Institute for Healthcare Improvement
المركز الوطني لعلاج وأبحاث السرطان
National Center for Cancer Care & Research
عضو في مؤسسة حمد الطبية
A Member of Hamad Medical Corporation

FALL FREE ZONE

A Project of NCCCR- Day Care Chemotherapy Unit

INTRODUCTION

Last Institute for Healthcare Improvement - Middle East Forum of 2016, the FALL CHAMPIONS of the National Center for Cancer Care and Research - Day Care Chemotherapy Unit submitted a storyboard poster presentation entitled "Fall Prevention is Everyone's Business." The Fall prevention program that was initiated last year was a success as it achieved its goals and have exceeded expectations. The team decided therefore to strengthen its FALL PREVENTION PROGRAM and intensified its approach to quality and safe care. As a leader in the care for oncology patients, the team deemed it necessary to continue the safe and quality care it provides .

Fall Prevention is a critical part of care and it is not done by nurses alone, a multidisciplinary team approach is needed to ensure the program is well in place. Fall is defined as a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or hitting another object, which may or may not result in a physical injuries, excluding falls resulting from violent blows or other purposeful actions.

As ambulatory patients walks in and out of the nursing unit, high incidence of fall rate was noted in the year of 2015 and mid-2016. As the project was initiated early last year, a marked improvement was noted in the decrease in the incidence of fall in the unit. Fall incidence can be attributed to fall due to patient refusal of assistance during toileting and patient fall from bed which resulted to injury as documented in OVA. As part of the unit's initiative to improve patient safety and quality of care, the program focused on sustaining the positive outcomes it achieved.

AIM

To maintain 100% fall free in DCU by the end of December 2017.

CHALLENGES:

Influx of patients coming in and coming out of the unit together with their family members.

Increase turnaround time due to increase patient population.

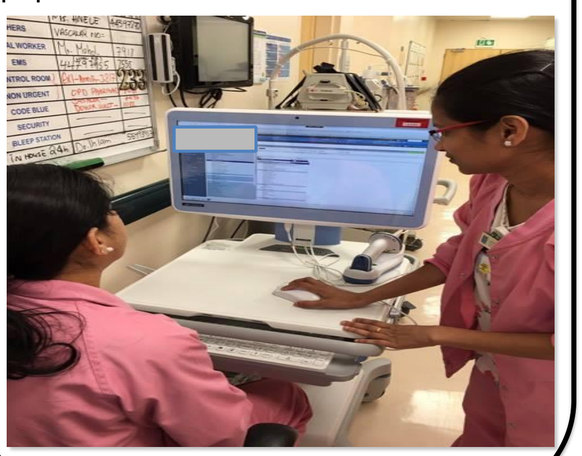
OBJECTIVES

- To be able to eliminate the incidence of number of falls in the unit.
- To be able to continue the mobilization of the organized team from different speciality focusing on fall prevention and management
- To be able to increase awareness of the patients, family members and staff in fall prevention
- To be able to formulate new strategies and approach in Fall Prevention in Ambulatory Care,

METHODS

The Fall Champions of the unit created a Fall Prevention Board wherein a bulletin board that is visible to the staffs patients and visitors were established. The bulletin board consist of the Fall Driver Diagram, Short Term and Long Term Goal, DCU Fall Incident Graph and Number of Fall Free Days.

Any patient of any age or physical ability can be at risk for a fall due to physiological changes due to a medical condition, medications, surgery, procedures, or diagnostic testing that can leave them weakened or confused. Preventing falls is difficult and complex and requires attention on focus not only from the healthcare workers but as well as the cooperation of patients and family members. Preventing falls requires leadership commitment and a systematic, data driven approach to achieve risk reduction and continuous improvement within specific patient population.



INTERVENTIONS

The following modified and intensified FALL PREVENTION interventions were done:

1. Reliable Risk Assessment

Comprehensive and individualized falls risk assessment

Visual identification of individuals at high risk for falls

Ensures Fall Risk Assessment completed within 1st hour of admission in DCU.

Proper Fall Risk Assessment and Reassessment

Fall Scale Initial Assessment in DCU Morse Fall Scale		
Risk Factor	Scale	Score
History of Fall	Yes	25
	No	0
Secondary Diagnosis	Yes	15
	No	0
Ambulatory Aid	Furniture	30
	Crutches/Cane/Walker	15
	None/Bed Rest/wheel Chair/ Nurse	0
IV / Heparin Lock	Yes	20
	No	0
Gait/ Transferring	Impaired	20
	Weak	10
	Normal/Bed Rest/Immobile	0
Mental Status	Forget Limitations	15
	Oriented to own ability	0
	TOTAL	

Signature:_____

Fall Scale Initial Assessment in DCU Morse Fall Scale		
Risk Factor	Scale	Score
History of Fall	Yes	25
	No	0
Secondary Diagnosis	Yes	15
	No	0
Ambulatory Aid	Furniture	30
	Crutches/Cane/Walker	15
	None/Bed Rest/wheel Chair/ Nurse	0
IV / Heparin Lock	Yes	20
	No	0
Gait/ Transferring	Impaired	20
	Weak	10
	Normal/Bed Rest/Immobile	0
Mental Status	Forget Limitations	15
	Oriented to own ability	0
	TOTAL	

Signature:_____

2. Reliable Care Delivery

Ensuring falls risk assessments, investigation of falls incidents, confronting problem issues, and accountability for missed opportunities.

Interdisciplinary discussion of patient falls risk during daily rounding.

Medication review for all patients at risk

3. Education and Awareness

A standardized multifactorial education including visual tools for staff, families and patients.

Teach back – a method of patient education that includes scripting such as "just to make sure I did a good job in teaching you how to prevent a fall while you are here, can you tell me the most important thing you can do to prevent a fall

Developed a Fall Education Material used by the Patient Educator and Nurses in rendering Fall Prevention Protocol as well as consequences of fall.

4. Environmental and Equipment support

-Ensure bed at its lowest position with side rails up at all times and call bell within reach of patient.

-Clutter free environment with adequate lightning and the likes .

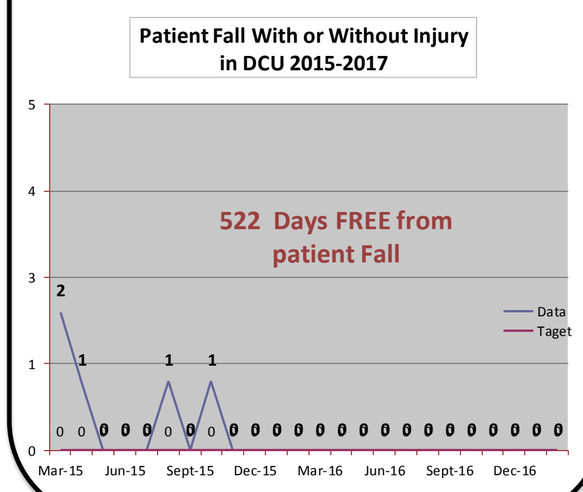
5. Additional Strategies applied to prevent patients' fall:

-Red ID band was used for those patients identified HIGH RISK for FALL.

-Fall Flagging in each patients room.

OUTCOMES

- Achieved **522 (March 23, 2017)** days free from patients fall in DCU since Oct. 15,2015
- Increase patient and relatives safety and satisfaction.
- Acculturate staff awareness to patient safety and quality patient care.



NEXT STEPS

To continue the program as it produces positive results and to continue to modify and improve the program as change is constant and every patient encountered is a learning process.

To collaborate with the different units of NCCCR in coordination with the Unit Base Councils to further standardized the Fall Prevention approach to oncology patients.

TEAM MEMBERS

Dr Moza A/LATIF
Executive Director Clinical Transformation
Lamiaa Mohd Refaat E.Saleh – senior QM.
Shanti Pappachan- HN
Nisha Nair- CN
Samah A.Rehim- Patient Educator
Sahar A/Hamid Moussa, SN
Prema Evangelin Masilamani, SN
Shilpa Mohan, SN
Keith Checa Naldo, SN