

00025 Examining the Fall Risk Factors Among Oncology Patients: A Retrospective Medical Record Review

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Aims: Inpatient hospitalisation falls are common among oncology patients and the common risk factors are well - documented. However little is known on the patient's activities during the falls, the demographic and clinical factors related to falls among oncology patients in our adult oncology unit. Knowledge of patient's activities during the falls, their demographic and clinical factors would enable us to design preventive strategies to prevent future inpatient hospitalisation falls. Hence a retrospective medical record review of all oncology patients who fell during hospitalisation in an oncology unit was undertaken. This study aimed to explore the characteristics of the fall, the demographic and clinical factors related to falls among oncology patients in an adult oncology unit.

Methodology: A retrospective medical record review of inpatient fall data from January 2016 to June 2017 was extracted via risk management system.

Result: A total of 60 falls were reported and analysed. The mean age of the oncology patients who fell was higher compared to the overall patient population (63.3 versus 58.8; $p=0.004$). Most fallers were Male ($n=35$). 75% ($n=45$) of the falls occurred during the first 10 days of hospitalisation.

Only 18% ($n=11$) had history of falls. Most falls occurred within patient's bedside ($n=35$) and mostly during morning shift ($n=24$). Only 9% ($n=3$) of the bed alarm system was activated during time of fall. Only 5% ($n=3$) had major injury and the rest of the injuries were minor such as abrasions and lacerations. Reasons for fall are usually related to footwear ($n=8$) and wet floors ($n=12$).

Conclusion: Most falls occurred during the morning shift when there were more clinical activities and patients were also more active. Making sure that floors are dry, wearing appropriate footwear and placing it at a visible and accessible location are important considerations to prevent future falls.