Doing more with less: Using Artificial Intelligence to predict and prevent inpatient falls CHI Health Lakeside Hospital Omaha, NE

Research and

Consent

Drilldown

Monitor/Review

Lessons

Learned



Background

- CHI Health Lakeside: 157 bed acute care hospital located in the Omaha Metro.
- Patient falls in hospitals remains a universal problem and a continued threat to patient safety.
- Partnered with a local technology company to study Artificial Intelligence (AI) in the inpatient setting, regarding fall prevention.
- Previous resources (staff sitting with patients, bed/chair alarms) were limited and unsustainable due to COVID-19 complications.
- 2 inpatient units were used for study
 - PCU (post ICU care)- 28 bed unit
 - Med-Surg/Ortho- 32 bed unit
- Patients eligible for study participation:
 - Morse Fall scale of 45 or greater
 - RN discretion/patient diagnosis
- All patient images anonymized to protect identity (Figure 1).





Figure 1

Aims

Reduce inpatient falls and falls with injury without increasing the use of depleted resources

Measure

Measures included: Raw Fall Numbers; Falls per 1,000 patient days, preventable falls and falls originating from the bed

Plan



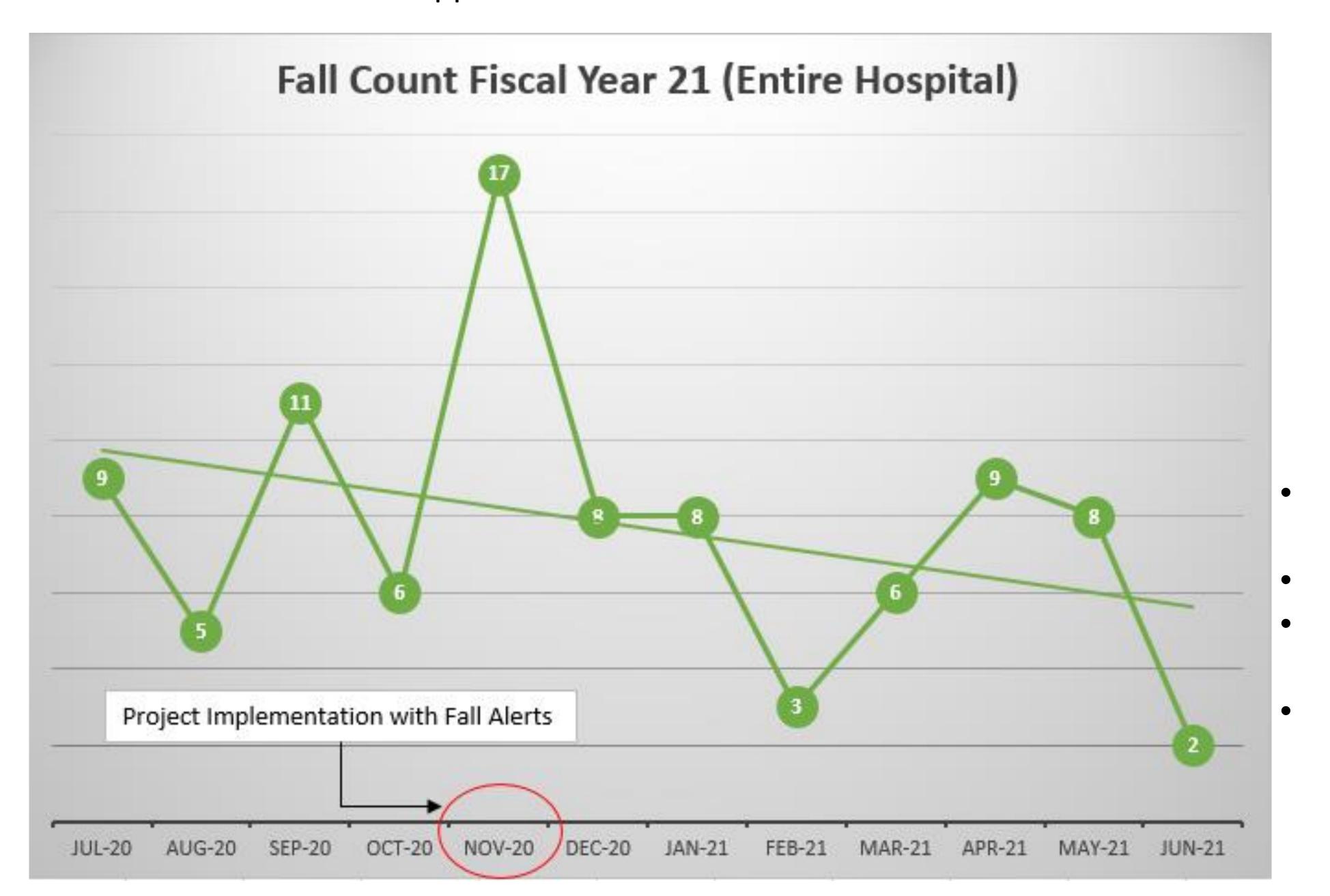
Provided introductory education/timeline to staff at department meetings

Instillation: Al cameras with patient anonymizing capabilities were installed in all patient rooms in both study units (Figure 2)

- Monitoring cameras monitored patient movements for 3 months to build baseline algorithms
- Prior to alert implementation further education given to staff at annual skills day.
- Patients consented/informed of study participation prior to camera activation

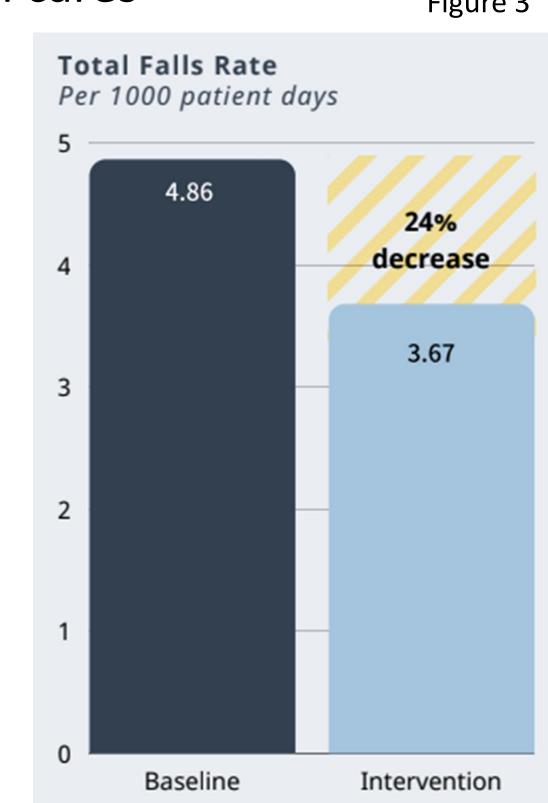
List of rooms being monitored and sensor settings reviewed frequently to ensure accuracy

- Excessive alerts reviewed for accuracy/algorithms adjusted as needed
- Any falls- video footage reviewed/drilled down for opportunities
- Camera/sensors allowed for additional safety measures (easier monitoring for COVID isolation patients)
- Fall videos showed at staff meetings as educational opportunities



Results

- Over 1500 patients (10,000+ patient hours) monitored during study
- Med-Surg pilot unit achieved 60+ days on 2 separate occasions without ANY patient falls
- Decrease in bed origin falls by 48%
- 24% decrease in ALL falls (Figure 3)
- Nurses gave Al system/process 4 out of 5 stars for usefulness in fall prevention
- Process rollout and implementation significantly complicated by COVID-19 pandemic.
 - Increase number of patients- especially those with high acuity
 - Increased complexity of staff training
 - Increased number of isolation patients –
 prevented ability to monitor savings of using
 Al vs staff to sit at bedside with confused
 patients.
- Current data shows 13.4 falls prevented and over \$291,000 saved in post fall cares



Next Steps

Data extrapolation allowed for advancement to chair exit alerts- December 2021

Continued data collection and monitoring post pandemic Explore possibility of Intensive Care/Emergency

Department implementation

Project recently expanded to final inpatient unit.

Team

- Jennifer Baumert DNP, RN-BC, OCN- Nursing Practice Coordinator
- Teresa Hawlik MSN, MBA- Chief Nursing Officer