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The Effects of Centralized vs. Decentralized Nursing Station on Patient Falls
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Background
Evidence in the literature suggests that the layout of nursing units plays a role in patient/family/staff satisfaction, however there were no specific indicators that centralized vs. decentralized nurses stations reduced patient falls.

Purpose
Providence St. Vincent Medical Center in Portland, Oregon is undertaking a complete remodel of its original 1971 building. The nursing units will be changed from the centralized model to the decentralized model. This offers a unique opportunity to study the effects on falls comparing centralized to decentralized nursing units. This study aims to determine if the new decentralized nursing stations on the remodeled cardiac/telemetry unit and medical unit have an effect on all inpatient falls vs. the current centralized nursing units and two cardiology units prior to a remodel that changes the layout from centralized nursing stations to decentralized nursing.

Methods
Comparative descriptive design utilizing retrospective chart review looking at multiple factors associated with patient falls. Includes patient falls from two Med/Surg and two Cardiology units for a three month period in 4Q2016 compared to a three month period in March – May 2017. Two of the four nursing units, one Med/Surg and one Cardiology, moved to new decentralized nursing units in February 2017. The baseline assessment involved looking at the falls on two medical/surgical units and two cardiology units prior to a remodel that changes the layout from centralized nursing stations to decentralized nursing.

Results
The pre intervention data resulted in 27 falls over a three month period on two cardiology units totaling 73 beds and two medical surgical units totaling 60 beds. There were 14 males and 13 females that fell. The average age was 64. The post intervention data, resulted in 30 falls, 22 males and 8 females the average age being 66 over a three month post intervention period. We focused on assisted vs not assisted falls in the units that experienced the intervention. The results are charted above.

Discussion/Conclusions
Nursing implications indicate that work needs to be focused on Geographic staffing assignments. Looking at this small study of 57 patient falls, physically moving from centralized to decentralized nursing stations does not seem to have made a difference in the number or reason the patients fell. Nor, did it change the number of assisted vs not assisted falls, which is what we had hypothesized would improve, with the nurses being physically closer to the patients. More research needs to be done in using geographic location assignments for nurse staffing to determine if this factor will help decrease falls.

References