

Fall Risk Identification and Intervention To Prevent Falls In The Outpatient Care Setting

Authors: Kathleen Burns RN, MSN OCN; Margaret Hanbury RN,BSN, MPH;
Cheryl Larson RN,BSN; Christine Waszynski RN,MSN,GNP-BC

Purpose & Rationale:

This study explores the implementation of a fall risk assessment and interventions in the outpatient setting and the impact on fall reduction on site. Little has been published on strategies to prevent falls from occurring during outpatient care procedures or appointments. Fall prevention is an important safety issue for health care systems. Our hospital reported 143 falls, 40 injurious, from January 2007 to May 2010 occurring in outpatient dialysis, psychiatry, radiology, oncology, gastroenterology, cardiology, wound care, phlebotomy, day surgery and rehabilitation.

Research Question: Will the implementation of a fall risk screening tool and protocol decrease patient falls in outpatient areas?

Synthesis of Review of the Literature: Across the nation, hospitals, regulators, government agencies and advocacy groups are placing unprecedented emphasis on keeping patients safe. Hospital falls are recognized as an important patient safety issue. NDNQI reporting from hospitals shows a range of 2.3-7.0 falls occur per 1,000 patient days, with falls accounting for up to 40% of hospital incident reports. Injurious falls can lead to undesirable outcomes for patients and hospitals.

Most hospitals have fall prevention protocols but continue to experience a variable rate of falls. Research findings are inconsistent regarding recommendations for screening tools and effective interventions for fall prevention in the hospitalized patient. There is little information in the literature regarding numbers of falls, screening instruments or guidelines for the prevention of patient falls while receiving care in an outpatient care setting.

Methods/Procedures :

The fall prevention committee asked staff from the various outpatient areas within our hospital system to review our currently utilized and successful inpatient fall risk assessment tool (homegrown but validated) and fall prevention interventions. Each area trialed the fall risk assessment tool with their patient population and found it appropriate in its content and ease of administration. However, areas needed to modify the universal and high risk fall prevention interventions to fit their own patient population, procedures and environment. Each area began tracking falls, performing a post fall huddle after each fall to determine root cause and making adjustments to fall prevention processes as necessary. Fall prevention was discussed in staff meetings and “days since last fall” was calculated and posted in each outpatient location. Recognition from administration has been given to areas with significant improvement in fall reduction.

Evaluation:

Preliminary data show a significant reduction in falls in the outpatient areas which have implemented the fall prevention protocol. As other outpatient areas begin the intervention , fall statistics will be collected and reported, comparing pre and post protocol data.

Implications for Practice:

Outpatient procedures and encounters are on the rise in health care. The implementation of universal fall risk precautions, a patient fall risk assessment and individualized fall risk plan for patients scoring high risk for falls in the outpatient setting can insure their safety while in our care.