

I. Project Details

Today's date

6/30/2014

Title of your study, as submitted in the application

Sustaining Fall Prevention Practices in Oncology

Grant number (please email bonniebarnes@DAISYfoundation.org if you don't know this)

JPB-2012-31-A

Study completion date

6/30/2014

II. Investigators

Have there been any changes since you submitted your interim report?

None

III. Conclusions of your work

General findings

Oncology patients' perceptions may not match the evidence on fall prevention and sustaining evidence-based fall prevention strategies is challenging in busy clinical settings. Fall risk assessments need consistent attention along with aligning specific interventions to patient risk factors regardless of risk score. Interdisciplinary planning for fall prevention and the nursing assistant role are underutilized. Patients' perceptions must be merged with interdisciplinary planning for fall prevention and research.

What is the most important finding?

Patient Interview Data: Patients (n=39) averaged 58.9 years of age, 36% reported falling in the past five years, 18% with injury; however, 56% reported not being at fall risk while hospitalized. Despite this finding, 77% reported an injury risk if they fell during hospitalization; and 36% reported assistance to the bathroom as not at all important. Patients' identified being careful (30%) and getting help (30%) as important.

Patient Fall Incident Report Data: All falls are considered reportable events and are recorded in the patient records and incident reporting system. Incident report data is complex and questions about the fidelity of the data related to staff reporting. Reported patient falls on one of four oncology units from 2009-2012 (n=238) were reviewed. These data indicate 27% of falls resulted in a physical injury, 85% of which were minor injuries, 9% moderate, 4.7% major, and one death occurred. 29% of the patients were reported to have an altered mental status. Other contributing factors reported by nurses included medications (87%), patient unable to raise self from bed (28%), and not calling for help (19%). The primary patient action prior to the fall was toileting (47%) and 18% were reported to have previously fallen. A majority of patients experiencing harm were

unassisted (81%), not observed during the fall (76%), not reported as having altered mental status (74%), and not identified as having problems with elimination (78%). Data indicates patient with abnormal gait (9%), patient not calling for help (9%), cardiac (15%) and antipsychotic meds (10%), no call light in place (77%), environmental hazards not eliminated (94%), not using the siderail protocol (90%) and patient toileting at time of the fall as factors that significantly influenced a fall resulting in harm. Gender also influenced fall characteristics with males more likely to have gait abnormalities (63%) yet less likely to have an assisted fall (only 16% males falling were assisted). Nursing interventions of the call light protocol (58%), and eliminating environmental hazards (64%) were more likely with men, however the toileting protocol (29%) was less likely for men despite that they had more abnormal gaits. Differences were found by unit as well with implications being explored for each unit's fall-related practices.

Nursing Staff Survey Data: The mean number of correct items on a knowledge survey related to fall prevention completed by registered nurses (n=52) from four inpatient oncology units was 20.1 (total number of items = 23) while the survey results from nursing assistants (n=18) on the same units indicated a mean number of correct knowledge items as 18.2 (total number of items = 22). Registered nurses and nursing assistants also completed a self-efficacy survey with mean results for registered nurses (n=51) being 31.7 (total possible score=84) and mean results for nursing assistants (n=17) being 19.8 (total possible score=72) with lower scores indicating greater self-efficacy. Only 27% of registered nurses and no nursing assistants reported involvement in interdisciplinary planning for fall prevention; 65-83% of registered nurses and nursing assistants reported consistently using safe-handling equipment; and 56-62% of registered nurses and nursing assistants reported ambulating patients to reduce fall risk. 25% of registered nurses and 39% of nursing assistants reported leaving patients alone in the bathroom to provide privacy, which has consistently been reported a primary risk factor for falls in the literature. On the organization assessment, for the item indicating hospital leaders are engaged in fall prevention (response scale of 1-4, with higher scores more favorable) the mean score was 3.17 for RNs (n=48) and 3.18 for NAs (n=17), indicating nursing staff agree that hospital leaders are engaged in fall prevention.

Interdisciplinary Team Member Qualitative Data: Qualitative data obtained from focus groups and interviews confirmed that incorporating fall prevention into daily care is a "balancing act" for busy nurses. The focus groups and interviews also supported a need to increase interdisciplinary communication and planning for fall prevention.

IV. Recommendations

Implications for practice: What will you do at your institution as a result of this study? What will be put into practice?

Fall risks must be assessed and identified at time of admission and frequently thereafter. Risks present must drive interventions along with universal precautions for all patients. Risks associated with toileting and medication side effects were similar to findings from other studies and creative, innovative solutions for preventing falls associated with toileting and various medications are needed. Fall prevention strategies must be sustained for hospitalized patients. Practices that engage patients in understanding their fall risk

are needed. Interdisciplinary team participation in fall prevention and clear communication must be promoted.

Implications for education: Will your staff be educated on your findings? If so, how?

Reinfusion is needed related to the fall risk assessments, the dynamic process that demands ongoing vigilance and reassessment, and selection of relevant interventions based on assessment findings. Ongoing reinfusion of the critical role of each member of the interdisciplinary team in engaging patients in discussions targeting fall risk and fall prevention strategies is a priority.

Implications for research: Will there be further study? Please explain.

Research is needed to understand how to engage patients in fall prevention. Research on effective, innovative strategies related to medication side effects and toileting are needed. Research is needed to identify the most effective strategies for sustaining evidence-based practices addressing patient needs, nurses, interdisciplinary teams and organizational context. Novel communication strategies among interdisciplinary team members should be further studied.

V. Dissemination of findings

What will you do to disseminate your findings outside your own institution?

We have presented study findings outside of our institution as follows:

Oral presentation (July 2014) at the 25th International Nursing Research Congress sponsored by the Honor Society of Nursing, Sigma Theta Tau International, in Hong Kong.

Oral and poster presentations (April 2014) at the 21st National Evidence-Based Practice Conference in Iowa City, IA.

Poster presentation (March 2014) at the 38th Annual Research Conference sponsored by the Midwest Nursing Research Society in St. Louis, MO.

Poster presentation (February 2014) at the 8th Annual Nursing Quality Conference in Phoenix, AZ.

2 manuscripts are in development and will be submitted for review to an oncology nursing journal and Worldviews on Evidence-Based Nursing within 12 months of this final report. All articles published will be shared with the DAISY Foundation.

Will you apply to The DAISY Foundation for a Lynne Doll Grant to help you share your study/project. (For more information, visit the bottom of <http://daisyfoundation.org/nursing-research-grants/goals-and-guidelines>)

Yes

Please confirm that you will share your study/project with Sigma Theta Tau International's Virginia Henderson Library for Nursing Research by telling us the approximate date you will submit.