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Identification of Patients at Risk for Falls in an Outpatient Infusion Center

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Problem Statement:

Reading Hospital Infusion Center (RHIC) is an outpatient infusion center which houses 40 chairs and completes an average of 4,500 procedures per month.

A 2020 analysis of falls in the RHIC revealed 100% of falls (4 total) were with injury. 50% of the injury falls were toilet related where patient was left alone in the bathroom.

Nurses identified the need to implement a valid tool to assess patient fall risk to implement fall prevention interventions and ensure patient safety while in the ambulatory setting.

Purpose:

Reduce the RHIC injury fall rate of 0.39 falls per 1000 patient days.

Practice Question:

For patients presenting to the RHIC, does the use of a fall screening tool to identify patients at risk reduce injury fall rate compared to standard of care?

Synthesis of Literature Review:

The literature demonstrates oncology patients in outpatient settings are at high risk of falls, yet there is lack of standardized care in identification, assessment, and implementation of fall risk interventions in this setting.

The Johns Hopkins Fall Risk Assessment Tool (JHFRAT) is a valid and reliable, evidence-based tool; the tool was already implemented in Reading Hospital inpatient settings.

Methodology/Interventions:

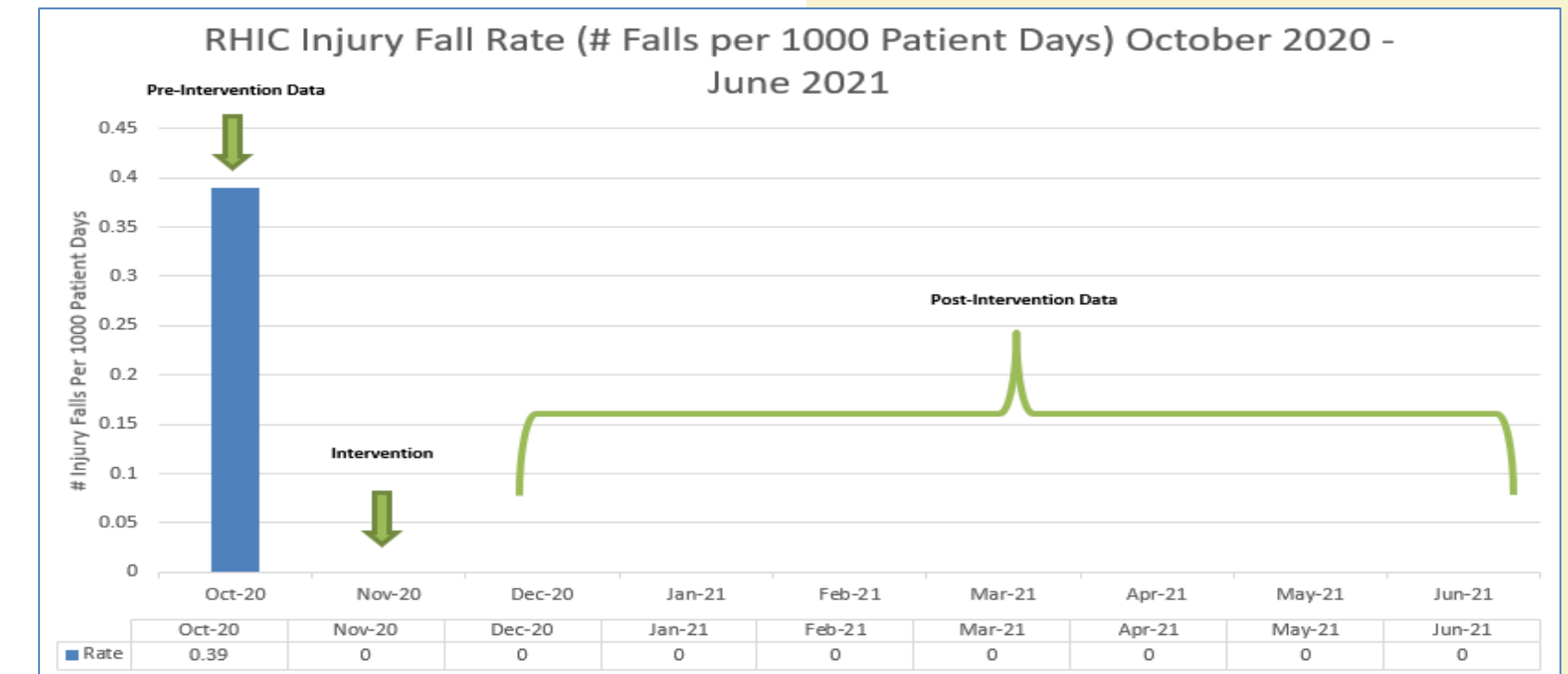
- Introduced the fall Screening tool (JHFRAT) to clinical staff.
- Educated clinical staff to utilize the JHFRAT tool.
- Screened all patients given a yellow fall risk ID band and yellow paper to identify them as a fall risk patient.

Methodology/Interventions (cont'd):

- Nurses conducted JHFRAT assessment and documented in the flowsheets.
- Later eliminated need for yellow paper identifier
- Worked with Information Technology staff to have the fall icon on the storyboard for all staff to see.
- Began utilizing fall risk band placed on all patients with fall icon.
- Initiated a yellow infusion ticket placed on the IV pole to further identify fall risk patients.
- Developed fall prevention intervention plan to be implemented for all patients identified to be at risk, including:
 - Assistive devices
 - Wheelchair assistance to assigned chair
 - Supervised toileting
 - Supervised ambulation
 - Chair alarms
 - Patient-family education

Results:

Following the implementation of fall risk interventions, the RHIC injury fall rate was reduced to 0.00 for eight consecutive months.



Implications for Nursing Practice:

Early identification of patients at risk for falling helps tailor fall risk interventions. Interventions may include increased availability of assistive devices, supervised toileting and ambulation, chair alarms, patient education, and fall risk identifiers such as a bracelet and/or color-coded infusion ticket.

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