

Introduction

Falls pose a major problem in the inpatient setting and remains a prominent source of injury, morbidity, and mortality, especially among oncology patients.

- Oncology patients have a unique set of risk factors
- Various methods to fall prevention exist
- Despite current methods, nearly 1 million falls occur in the inpatient setting per year

Background and Significance

Falls in the inpatient setting are possibly preventable and can lead to poor health outcomes.

- 23% to 42% resulted in injuries
- 2% to 9% of injuries resulted in serious consequences

Centers for Medicare and Medicaid Services (CMS) implemented a no-pay policy preventing

- One patient fall is nearly \$14,000
- Inpatient stays can increase up to 6 days

Studies show programs to prevent falls should include staff and patients, however, they lack vital components:

- Display inconsistency with communication and engagement
- Not patient-centered
- Do not account for unique risk factors

Two oncology units and a bone marrow transplant unit at an academic medical center have patients who experience high numbers of falls.

- Cancer itself is a risk factor for falls
- Unique risk factors such as fatigue, pain, and neuropathy

Objective

To continue the pilot study on oncology-based units:

- Use a visual cue as a reminder
- Patient engagement through a patient-centered approach

Methodology

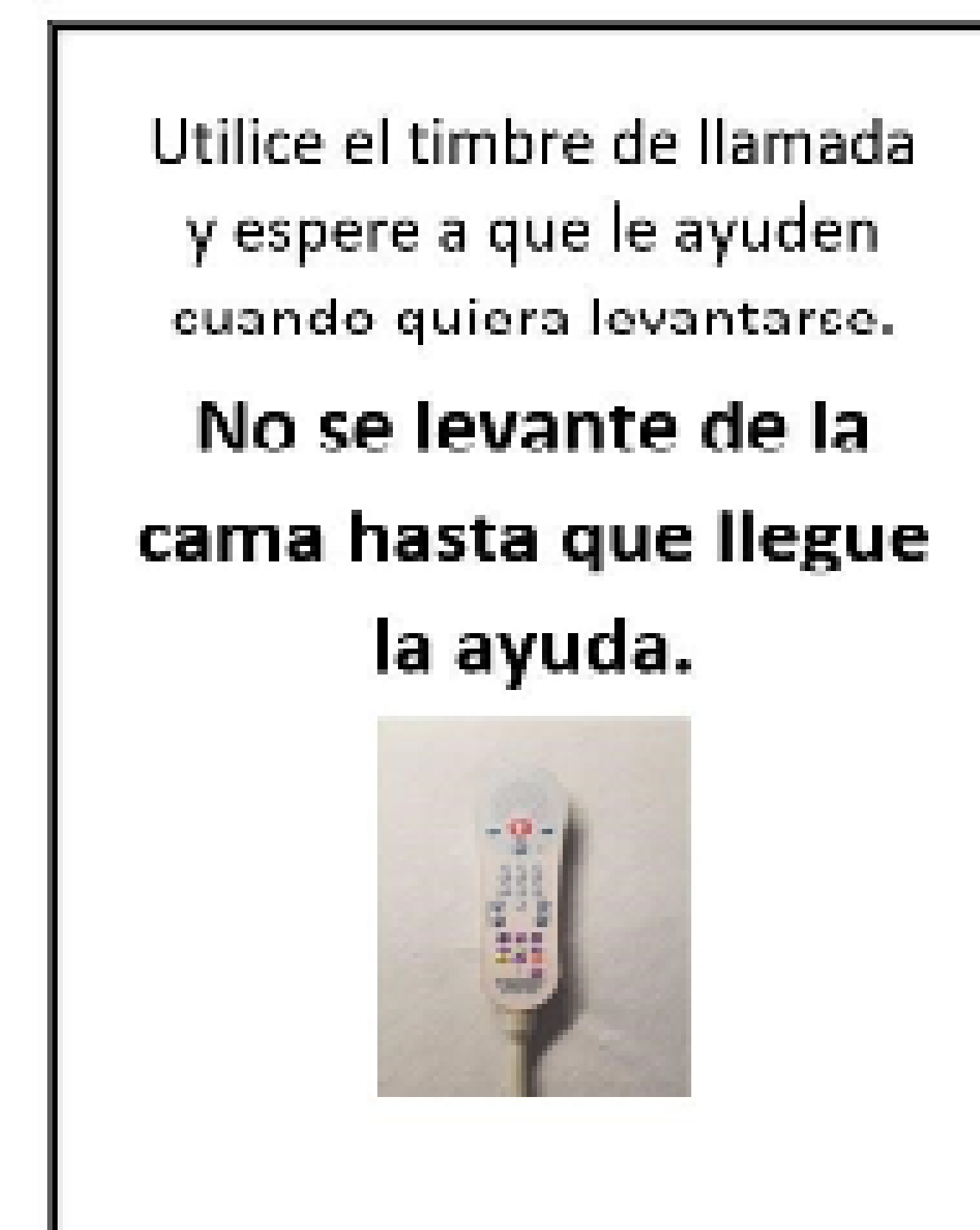
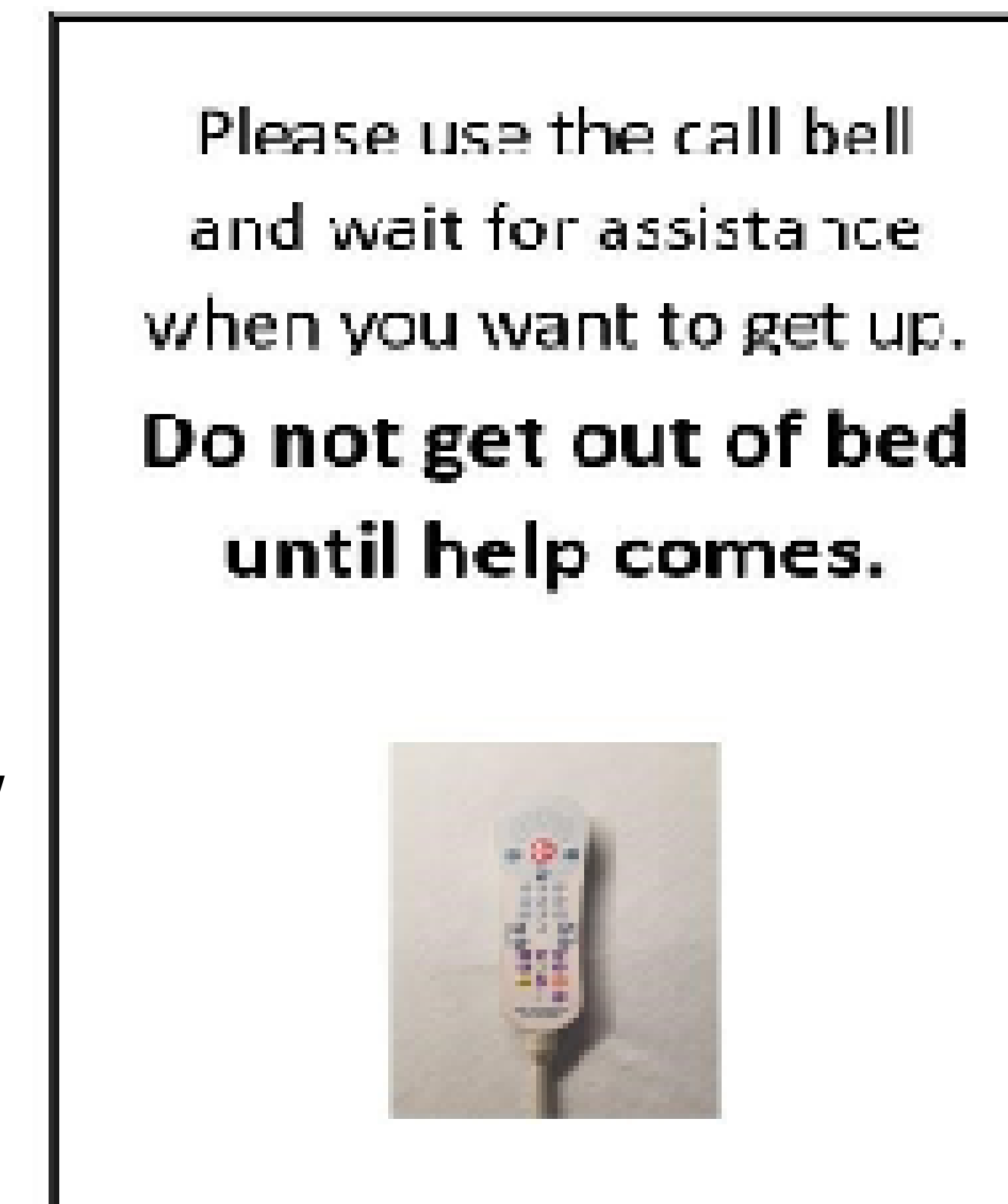
To evaluate the effectiveness of a bedside visual cue for fall prevention on oncology-based units:

- Total of 62 beds
- 2 oncology units and a bone marrow transplant units
- Sign in patient's visual range
- Black and white, large font, call bell
- Data collection tool for falls compliance and use of sign.
- Audits performed weekly on random days

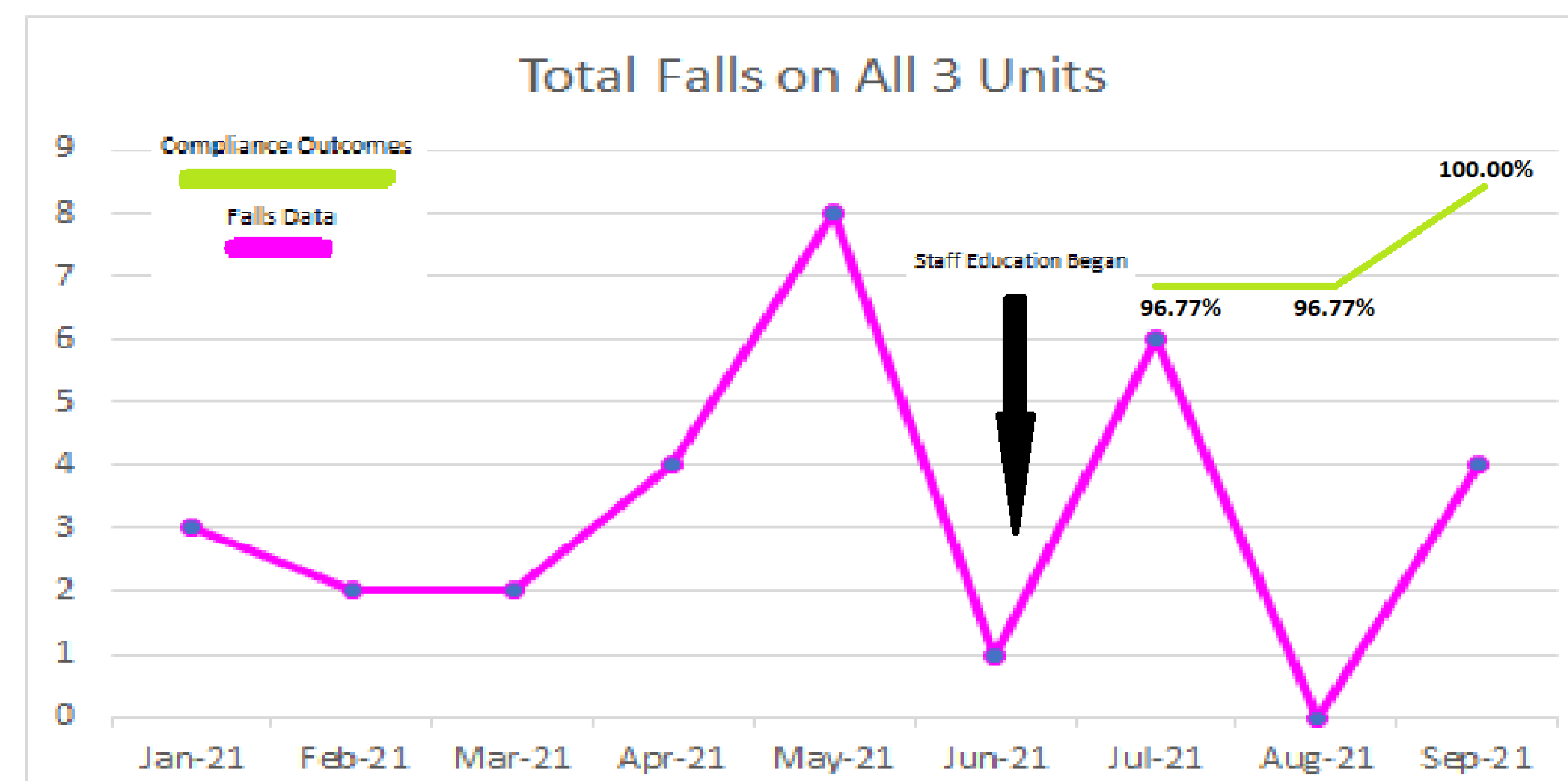
Performed in two phases:

1. Educational Phase: 3 weeks

2. Implementation Phase: 12 weeks with visual cue at patient's bedside with data outcome collection



Results



Outcomes

Compliance Outcomes:

- 1,488 Audits in total
- 99.28% overall compliance with signs

Falls Outcomes:

- Pre-Implementation: 3 Months: Apr – Jun 2021: 13 Falls, 5 Injuries
- Post Implementation: 3 Months: Jul – Sept, 2021: 10 Falls, 0 Injuries
- Decreased Falls, 23.97%, not statistically significant (p=0.473)
- Decreased Injuries: Statistically Significant (p = 0.025)

Discussion and Implications

Increased engagement of fall prevention:

- Patients and care-givers aware of sign
- Staff aware of high-risk patients and utilized sign

Non-Compliance evaluation revealed recommendations:

- Sign blended into background
- One sign was missing
- Sign to be in bright yellow

Further evaluation for a visual cue can possibly enhance outcomes:

- Change the sign to yellow color, add languages
- Implement over multiple units for longer duration
- Cost for utilization is low at \$1.78 per sign
- Use in a variety of settings of risk reduction

Conclusion

Feasible method to increase engagement and collaboration between staff and patients

- Cost effective, practical, reliable, high compliance
- Heightened awareness surrounding fall risk
- Increase patient safety and satisfaction

References

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