



CLINICAL POLICY

Falls (Ambulatory Clinics, Urgent Care Centers and Infusion Clinics); Risk Identification, Prevention and Treatment

A. EFFECTIVE DATE :

September 21, 2021

B. PURPOSE :

To identify patients who are at risk for falls within the UConn Health Ambulatory Clinics, Urgent Care Centers and Infusion Clinics and to implement interventions to reduce the potential for falls and patient harm due to falls.

C. POLICY :

1. Patients will be screened for fall risk utilizing the fall risk screening tool within Epic at the following times:

- a. Ambulatory Clinics – JDH (including Neag Cancer Center infusion Clinics) and UMG
 - i. Upon presentation to the clinic for the first time
 - ii. With any visual recognition or disclosure there is a change in mobility status
 - iii. Annually
- b. Urgent Care Centers:
 - i. All patients upon registration to the Urgent Care Center.

D. SCOPE :

UConn Health Ambulatory Clinics (JDH, UMG, Urgent Care Centers)

E. DEFINITIONS :

UConn Health ambulatory clinics include: JDH (which includes the Neag Comprehensive Cancer Center infusion clinics (Adult Ambulatory Care Unit, Cancer Center and New England Sickle Cell Institute Infusion Centers), UMG and Urgent Care) follows the fall definition as written by the National Data Base of Nursing Quality Indicators (NDNQI) January 2020. A fall is:

1. A sudden, unintentional decent, with or without injury to the patient, that results in the patient coming to rest on the floor or against some other surface (e.g., a counter), on another person, or on an object (e.g., a trash can)
2. When a patient rolls off a low bed onto a mat or is found on a surface where you would not expect to find a patient
3. If a patient who is attempting to stand or sit, falls back onto a bed, chair, or commode (this is considered a fall **ONLY if the patient is injured**)

4. If a staff member was with the patient and attempted to minimize the impact of the fall by slowing the patient's descent (e.g., a patient who is ambulating becomes weak and the staff lowers the patient to the floor). This is considered an *assisted fall*.
5. A patient who is found on the floor or other surface, or when a fall is reported by the patient, a family member or visitor
6. Any event that occurs when a patient falls on purpose or falsely claims to have fallen (e.g. seeking attention or obtaining pain medication). This is considered a *suspected intentional fall*.
7. Excluded from this definition are such position changes caused by overwhelming force (e.g. being pushed)

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. Ambulatory clinics/Urgent Care will utilize the Fall Risk Screening tool to evaluate the various areas of fall risk in EMR. See Appendix A, or downtime form HCH 2416.
2. Prior to the day's scheduled appointments a report will be run to identify patients who have been previously identified as fall risk so appropriate patient specific interventions can be implemented upon patient arrival to clinic.
3. Interventions to mitigate falls in patients identified as a fall risk, or potential fall risk, may be implemented to include any of the following but not limited to:
 - a. Communication of fall risk with ALL handoffs
 - b. Educate and engage patient and family in fall prevention including remaining seated while in waiting area or waiting for clinic staff in exam room, calling for assistance to stand or ambulate
 - c. Patients will be offered a wheelchair to prevent fall, wheelchair brakes will be applied when not in motion
 - d. Patients will be assisted to stand, ambulate, while getting onto and off of exam table or scale, while getting undressed/dressed
 - e. Keep exam table in lowest position, patient should only be on exam table when clinical staff member is in the room
 - f. Wheelchair bound patients requiring a weight will be wheeled on and off the scale by clinic staff
 - g. Provide a physically safe environment (eliminate spills, clutter, electrical cords, unnecessary equipment)
 - h. Urgent Care Centers:
 - i. In addition to the above interventions, a wristband with yellow "fall risk" snap will be applied to patient
 - i. Neag Comprehensive Cancer Center infusion clinics:
 - i. In addition to the above interventions, patients receiving infusions within the Neag Comprehensive Cancer Center require the following interventions:
 1. Wristband with yellow "fall risk" snap will be applied for fall risk identification
 2. Stay for Safety will be implemented for all patients who are at risk for falls
 3. Patient and family will be educated on "Stay for Safety"
 4. Mobility activities and toileting require a staff member to remain within arm's reach and the patient must be visible to the staff at all times.
 5. There should be unobstructed access to the patient at all times.
 6. Family members are not to assist patients requiring Stay for Safety with any mobility activities, including toileting.
 7. The following script is recommended when discussing "Stay for Safety" with patients/family members/visitors: "For your safety, a staff member must stay close to you when you are using the bathroom/commode to ensure that you do not fall. I understand that you may be uncomfortable with this; however, it is my responsibility to keep you safe above all else."
4. In the event of a fall, the following will occur:

- a. Notify a practitioner that a fall occurred
- b. When possible, document pertinent information, including but not limited to blood pressure and heart rate, level of consciousness, observable injuries and details of care provided
- c. If injury is suspected or apparent, call for emergency services
- d. Notify supervisor immediately
- e. Notify family or accompanying person(s), as appropriate
- f. Complete a Safety Event Report (i.e. Safety Intelligence)
- g. Complete a Post-Fall Debrief/Teaching Moment (Ambulatory Care) form – located on Nursing website under Forms

H. ATTACHMENTS :

[HCH-2416 Fall Risk Screening and Interventions \(June 8, 2021\)](#)

I. REFERENCES :

None

J. SEARCH WORDS :

Fall

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|--|--|
| <p>1. <u>Andrew Agwunobi, MD (Signed)</u>
 Andrew Agwunobi, MD, MBA
 UConn Health Chief Executive Officer</p> | <p><u>09/27/2021</u>
 Date</p> |
| <p>2. <u>Anne D. Horbatuck, (Signed)</u>
 Anne D. Horbatuck, RN, BSN, MBA
 Clinical Policy Committee Co-Chair</p> | <p><u>09/27/2021</u>
 Date</p> |
| <p>3. <u>Scott Allen, MD (Signed)</u>
 Scott Allen, MD
 Clinical Policy Committee Co-Chair</p> | <p><u>09/23/2021</u>
 Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u>
 Caryl Ryan, MS, BSN, RN
 Interim Chief Operating Officer, JDH
 VP Quality and Patient Services & Chief Nursing Officer</p> | <p><u>09/22/2021</u>
 Date</p> |

O. REVISION HISTORY :

Date Issued: 6/2021

Date Revised: 9/21/21

Date Reviewed: