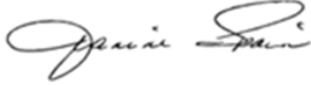
 CARE COORDINATION	Page # 1 of 4	Section: Provision of Care	Policy #: BB-16
	Approved by:		Date: 4/12/17 Review by: 4/12/18
	Supersedes: 2/08, 5/08, 8/12, 10/31/2013, 10/14		
	Date Revised: 4/12/2017		
	Primary Responsible Parties: Stephanie Robinson Secondary Responsible Parties: CICA/ Carol Pitcher		
Joint Commission Standard: PC			
SUBJECT: FALL PREVENTION IN OUTPATIENT AREAS OF THE HOSPITAL			

I. POLICY:

Patients who are sent to outpatient areas of the hospital are assessed to determine fall risk level upon entry. All patients will be screened for High fall risk for injury. Based on the patient's fall risk assessment, interventions to prevent falling are implemented. Outpatient areas of the hospital include, but are not limited to, Cardiopulmonary Rehab, Non-Invasive Cardiovascular Services, Surgical Services and CPRU, Emergency Department, Surgical Pre-Testing, Outpatient Laboratory, Endoscopy, Medical Imaging, PET Center, Respiratory Care, services and Radiation Oncology.

Patients who are sent to outpatient areas outside of the main hospital (nonhospital-based) will be assessed according to the department specific processes. Nonhospital-based outpatient areas include, but are not limited to: Diabetes Care Center, Pain Clinic, Sleep Lab, Wound Care Center, Methodist Diagnostic Center, Northside Diagnostic, and Proctor Outpatient Imaging.

II. PURPOSE AND STANDARD:

Provide guidelines for the use of the fall assessment, interventions and documentation for patients' fall prevention.

III. POLICY SCOPE:

Hospital Personnel

IV. GENERAL INFORMATION: HOSPITAL-BASED OUTPATIENT AREAS:

- A. A fall is defined as an unplanned descent to the floor.
- B. All children under 12 years of age are considered a fall risk. Children under 12 years of age will not be left unattended. Parent or guardian must be with them. Behavioral Health Patients are primarily ambulatory in nature and thus will be allowed to ambulate unless needs assistance from Parent or Guardian to ambulate.
- C. Patients are assessed to determine a patient's risk of falling.
- D. Universal Fall Precautions are implemented for all patients regardless of their risk assessment.
- E. If a patient is at high risk for falls, appropriate interventions are implemented.
- F. Patient Registration will place a yellow armband for visual identification on a patient that is "at high risk" for falling. Exceptions to placement of a yellow armband include children 12 and under, and series patients in Cardiopulmonary Rehab, Diabetes Care Center, Wound Care Center, Sleep Disorders Center and

Radiation Oncology. High fall risk identification of these patients will be made by documentation on department specific admission forms. If patients in these areas are transported for additional diagnostic testing services, yellow armbands will be used.

- G. Patients and families are educated about fall risk and fall prevention strategies and their active involvement is encouraged throughout the continuum of care.

IV. GENERAL INFORMATION: NONHOSPITAL-BASED OUTPATIENT AREAS

- A. Reception / front office staff will observe patients for signs of impaired mobility.
- B. Patients identified as having impaired mobility are offered assistance devices including staff assistance, or a wheel chair.
- C. Notification of observed impaired mobility will be communicated through established department specific hand-off communication.

PROCEDURE:

- A. Upon entering the hospital registration staff or hospital personnel at point of care complete the fall assessment for the hospital-based outpatient areas. Any patient that meets one of the three criteria listed below is at high risk for falling. Age alone does not determine a patient's risk for falling.
 - History of falls within the last 6 months?
 - Assistive devices used or requires assistance with Ambulation?
 - Are you experiencing any weakness or dizziness?
- B. The registrar or staff member that first encounters the patient shall place a yellow armband on the patient that is "at high risk" for falling with the exception of children 12 and under, and others listed in F above.
- C. The registrar shall document the fall assessment on the Outpatient Fall risk assessment form. . Clinic settings, for example, Pain Clinic, Diabetes Care Center, Cardiopulmonary Rehab, Sleep Lab, and Wound Care Center, fall assessment will be documented on department specific forms. Medical Imaging Diagnostic testing areas will follow Medical Imaging fall prevention processes.
- D. In the hospital-based outpatient areas, a yellow armband will serve as universal communication that the patient is at a high risk for falling.
- E. In the nonhospital-based outpatient areas, department specific processes will serve as universal communication that the patient is at a high risk for falling.
- F. Universal fall precautions will be utilized for all patients.
- G. Ongoing evaluation of the patient's risk for falling will occur upon arrival to the hospital-based outpatient department as part of the department specific assessment, including medications administered and if the patient is positive for alcohol or illicit drugs. See Appendix A. If the patient is determined to be at high risk for falling while in the care of UnityPoint Health Methodist/Proctor staff, appropriate interventions will be initiated. If the patient is deemed not a high risk for falling while in the care of UnityPoint Health Methodist /Proctor staff, the yellow armband may be removed. Reason for removal of armband will be documented in the patient's medical record.
- H. Initiate interventions as indicated. (See Fall Preventions Interventions Below)
- I. With rare exception, all interventions for that patient's fall level are initiated. For any exceptions to initiating an intervention document a narrative rationale on a department specific form.
- J. Hospital-based outpatient departments will use the Hand- Off Communication (SHARES form) when the patient's care is transferred to another care provider and will include the patient's fall risk assessment.
- K. Non hospital-based outpatient departments will utilize department specific methods of hand-off communication as the patient moves through the departmental process flow.
- L. When high-risk fall patients are transferred from one hospital-based outpatient department to another hospital-based outpatient department a yellow armband will remain on the patient.

Fall Prevention Interventions

Universal Precautions All Patients	Patients at High Risk
	Fall Prevention Interventions excludes nonhospital-based departments - Diabetes Care Center, Pain Clinic, Sleep Lab, Wound Care Center, Methodist Diagnostic Center, Northside Diagnostic, and Proctor Outpatient Imaging
Nurse call system demonstrated	Universal precautions, plus:
Patient care articles within reach	Provide patient/family with <u>Tips to avoid a fall hand out (GS 80653)</u>
Over bed stand on non-exit side of bed	Ambulate with staff using gaitbelt
Bed/cart in low position	Transport with assistance, by wheelchair or cart
Safe footwear for ambulation	Place patient in room close to nursing station/reception area
Assess patient's coordination and balance before assisting with transfer and mobility	Do not leave patient unattended in the bathroom or on the commode.
Transfer patient toward stronger side	Both side rails up on carts. On the exit side of beds, the head rail is up, foot rail is down. On the non-exit side, both rails may be up. Do not have all 4 rails up.
Lock all equipment before transfer	Reinforce activity limits and safety needs to patient and family while awake
Clear environment of hazards (clutter, equipment, electrical cords)	Yellow armband number: _1066714 order from Lawson.
Ensure lighting is appropriate	
Engage patient and family in all aspects of fall prevention	

Fall Prevention Interventions – nonhospital-based outpatient department

Universal Precautions All Patients	Patients identified as having impaired mobility
Nurse call system demonstrated	Universal precautions, plus:
Patient care articles within reach	Ambulate with staff present
Over bed stand on non-exit side of bed	Transport with assistance, by wheelchair or cart
Bed/cart in low position	Place patient in room close to nursing station/reception area
Safe footwear for ambulation	Do not leave patient unattended in the bathroom
Assess patient's coordination and balance before assisting with transfer and mobility	Both side rails up on carts. On the exit side of beds, the head rail is up, foot rail is down. On the non-exit side, both rails may be up. Do not have all 4 rails up.
Transfer patient toward stronger side	Reinforce activity limits and safety needs to patient and family while awake
Lock all equipment before transfer	
Clear environment of hazards (clutter, equipment, electrical cords)	
Ensure lighting is appropriate	
Engage patient and family in all aspects of fall prevention	

Yellow armband number: 1066714 order from Lawson.

References:

National Center for Patient Safety Fall Prevention & Management by VA National Center, June 2002.

Morse JM, Morse RM, Tyiko, SJ.

Joint Commission Comprehensive Accreditation Manual 2011

Appendix A

1. High Fall-Risk Medications
2. Diuretics
3. Benzodiazepines,
4. Psychotropics
5. Antihypertensives,
6. Narcotics