



Consumer-driven research

Across Monash Partners consumer and health service representatives determined unanimously that the purchase and use of mobilisation alarms represented the greatest potential area of waste relating to falls prevention strategies. This determination was based on a discussion of previous work undertaken by the Monash Partners Falls Prevention Alliance as well as evidence from the most recent Cochrane Collaboration review of strategies designed to prevent falls in hospitals.

What is already known about the topic?

Falls are one of the most common adverse events that impact on the recovery of hospital inpatients and most falls prevention strategies are not effective or cost effective. Mobilisation alarms are one such falls prevention strategy, designed to alert staff when a patient is attempting to mobilise and may be putting themselves at risk of falling. Although the annual cost of mobilisation alarms in Australia is estimated at \$AUD58M (11% of total cost of fall prevention strategies), there is growing evidence from randomised trials indicating that mobilisation alarms are unlikely to prevent falls in the acute setting, with a paucity of evidence in the sub-acute setting. On the assumption that mobilisation alarms are ineffective, it is not known if the appropriate response is to reduce or to eliminate their use.

What did the Monash Partners Falls Prevention Alliance do to tackle the problem?

We conducted a pilot study across six Monash Partners health services to test the feasibility (or achievability) of completing a future large-scale study examining the disinvestment of mobilisation alarms for hospitalised adults at risk of falling.

What did our pilot study report?

Across six health services and almost 5,000 observations, the average rate of mobilisation alarm utilisation was 7% on acute wards and 11% on sub-acute wards. We found that more than half of the observed mobilisation alarm triggers were false alarms and that it took 1 minute to respond to an alarm trigger when staff were not already in the room. We also found that it was feasible to implement reduced (rate < 2.5%) and eliminated (rate = 0.0%) mobilisation alarm conditions in hospitals, supporting a future large-scale study examining the disinvestment of mobilisation alarms for hospitalised adults at risk of falling.

Where to from here?

Current evidence is not sufficient to support a change in mobilisation alarm practice nor is it sufficient to justify the current cost of mobilisation alarms in Australia. A conclusive disinvestment study is required to guide firm policy formation and this study must examine usual care, reduced and eliminated rates of mobilisation alarms across both acute and sub-acute settings to determine effectiveness and cost-effectiveness. Policy is essential to determine future investment or disinvestment in mobilisation alarms on a national and international platform.