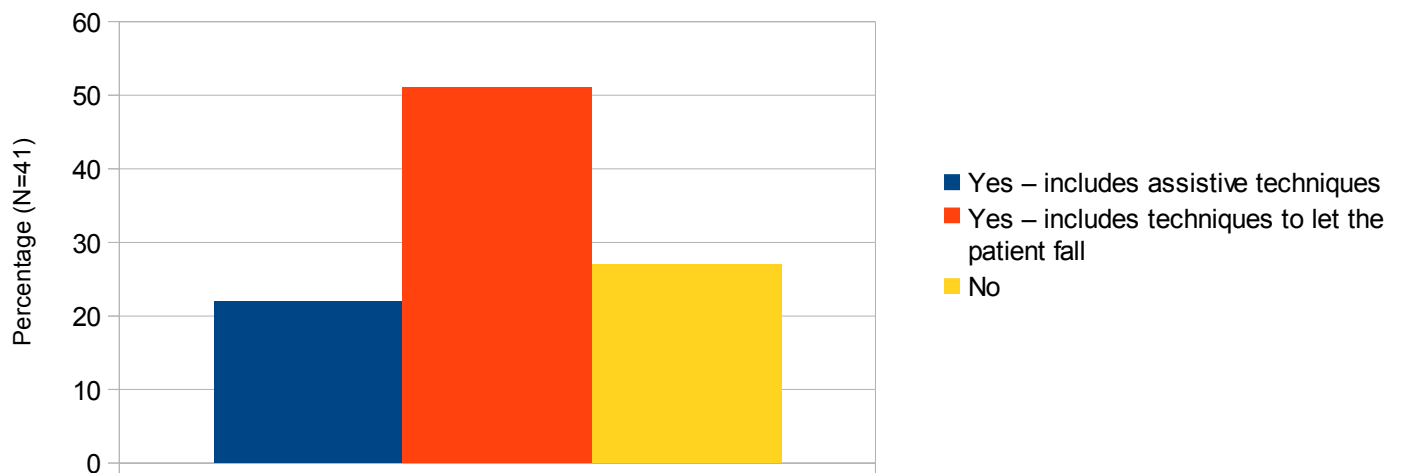
Just over one quarter (27 percent) of respondents indicated that training provided at their facility did not include specific skills / techniques for how to manage a falling patient – refer to Graph 3. In contrast, just under one quarter (22 percent) did include assistive techniques in their training.

Respondents were also asked whether the training included techniques to let the patient fall, such as including skills such as stepping away from the falling patient to create distance so it becomes impossible to provide physical assistance. The unexpectedly high response of 51 percent to this question needs further exploration as it would seem unlikely given the nature of other responses.

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Graph 3 Training in techniques to assist or let fall



Section B: Consultant patient handling advisors

Twenty seven (27) respondents indicated they were consultant patient handling advisors.

Note that some of these respondents answered both Sections A and B, indicating they also work as consultants outside their primary health care facility.

Seventy (70) percent of respondents indicated that the training they present on patient handling always includes specific skills / techniques for managing a falling patient. A further quarter of respondents (26 percent) indicated that they may include instruction for managing a falling patient depending on time or client requirements.

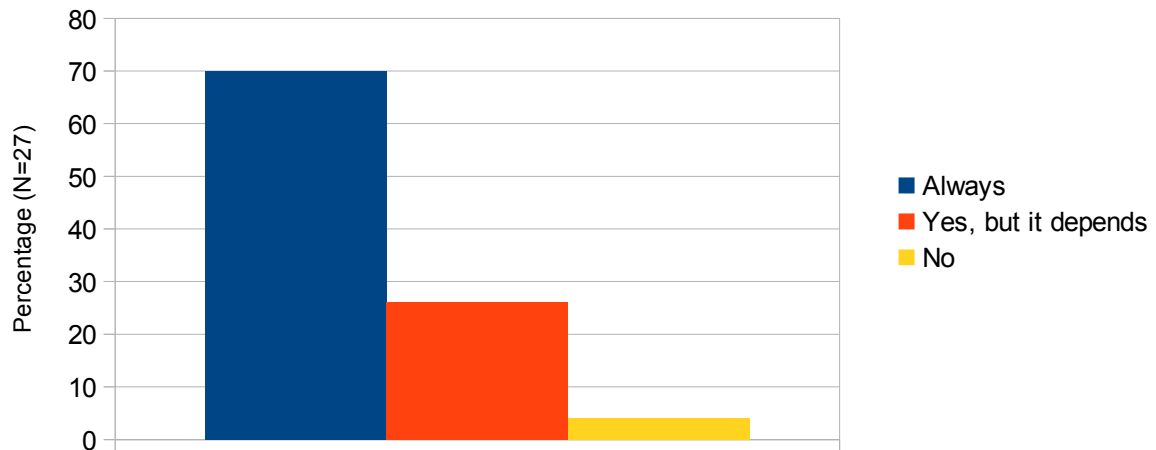
Only 4 percent of consultants indicated they never include instruction for managing a falling patient in their training.

Refer to Graph 4.

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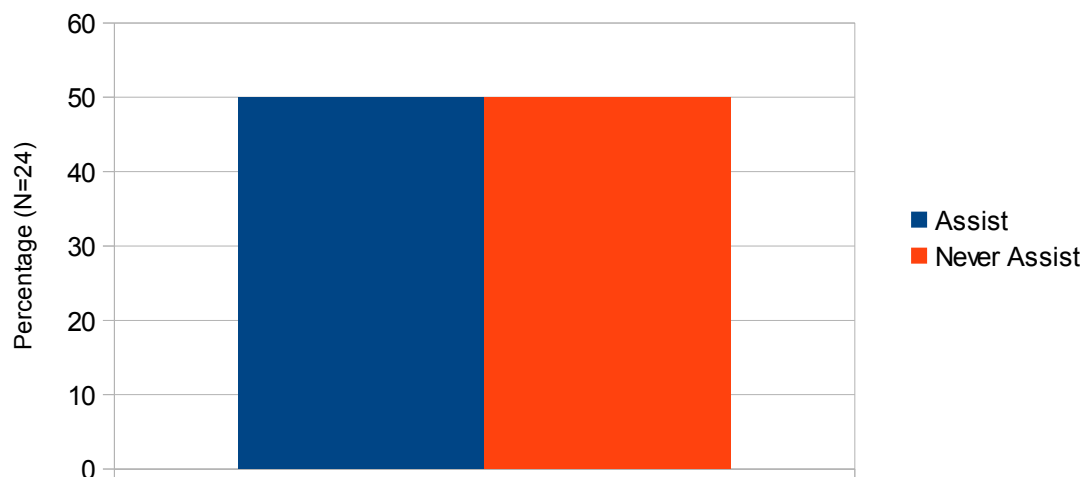
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Graph 4 Training in techniques to assist or let fall



Consultants were asked to nominate what they teach in respect to providing assistance to a falling patient. The response was divided, 50 percent responded that they teach to assist the patient where possible with the remaining 50 percent responding that they teach to never assist a patient who is falling. This confirms that patient handling trainers have polarised views on this issue – refer to Graph 5.

Graph 5 Consultant training approach - assist / not assist



Conclusion and recommendations

The results of this survey confirm that health professionals / trainers are polarised in their approach to advising and training in respect to the falling patient.

It is my opinion that this confusion promotes unsafe working conditions for staff as well as compromising the safety of patients. While more research in the area is warranted, international presenters speaking to this topic in the forum were unanimous in promoting that assistance should be given where possible to a falling patient.

I would strongly support the development of industry guidelines on this issue.

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15 May 2012