Purpose
The purpose of this evidenced based practice project (EBP) was to reduce the fall rate on an inpatient medical oncology unit by 20% by the end of September 2016.

Objectives
1. Identify strategies using Morse Fall Risk Assessment Tool®, Visual Cues Bundle, and S.A.F.E tool
2. Review results related to use of the S.A.F.E tool

Significance & Background
Fall rates vary from unit to unit within a hospital, and oncology areas are no exception. Cancer patients are reported to be at a greater risk of falling due to many factors related to their disease. Risk factors presented in the literature include: age, mental status, treatment induced fatigue, and immuno-suppression. In 2015, the 36 bed inpatient oncology unit had a fall rate of 2.4 per 1000 patient days, well below the national NDNQI benchmark. In first quarter of 2016, the fall rate increased to 4.23 per 1000 patient days (See Graph 1). It was a 75% from the previous year. The unit determined an intervention was needed to stop the increase and reduce the number of falls.

Graph 1. Patient Fall Rates on Oncology Unit

A deep dive was conducted for each fall event. A trend was discovered. Patients who fell were more likely to be women between the ages of 41-60 that were receiving treatment for a hematologic malignancy. Other common variables included: polypharmacy, and family assistance. In addition, a larger number of falls occurred on night shift and during the weekend.

Design
This evidence-based practice project was a comparative design to evaluate the effectiveness of fall prevention strategies including accurate risk assessment using the Morse Fall Risk Assessment Tool® and implementation of the S.A.F.E tool. Descriptive statistics were used to describe the outcomes.

Setting
The setting is a 36-bed medical oncology unit located in a large, metropolitan teaching facility. The facility is an urban, non-profit tertiary, university-affiliated referral center for at least 8 surrounding counties.

Sample
The sample was a convenience sample of 122 patients who were admitted to the medical oncology floor. Inclusion criteria included patients who could read and speak English. Exclusion criteria were patients who could not speak or read English.

Frameworks
The Iowa Model for Evidence Based Practice was used to guide the project. The theoretical framework for the project was Jean Watson’s Theory of Human Caring. Caritas # 4 and # 8.

Interventions
Interventions included the following:
1. Implement education using the S.A.F.E tool
2. Develop and sustaining a helping trusting relationship
3. Applying basic needs, intentional Caring
4. Reducing Patient Falls on an Inpatient Oncology Unit

Visual Cues Bundle Component

Visual Cues Bundle

- Per organization’s Fall Prevention policy the visual cues bundle should be in place for patients who score greater than 0 on Morse Fall Risk Assessment Scale. Any patient who scores at low, moderate or high risk of fall.
- 4 Components of the Visual Cues Bundle
  - Yellow armband
  - Yellow non-slip socks
  - Yellow magnet outside patient’s room
  - Standard sign in patient’s room

Morse Fall Risk Assessment Tool

The Morse Fall Risk Assessment Tool® was already in place and part of the organization’s Fall Prevention Policy. As identified in the needs assessment, nurses needed a refresher on how to accurately score the patient using the tool and how to assess for other factors that could place the patient at risk for falls.

- Patients are assessed for fall risk on admission, every shift and when patient condition changes
- Assesses: fall history, secondary diagnosis, IV therapy, gait, mental status, medications, continence and other risks
- Appropriate Implementation of the visual cues bundle

S.A.F.E Tool for Patient Education

- Education provided by nurse on admission
- Copy of signed tool placed in folder at nurses station
- Yellow magnet outside patient’s room
- Standard sign in patient’s room

Implementation

- Interventions
  - Educational Assessment & Plan for Staff
    - Knowledge Deficits Identified through the Education Needs Assessment
      - Appropriately assessing falls risk using Morse Fall Risk Assessment Tool® and implementation of the S.A.F.E tool.
      - Knowledge of the 4 components of the visual cues bundle.
      - Education Plan
        - 1. Provide staff with education on how to accurately and appropriately score patients using the risk assessment tool.
        - 2. Information on the 4 components of the visual cues bundle.
        - 3. Appropriate implementation of the visual cues bundle.

- Sample
  - The sample was a convenience sample of 122 patients who were admitted to the medical oncology floor. Inclusion criteria included patients who could read and speak English. Exclusion criteria were patients who could not speak or read English.

- Frameworks
  - The Iowa Model for Evidence Based Practice was used to guide the project. The theoretical framework for the project was Jean Watson’s Theory of Human Caring. Caritas # 4 and # 8.

- Interventions
  - Interventions included the following:
    - 1. Implement education using the S.A.F.E tool
    - 2. Caritas # 4: Developing and sustaining a helping trusting relationship
    - 3. Caritas # 8: Assisting with basic needs, intentional Caring
    - 4. Interventions
      - Per organization’s Fall Prevention policy the visual cues bundle should be in place for patients who score greater than 0 on Morse Fall Risk Assessment Scale. Any patient who scores at low, moderate or high risk of fall.
      - 4 Components of the Visual Cues Bundle
        - Yellow armband
        - Yellow non-slip socks
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References

Results
The project was implemented in August of 2016. A reduction in the fall rate was noted in September, down from 4.15 per 1000 patient days in August to 3.01 per 1000 patient days in September. The gains in the project were sustained and from September to December, there was a 35% reduction in the number of falls. (See Graph 2) Compliance for utilizing the visual cues bundle also increased (See Graph 3).