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).

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

**Statement of the Problem**

- 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

**Purpose of the Project**

- 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

**Fall Risk Factors**

- 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)