Characteristics of Cancer Patients Who Fall: A Two Year Review and Analysis of Oncology/ BMT Patient Safety Network Fall Reports

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Statement of the Problem

- One in three people >65 years have experienced a fall (Overcash, 2007)
- Annually 16,000 people >65 years die as a result of injuries from a fall (Overcash, 2007)
- Oncology/ BMT fall rates are one of the highest at UCH
- A fall extends the patient's length of stay and increases costs (Tinetti & Kumar, 2010)

Fall Risk Factors

A review of fall risk assessment tools demonstrates no one tool is more reliable and valid than another (Overcash & Beckstead, 2008)
Risk factors include:

1. **General**: history of previous fall, toileting difficulties, taking >4 medications, balance impairment, decreased gait strength
2. **Equipment**: IV poles, excess telemetry wiring or oxygen tubing
3. **Environment**: poor lighting, slippery/wet floors
4. **Cancer specific**: fatigue related to anemia, weakness due to deconditioning, neurologic deficits, insomnia

Purpose of the Project

- To identify various sources of evidence related to falls in an oncology population
- To determine what factors are missed when assessing for patient fall risks
- To examine successful interventions that might decrease the number of falls on the Oncology/BMT Units at UCH

Methods

Review of the literature

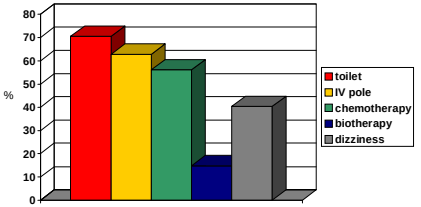
Patient Safety Network (PSN) fall review: Oncology/BMT inpatients
- 17-87 years old
- January 2008-March 2010

Review of Charge RN report sheets on day of falls for additional risk factors:
- Room location
- Chemotherapy±Biotherapy
- Equipment and environmental factors

Data entered into an SPPS database and analyzed using descriptive statistics, tests of difference and association

Results

Positive Risk Factors Documented in PSN associated with Falls



- More falls occurred on the night shift (55%)
- Change of shift was not a factor in fall risk
- More falls occurred closest to RN station
- Bed alarms were not used in 80% of cases
- A relationship exists between dizziness and falls in BMT patients (p=0.27)

Implications for Practice

- RN assignment formation was changed from solely factoring in patient acuity to examining room location and assigning RNs "blocks" of rooms within close proximity
- Chemotherapy/biotherapy were added as risk factors to the fall acuity tool
- Multi-faceted staff intervention: email reminders, staff meeting presentations, one-on-one education, monitoring hourly rounds
- Patient education: ask for assistance while ambulating, especially while toileting
- Continued evaluation and feedback with monthly audits