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Auditing: does it increase fall compliance?

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to benefit our institution, but also serve as a framework for other cancer centers who aim to improve patient outcomes through closing the gap between current and best practice in hyperglycemia management.

056 **AUDITING: DOES IT INCREASE FALL COMPLIANCE?**

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Research has shown that compliance to universal fall protocols can reduce the incidence of falls for the inpatient population. The oncology population is at an increased risk for falls and falls with injuries, making adherence to fall precautions among this population especially crucial to patient safety. In 2020, there was an increase in patient falls and falls with injury at Karmanos Cancer Institute. This came after implementation of new fall protocols the previous year which resulted in a significant decrease in falls during 2019. The purpose of this project was to determine if auditing the compliance of fall prevention protocols would increase nurse compliance and decrease the number of patient falls. An audit tool which included all portions of the fall prevention protocol was developed to assess staff compliance with the protocol. The tool included use of a fall safety checklist, documentation of fall safety education, the use of a bed alarm, and presence of all fall safety equipment. Audits were performed weekly on acute care units for patients with a Schmid score of 3 or greater. The audits were completed at various times throughout the day to capture compliance among each shift. Registered nurses were notified of noncompliance in real time, at which point appropriate prevention measures were implemented. The audit data was distributed to leadership for review of compliance and to follow up with staff. Fall rates among inpatients at Karmanos continue to fluctuate as well as compliance with the fall protocol. Leadership noticed that consistent completion of audits correlated with increased compliance to fall protocols and increased staff awareness. After initiation of the fall audits staff members have reported increased active awareness of fall prevention protocols. Due to underlying physiological factors the oncology population is at an increased risk for falls which could result in injury. Fall audits can be an effective way to monitor staff compliance and identify areas of opportunity in a unit's fall prevention strategies. Compli-

ance to safety protocols has been shown to increase with regular auditing and feedback.

057 **CRITICAL CENSUS: UTILIZING OUTPATIENT RESOURCES TO PREVENT INPATIENT CHEMOTHERAPY DELAYS**

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As hospitals nationwide reach capacity, cancer institutes have been uniquely confronted with the challenge of not having available rooms to admit patients requiring inpatient chemotherapy. This has led to after-hours inpatient chemotherapy admissions, forcing treatment initiations to be delayed until the following day; ultimately causing a domino effect of additional hospital days and units remaining at capacity. At Huntsman Cancer Institute (HCI), a 100 bed NCI Comprehensive Cancer Hospital, we recognized the need to strategically identify solutions to this evolving problem. A well-established chemotherapy committee, with representatives from Inpatient Nursing, Outpatient Nursing, Pharmacy, Informatics, and Nursing Administration; decided to tackle this problem head-on as a multidisciplinary team. With two on-site outpatient infusion rooms at HCI, the possibility of applying a shared approach to inpatient chemotherapy care was explored. The infusion rooms are staffed with Chemotherapy certified RNs, who have the knowledge and skill to provide safe and excellent care to patients while awaiting inpatient room availability. As many of these patients arrived early in the day for clinic appointments, the goal was to use the hours generally spent waiting for an open room more efficiently by initiating treatment in the outpatient setting. First, we needed to ensure orders and documentation were able to transfer across the outpatient and inpatient electronic medical records (EMR), as this has been a persistent limitation of our EMR system. Next, we had to create a process to identify which patients were appropriate for initiating treatment in an outpatient setting and which infusion rooms had the capacity to manage this additional demand. Finally, large scale education was needed to get inpatient and outpatient Charge Nurses, Hospital