# Summer Internship

# at

# Fortis Memorial Research Institute, Gurugram

# (04 April 2022 to 17 June 2022)

A Report

By

Dr. Akshita Gupta

Post-graduate Diploma in Hospital and Health Management (2021-2023)


International Institute of Health Management Research, New Delhi

# ACKNOWLEDGEMENTS:

A successful project is a combination of our efforts, encouragement, guidance from the experienced people. I would like to pay my sincere humble gratitude to **Dr. Savitaa Sharma**, Head of Quality Department, **Mr. George Thomas**, Quality Nurse, for their guidance to complete my project title, '**TO STUDY THE RATE OF COMPLIANCE OF FALL RISK ASSESSMENT IN VULNERABLE PATIENTS'**. I will always be grateful for their encouragement and invaluable assistance which helped me gain up so much knowledge about the organization.

I am also highly obliged to **Ms. Shivani Dhir**, Head of learning and development, Human Resources for giving me the platform to undergo my 2.5 months internship at FMRI. I'm also very thankful to all the other staff members of FMRI, without whom, I would not be able to complete my project and internship.

I would also like to thank my mentor, **Dr. Nikita Sabherwal** for their continuous support and guidance during my internship period.

Declaration:

I hereby declare that all the information furnished in this project, is my original work done by using the actual data collected from the hospital, containing authentic facts. This work is only being submitted to **INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT AND RESEARCH, DELHI**.

Dr. Akshita Gupta

Fortis MEMORIAL
RESEARCH INSTITUTE
GURUGRAM

FORTIS MEMORIAL RESEARCH INSTITUTE
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Email : fmri@fortishealthcare.com
Website : www.fmri.in

**June 17, 2022**

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Dr. Akshita Gupta** has undergone an internship in the **"Department of Quality"** from **April 04, 2022 to June 17, 2022** at **Fortis Memorial Research Institute, Gurgaon.**

During this period, she exhibited a high level of professionalism and a tremendous zest for learning.

We wish **Dr. Akshita Gupta** all the best in her future endeavors.

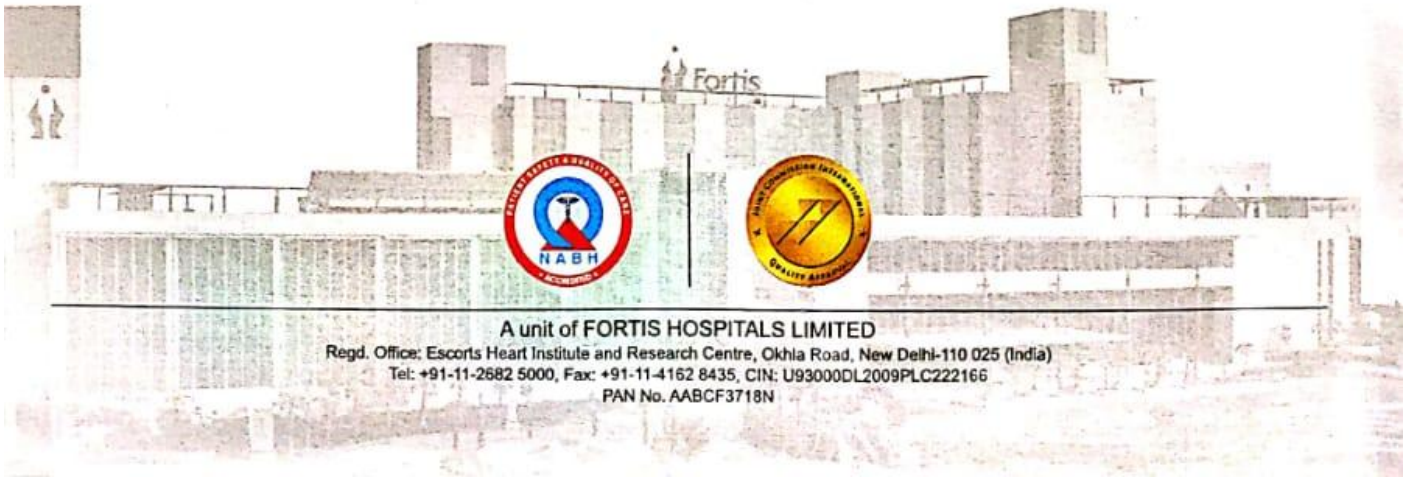
With Best Wishes,

Fortis Hospitals Ltd. Gurgaon

**Shivani Dhir**
**SBU Head-Learning & Development**

DR SAYITA

**Head of Department**
QUALITY



Fortis MEMORIAL RESEARCH INSTITUTE GURUGRAM

# FEEDBACK FORM

**(Organization Supervisor)**

FORTIS MEMORIAL RESEARCH INSTITUTE
Sector 44 (Opp. HUDA City Centre Metro Station), Gurugram 122 002, Haryana (India)
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Ambulance: 105010
Email : fmri@fortishealthcare.com
Website : www.fmri.in

**Name of the Student:** Dr. AKSHITA GUPTA

**Summer Internship Institution:** Fortis Memorial Research Institute, Gurugram

**Area of Summer Internship:** Quality and Patient Safety Department

**Attendance:** 59/64 days.

**Objectives met:** - Yes.

**Deliverables:**
- Quality Improvement Project
- Medical Record Audits
- Prescription Audits
- IPSG Audits
- Patient Safety Surveys

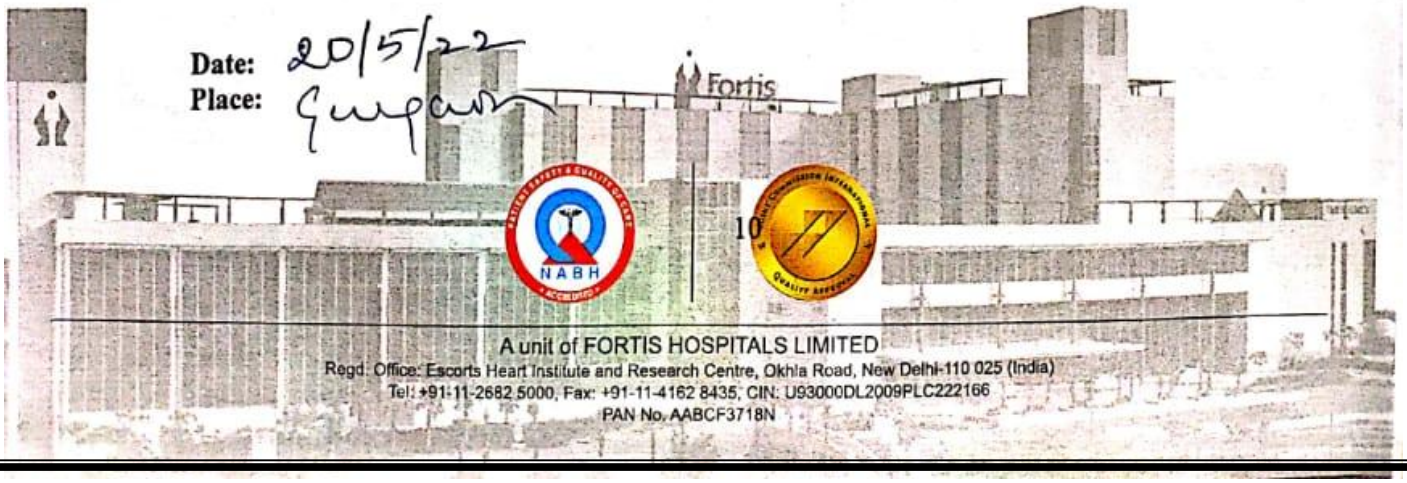
**Strengths:**
- Communication Skills
- Listening Skills
- Disciplined and dedicated and Eager to learn.

**Suggestions for Improvement:**
- Making Presentations
- Excell.

DR SAVITA

**Signature of the Officer-in-Charge (Internship)**

**Date:** 20/5/22
**Place:** Gurgaon



## Certificate of Approval

The Summer Internship Project of titled " **Fall Risk Assessment in All Patients** " at **"Fortis Memorial Research Institute ,Gurugram"** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital Management for which it has been submitted.

It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitPted.

**Name of the Mentor** Dr. Nikita Sabherwal

**Designation :** Associate Dean (Training)

**IIHMR, Delhi**

**FEEDBACK FORM**

**(IIHMR MENTOR)**

**Name of the Student:** DR. AKSHITA GUPTA

**Summer Internship Institution:** Fortis Memorial Research Institute, Gurugram.

**Area of Summer Internship:** Quality and Patient Safety Department

**Attendance:** Regular & Punctual

**Objectives met:** Yes

**Deliverables:**
- Medical Record Audit
- Prescription Audit
- IPSG Audit
- Quality Improvement Project
- Patient Safety Surveys

**Strengths:** - Dedicated, Disciplined, Eager to learn, Listening skills, Communication skills Cooperative

**Suggestions for Improvement:** Keep updating your skill sets and knowledge of the sector

**Signature of the Officer-in-Charge (Internship)**

**Date:** 10th August 2022

**Place** IIHMR, Delhi

# PLAGIARISM CHECK REPORT

## Dr Akshita Gupta report

ORIGINALITY REPORT

| 3% | 3% | 0% | 3% |
|---|---|---|---|
| SIMILARITY INDEX | INTERNET SOURCES | PUBLICATIONS | STUDENT PAPERS |

PRIMARY SOURCES

| | | |
|---|---|---|
| 1 | scup.rudecandy.co<br>Internet Source | 1% |
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| | | | |
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| Exclude quotes | Off | Exclude matches | Off |
| Exclude bibliography | On | | |

# TABLE OF CONTENT

# ABBREVIATIONS USED

1. FMRI – Fortis Memorial Research Institute.
2. NABH- National Accreditation Board of Hospitals.
3. JCI- Joint Commission International.
4. NABL - National Accredation Board For Testing And Calibration Laboratories
5. ICU - Intensive Care Unit
6. MRD- Medical record department
7. IPSG - International Patient Safety Goal
8. MAR- Medication Administration Record
9. MABGIS - Minimal Access Bariatric and Gastrointestinal Surgery
10. MR Checklist- Medical Record Checklist
11. Prev Meds- Previous Medications
12. MRD- Medical Record Department

# OBSERVATIONAL LEARNING

## INTRODUCTION-

Fortis Memorial Research Institute (FMRI) Gurugram, is a multi-super-speciality, quaternary care hospital with an enviable international faculty, reputed clinicians, including super-sub-specialists and speciality nurses. A premium referral hospital, it endeavours to be the 'mecca of healthcare' for Asia pacific and beyond. Set on a spacious 11-acre campus with 285 beds(operational), this 'Next Generation Hospital' is built on the foundation of trust and rest on four strong pillars: Talent, Technology, Service and Infrastructure. Fortis Memorial Research Institute's comprehensive medical program driven by reputed doctors, super-sub-specialists and nurses committed to combining their exceptional medical expertise, technology and innovation to offer the best treatments.

## AFFILIATIONS AND ACCREDITATION-

FMRI believes that the accreditation of hospital's programs and divisions is another big success that bolsters the institute's position in the healthcare domain and will add to its eminent quality medical services.

Fortis Memorial Research Institute is accredited by **Joint Commission International (JCI)**, **National Accreditation Board for Hospitals and Healthcare providers (NABH)** and follows the policies of the board to cater to much desired needs of the patients and to set quality benchmarks in the healthcare industry. On the other hand, the blood bank at FMRI is accredited by NABH by its extensive service delivery in the related domain. Laboratory services are also accredited by **NATIONAL ACCREDATION BOARD FOR TESTING AND CALIBRATION LABORATORIES (NABL)**, which work with the Government, Regulators and Industry with a scheme of laboratory accreditation through third-party assessment for formally recognising the technical competence of laboratories in accordance with international organisation for standardization (ISO) Standards. Fortis Memorial Research Institute also offers its international patients various accommodation options for the duration of their stay at the hospital.

## MISSION-

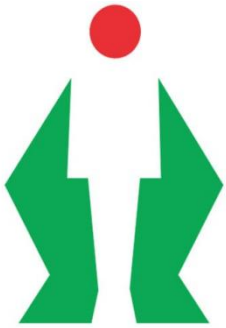
To provide Quaternary care to the community in a compassionate, dignified and a distinctive manner.

## VISION-

To be the healthcare destination- 'Mecca of Medicine'.

## SIGNIFICANCE OF FORTIS HOSPITAL'S LOGO-

Human values like trust, ethics, service, and quality are represented by the Fortis brand's emblem. Fortis's route to healthcare is symbolised by the joining of green-colored hands and a red dot. The colour green is a symbol for kindness, nurturing, generosity, wellbeing, and health. The red dot represents vitality, spirituality, courage, and luck.



## HOSPITAL SPECIALITY-

Fortis Memorial Research Institute [FMRI]- Gurugram is one of the best Multispeciality hospitals in Haryana and provides the following specialties:

- Robotic surgery
- Oncology
- Renal sciences
- Orthopedics
- Obstetrics & Gynaecology
- Cardiology
- Organ transplants
- Bariatric & Metabolic surgery

# SPECIFIC OBJECTIVES:

To learn about the functioning of department.

- Patient safety survey
- Medical record audit
- Prescription audit
- IPSG audit

## PATIENT SAFETY SURVEY

| Questions | Please tick one answer | | | | |
|---|---|---|---|---|---|
| What is your department/unit in this hospital? | | | | | |
| People support one another in this unit | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| When a lot of work needs to be done quickly, we work together as a team to get the work done | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| In this unit, people treat each other with respect | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| We are actively doing things to improve patient safety | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Staff feel like their mistakes are held against them | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Mistakes have led to positive changes here | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| It is just by chance that more serious mistakes don't happen around here | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| When an event is reported, it feels like the person is being written up, not the problem | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| After we make changes to improve patient safety, we evaluate their effectiveness | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| We work in "crisis mode" trying to do too much, too quickly | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Patient safety is never sacrificed to get more work done | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Staff worry that mistakes they make are kept in their personnel file | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Our procedures and systems are good at preventing errors from happening | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| My supervisor/manager says a good word when he/she sees a job done according to established patient safety procedures | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| My supervisor/manager seriously considers staff suggestions for improving patient safety | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Whenever pressure builds up, my supervisor/manager wants us to work faster, even if it means taking shortcuts | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| My supervisor/manager overlooks patient safety problems that happen over and over | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Hospital management provides a work climate that promotes patient safety | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Hospital units coordinate well with each other | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Things "fall between the cracks" when transferring patients from one unit to another | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| There is good cooperation among hospital units that need to work together | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Important patient care information is often lost during shift changes | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Problems often occur in the exchange of information across hospital units | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The actions of hospital management show that patient safety is a top priority | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Hospital management seems interested in patient safety only after an adverse event happens | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| We are given feedback about changes put into place based on event reports | Always | Never | Rarely | Sometimes | Most of time |
| Staff will freely speak up if they see something that may negatively affect patient care | Always | Never | Rarely | Sometimes | Most of time |
| We are informed about errors that happen in this unit | Always | Never | Rarely | Sometimes | Most of time |
| Staff feel free to question the decisions or actions of those with more authority | Always | Never | Rarely | Sometimes | Most of time |
| When a mistake is made, but is *caught and corrected before affecting the patient*, how often is this reported? | Always | Never | Rarely | Sometimes | Most of time |
| When a mistake is made, but has *no potential to harm the patient*, how often is this reported? | Always | Never | Rarely | Sometimes | Most of time |
| When a mistake is made that *could harm the patient*, but does not, how often is this reported? | Always | Never | Rarely | Sometimes | Most of time |
| Please give your work area/department/unit in this hospital an overall grade on patient safety. | Excellent | Very Good | Acceptable | | |
| In the past 12 months, how many event reports have you filled out and submitted? | No event reported | 1 to 2 event reported | 3 to 5 event reported | 6 to 10 event reported | More than 10 |
| How long have you worked in this hospital? | Less than 1 year | 1 to 2 year | 2 to 3 year | More than 3 year | |
| Typically, how many **hours per week do you work in this hospital?** | Less than 16 hrs/week | 16 to 32 hrs /week | 33 to 48 hrs/week | 49 to 64 hrs /week | 65 hrs /week |
| What is your staff position in this hospital? | | | | | |

The goal of the patient safety survey was to identify any gaps in healthcare professionals' knowledge regarding patient happiness and services. The FMRI, Gurugram, employees, comprising doctors, nurses, administrative staff, ground workers, etc., participated in the survey, which had a sample size of 500 people. Microsoft Excel was used to analyse the data that had been gathered.

# MEDICAL RECORD AUDIT-

**INTRODUCTION-** The entire soul of any information about a patient who is released from the hospital after treatment is kept in the medical records department. A medical records department's primary responsibility is to keep track of the medical information or treatment files of patients who are either inpatients or need emergency care.

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## MODE OF DATA COLLECTION-

MR (Medical Record) checklist was used for the data collection and was analyzed in microsoft excel sheet.
Sampling method- simple random sampling method
Sample size - 50 per month.
Frequency of audit- Monthly (April-June)

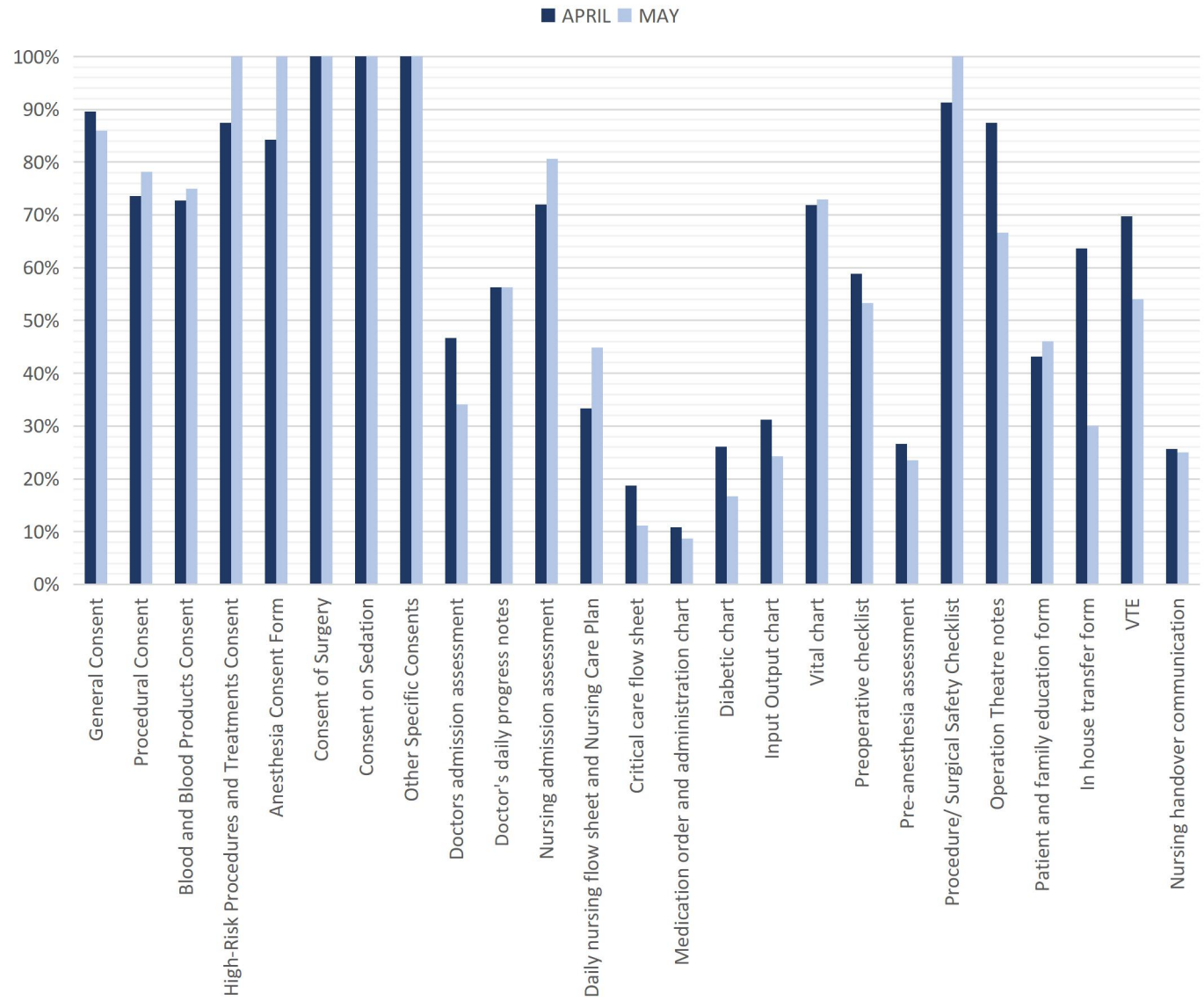
## MRD CHECKLIST

| | | | |
|---|---|---|---|
| Bed No. | | Medication order and administration chart | |
| UHID | | High alert medication monitoring form | |
| Date of audit | | Diabetic chart | |
| Specialty | | Input Output chart | |
| General Consent | | Vital chart | |
| Procedural Consent | | Preoperative checklist | |
| Blood and Blood Products Consent | | Pre-anesthesia assessment | |
| High-Risk Procedures and Treatments Consent | | Procedure/ Surgical Safety Checklist | |
| Anesthesia Consent Form | | Operation Theatre notes | |
| Consent of Surgery | | Sedation Evaluation form | |
| Consent on Sedation | | Patient and family education form | |
| Other Specific Consents | | In house transfer form | |
| Doctors admission assessment | | Cross Referral Records if any | |
| Doctor's daily progress notes | | VTE | |
| Nursing admission assessment | | Transplant Checklist | |
| Daily nursing flow sheet and Nursing Care Plan | | MTP Checklist | |
| Physiotherapist notes | | Nursing handover communication | |
| Critical care flow sheet | | Doctor Handover communication | |
| Approved Abbrevations | | OPD Records | |

## SCORING

- 0 (for blank, missing or forms with minimal relevant information)
- 5 (partially filled)
- 10 (completely filled form)
- Comments (for 0 or 5 scoring, need to write the deficiency)
- NA (not applicable, will not be counted in final scoring as well)

# COMPARATIVE ANALYSIS FOR APRIL-MAY 2022




## MAJOR CONCERNS-

- Medication order and administration chart - Prescriber's name, sign, time and date.
- Daily nursing flow sheet and Nursing Care Plan- outcome/evaluation
- Diabetic Chart- Fixed dose insulin, sliding scale
- Critical care flow sheet- progress notes, consultant and team.
- Doctors admission assessment- Prescriber's name, sign, time and date
- Input output chart- balance
- Patient and family education form-Learning record, barrier to learning, plan to address factors
- Nursing handover communication- Shift notes

# PRESCRIPTION AUDIT-

Purpose of prescription Audit-

1. **Completeness of prescription:** Check the prescription/drug chart for each drug viz. legibility, drug name, strength, dose, dosage form, route of administration, frequency, duration.
2. **Detecting medication errors:** Detect prescription error, administration error, interview the nurse in-charge & counter check with the patient.

## MODE OF DATA COLLECTION-

Prescription Audit tool was used for the data collection. The data was collected from the documented files either in the MRD or live audit was done from the file of the admitted patient.
Sampling method- simple random sampling method
Sample size - 50 per month
Frequency of audit- Monthly (April-June)

## PRESCRIPTION AUDIT TOOL

| | |
|---|---|
| **S.NO.** | Weight based dosing considered? |
| **UID** | Note of any potential organ toxicity: |
| **Speciality** | Mention of Dr. Name |
| **Location** | Mention of Dr. Sign |
| Dose, Route, Dosage Form, Frequency mentioned in history sheet (Prev meds) | Serious Drug – Drug / Drug - Food Interactions(if any) |
| Dose, Route, Dosage Form, Frequency mentioned in MAR (Prev meds) | Drug Duplication |
| Allergies / Sensitivities Mentioned? | Therapeutic Duplication |
| Mention of Date | Irrational Combination |
| Mention of Time | Labelling on infusions & multi use vials |
| Is the Rx Legible? | Counter check on HIGH RISK drug |
| Use of Capital alphabets | HIGH RISK LABEL on high risk drug |
| Is the Drug appropriate? | If high risk medication is being prescribed, then its monitoring is done? |
| Dosage form/ Dose/ Route/Frequency: | 3 or more Anti Biotics continued for 3 & More days |
| | Any home medication taken by patient |
| | Home medication Documentation mentioned in PROGRESS SHEET |
| | Medication received from store in TAT |
| Use of Abbreviations | Transcription error(insulin order/Stat orders/ Infusions or drug details) |
| | Documentation of verbal orders (if any) |

# PROJECT REPORT-

## STUDY ON FALL RISK ASSESSMENT OF VULNERABLE PATIENTS AT FMRI, GURUGRAM

**ABSTRACT-**In hospitals and other healthcare facilities around the country, patient falls are the most frequent adverse safety incident. Inpatient falls are at risk for a variety of variables, including medication use, shaky gait, mental state changes, and environmental dangers. The main strategy for preventing falls is risk assessment. In order to identify and consolidate research information on risk variables that may contribute to patient falls in the adult inpatient hospital context but are not currently taken into account by fall risk assessment systems, this project will provide a thorough evaluation of the literature. The findings of this research will be used to create a new, evidence-based fall risk assessment tool after the essential risk variables that are missing from the most popular fall risk assessment tools have been identified.

**Keywords**

Inpatient falls, Risk factors,High risk patients, Fall risk assessment tool,

## INTRODUCTION-

According to IPSG 6, the hospital develops and implements a process to reduce the risk of patient harm resulting from falls for the outpatient and inpatients. Fall risk assessment implements a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition or medications, among others. Many injuries in hospital to both inpatient and outpatients are a result of falls.

A patient fall is a sudden, unintentional descent, with or without injury to the patient, that result in the patient coming to rest on the floor, on or against some other surface (e.g. counter), or another person, or on an object (e.g. a trash can) -NDNQI, 2014 Risk associated with patients might include patient history of fall, medications used, alcohol consumption, gait or balance disturbances, visual impairments, altered mental status, and the like. Patients who have been initially assessed to be at a low risk for falls may suddenly become at high risk. Reasons include, but are not limited to, surgery and/or anesthesia,, sudden changes in patient condition, and adjustment in medication.

Complications of falls are the leading cause of death from injury in people aged 65 or above years.Causes of falls are always MULTIFACTORIAL. It is a complex interaction of-

- Intrinsic factors (e.g. chronic disease)
- Challenges to postural control (e.g. changing position)
- Medication factors (e.g. high risk, situational hazards)

Fall risk criteria identify the type of patients who are considered at high risk for fall. These criteria and any interventions applied are documented in the patient's medical records, as they provide the evidence to support the patient's fall risk category. The instrument that outlines each stage of screening and assessment and directs interventions depending on each person's level of risk has been adopted by the FMRI, Gurugram. the tool for assessment of fall is done with the help of HARRIS-2 Tool for assessment of adult patients and HUMPTY DUMPTY Fall Assessment Tool for pediatric patients. The documented criteria facilitate the continuity of care among the health care practitioner caring for patients.

# RESEARCH QUESTION-

What is the percentage compliance of Fall Risk Assessment in vulnerable patients?

**RATIONALE OF THE STUDY-** the study is done to prevent consequences(injuries) resulting from fall incidences among the vulnerable patients and to provide optimum care to them.

**AIM OF THE STUDY-** To study the rate of compliance of Fall Risk Assessment in vulnerable patients.

## OBJECTIVE-

| PRIMARY OBJECTIVE | SECONDARY OBJECTIVE |
|---|---|
| ● To reduce the risk of fall among vulnerable patients | ● Assess and manage fall risks |
| | ● To precisely implement the fall risk program |
| | ● To recognize the importance of falls in older people |

## SAMPLE/AUDIT METHODOLOGY-

- DATA COLLECTION AND METHODS

The audit included patients admitted to Fortis Hospital, Gurugram. We have used Prospective Study Design. The assigned staff was observed and interviewed regarding the awareness of fall intervention. The data used was collected by creating audit tool.

- AUDIT TOOL- HARRIS-2 Tool (adults), HUMPTY DUMPTY Tool (paediatrics)
- SAMPLING METHOD - Simple random sampling method was used for auditing.
- DATA ANALYSIS - Data collection and Analysis was done with the help of Microsoft excel.
- STUDY DESIGN- Prospective study
- STUDY POPULATION- Patients of Fortis Memorial Research Institute, Gurugram.
- STUDY AREA- OPD and IPD
- SAMPLE SIZE- Total of 90 samples were collected. IPD (40), OPD (45), EMERGENCY (5)
- SELECTION CRITERIA
  - Inclusion Criteria:
    I. IPD - All high risk patients for fall.
    II. OPD - All patients including high-risk and low-risk for fall.
  - Exclusion Criteria:
    I. Low risk patient in IPD.

# AUDIT TOOL: FALL RISK ASSESSMNT CHECKLIST.(used in the study)

| IPD |
|---|
| Documentation |
| Fall risk assessment is completed & documented on admission |
| Fall risk assessment is completed & documented daily |
| Fall education/counselling signed by patient/attendant |
| An individualized Plan of Care is in place for Fall Prevention (if at risk) |
| Patient identified as a high risk to fall on the chart |
| Most recent nurse assessed fall risk score |
| As per Your observation |
| ***BEDSIDE OBSERVATION:*** |
| Patient safety signages applied or not |
| Bed in the low position |
| Side rails as indicated |
| Call bell in reach & room safe/free of clutter (chairs, tables, etc..) |
| Has patient/attendant been oriented to room |
| Other interventions as appropriate (as per Plan of Care) |
| Awareness |
| ***Staff interview*** |
| Process for fall code announcment |
| Intervention of fall |
| Process of incident reporting |
| How confident they are about patient education |
| |
| ***Patient interview*** |
| Patient was educated about the risk/not |
| Patient's confidence about the education |

| OPD |
|---|
| Area |
| OPD Assesment |
| Patient's Name |
| Age/ Gender |
| UID |
| Doctor's name |
| Fall Risk Assesment |
| Intervention (orange band, patient and family education etc.) |
| PTF Risk Level |
| Vulnerability Status |

| EMERGENCY |
|---|
| Bed number |
| UHID |
| |
| Documentation |
| Fall risk assessment is completed & documented on admission |
| Intervention |
| Patient identified as a high risk to fall on the chart |
| ***BEDSIDE OBSERVATION:*** |
| Patient safety signages applied or not |
| Bed in the low position |
| Side rails as indicated |
| Call bell in reach & room safe/free of clutter (chairs, tables, etc..) |
| Has patient/attendant been oriented to room |
| Other interventions as appropriate (as per Plan of Care) |
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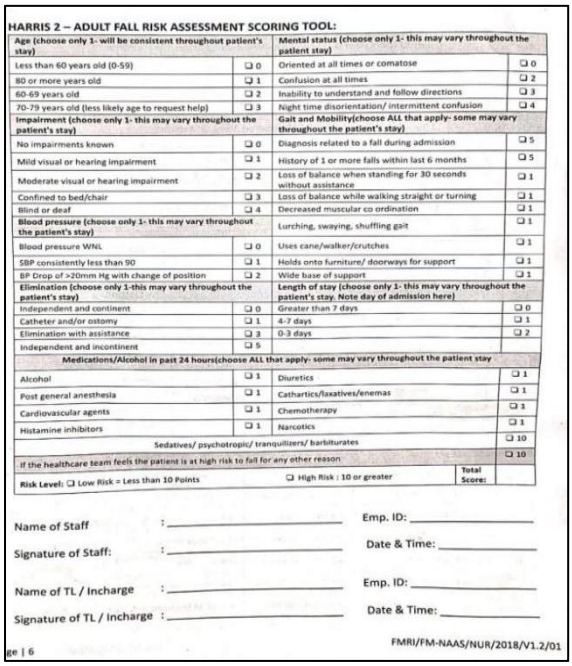
| Intervention of fall |
| Process of incident reporting |
| How confident they are about patient education |
| |
| ***Patient interview*** |
| Patient was educated about the risk/not |
| Patient's confidence about the education |

# AUDIT TOOL: FALL RISK ASSESSMNT CHECKLIST.(used in hospital)

HARRIS-2 TOOL FOR ADULTS



**HARRIS 2 – ADULT FALL RISK ASSESSMENT SCORING TOOL:**

| Age (choose only 1- will be consistent throughout patient's stay) | | Mental status (choose only 1- this may vary throughout the patient stay) | |
|---|---|---|---|
| Less than 60 years old (0-59) | ❑ 0 | Oriented at all times or comatose | ❑ 0 |
| 80 or more years old | ❑ 1 | Confusion at all times | ❑ 2 |
| 60-69 years old | ❑ 2 | Inability to understand and follow directions | ❑ 3 |
| 70-79 years old (less likely age to request help) | ❑ 3 | Night time disorientation/ intermittent confusion | ❑ 4 |
| **Impairment (choose only 1- this may vary throughout the patient's stay)** | | **Gait and Mobility(choose ALL that apply- some may vary throughout the patient's stay)** | |
| No impairments known | ❑ 0 | Diagnosis related to a fall during admission | ❑ 5 |
| Mild visual or hearing impairment | ❑ 1 | History of 1 or more falls within last 6 months | ❑ 5 |
| Moderate visual or hearing impairment | ❑ 2 | Loss of balance when standing for 30 seconds without assistance | ❑ 1 |
| Confined to bed/chair | ❑ 3 | Loss of balance while walking straight or turning | ❑ 1 |
| Blind or deaf | ❑ 4 | Decreased muscular co ordination | ❑ 1 |
| **Blood pressure (choose only 1- this may vary throughout the patient's stay)** | | Lurching, swaying, shuffling gait | ❑ 1 |
| Blood pressure WNL | ❑ 0 | Uses cane/walker/crutches | ❑ 1 |
| SBP consistently less than 90 | ❑ 1 | Holds onto furniture/ doorways for support | ❑ 1 |
| BP Drop of >20mm Hg with change of position | ❑ 2 | Wide base of support | ❑ 1 |
| **Elimination (choose only 1-this may vary throughout the patient's stay)** | | **Length of stay (choose only 1- this may vary throughout the patient's stay. Note day of admission here)** | |
| Independent and continent | ❑ 0 | Greater than 7 days | ❑ 0 |
| Catheter and/or ostomy | ❑ 1 | 4-7 days | ❑ 1 |
| Elimination with assistance | ❑ 3 | 0-3 days | ❑ 2 |
| Independent and incontinent | ❑ 5 | | |
| **Medications/Alcohol in past 24 hours(choose ALL that apply- some may vary throughout the patient stay** | | | |
| Alcohol | ❑ 1 | Diuretics | ❑ 1 |
| Post general anesthesia | ❑ 1 | Cathartics/laxatives/enemas | ❑ 1 |
| Cardiovascular agents | ❑ 1 | Chemotherapy | ❑ 1 |
| Histamine inhibitors | ❑ 1 | Narcotics | ❑ 1 |
| Sedatives/ psychotropic/ tranquilizers/ barbiturates | | | ❑ 10 |
| If the healthcare team feels the patient is at high risk to fall for any other reason | | | ❑ 10 |
| **Risk Level:** ❑ Low Risk = Less than 10 Points | | ❑ High Risk : 10 or greater | **Total Score:** |

Name of Staff : _____ Emp. ID: _____

Signature of Staff: : _____ Date & Time: _____

Name of TL / Incharge : _____ Emp. ID: _____

Signature of TL / Incharge : _____ Date & Time: _____

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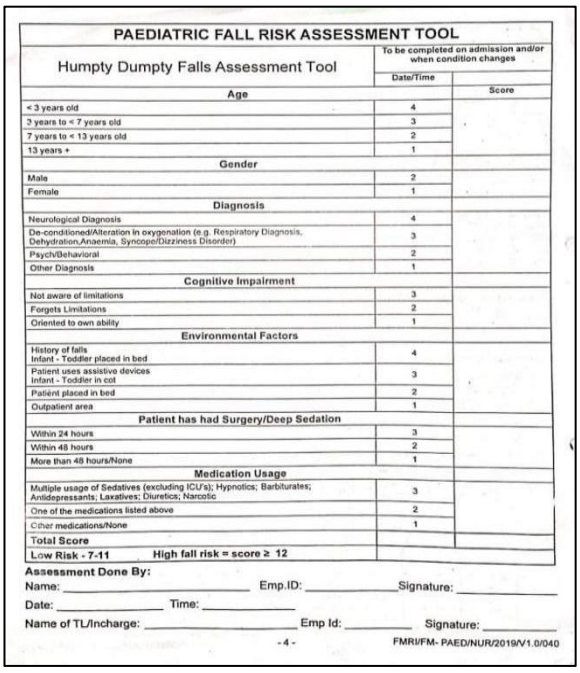
HUMPTY DUMPTY TOOL FOR PEDIATRIC PATIENTS



**PAEDIATRIC FALL RISK ASSESSMENT TOOL**

| Humpty Dumpty Falls Assessment Tool | To be completed on admission and/or when condition changes | |
|---|---|---|
| | Date/Time | Score |
| **Age** | | |
| < 3 years old | 4 | |
| 3 years to < 7 years old | 3 | |
| 7 years to < 13 years old | 2 | |
| 13 years + | 1 | |
| **Gender** | | |
| Male | 2 | |
| Female | 1 | |
| **Diagnosis** | | |
| Neurological Diagnosis | 4 | |
| De-conditioned/Alteration in oxygenation (e.g. Respiratory Diagnosis, Dehydration,Anaemia, Syncope/Dizziness Disorder) | 3 | |
| Psych/Behavioral | 2 | |
| Other Diagnosis | 1 | |
| **Cognitive Impairment** | | |
| Not aware of limitations | 3 | |
| Forgets Limitations | 2 | |
| Oriented to own ability | 1 | |
| **Environmental Factors** | | |
| History of falls Infant - Toddler placed in bed | 4 | |
| Patient uses assistive devices Infant - Toddler in cot | 3 | |
| Patient placed in bed | 2 | |
| Outpatient area | 1 | |
| **Patient has had Surgery/Deep Sedation** | | |
| Within 24 hours | 3 | |
| Within 48 hours | 2 | |
| More than 48 hours/None | 1 | |
| **Medication Usage** | | |
| Multiple usage of Sedatives (excluding ICU's); Hypnotics; Barbiturates; Antidepressants; Laxatives; Diuretics; Narcotic | 3 | |
| One of the medications listed above | 2 | |
| Other medications/None | 1 | |
| **Total Score** | | |
| Low Risk - 7-11 High fall risk = score ≥ 12 | | |

**Assessment Done By:**

Name: _____ Emp.ID: _____ Signature: _____

Date: _____ Time: _____

Name of TL/Incharge: _____ Emp Id: _____ Signature: _____

- 4 - FMRI/FM- PAED/NUR/2019/V1.0/040

# DATA COMPILATION (FINDINGS AND OBSERVATIONS)-

The tool for IPD has been divided into 3 sections to check the compliance-

1. Documentation-

| Documentation |
|---|
| Assessment on admission is completed & documented |
| Daily assessment is completed & documented |
| Fall education/counselling signed by patient/attendant |
| An individualized Plan of Care |
| Patient identified as a high risk to fall |
| Most recent nurse scoring |
| As per Your observation |

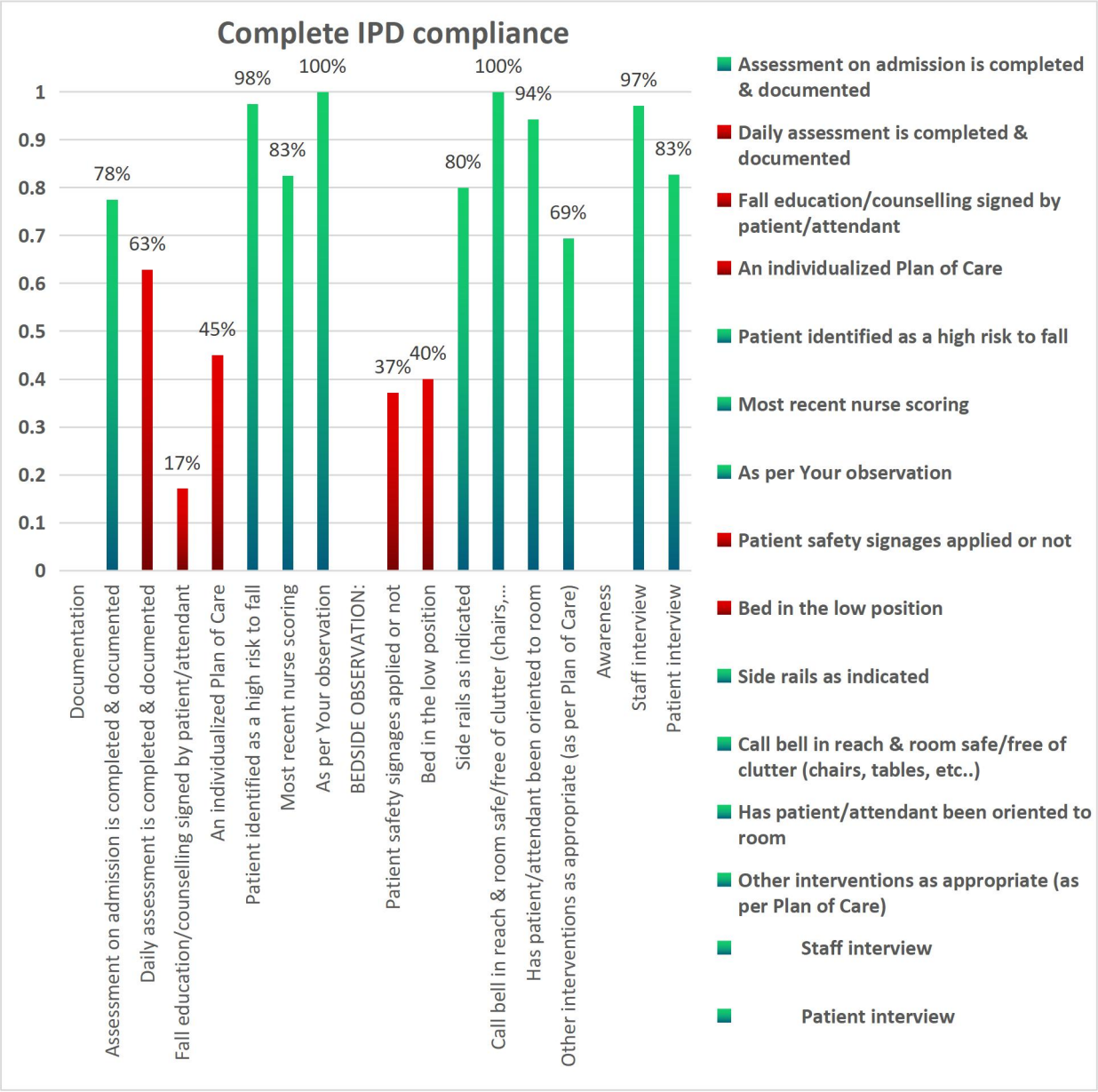
2. Bedside observation-

| ***BEDSIDE OBSERVATION:*** |
|---|
| Patient safety signages |
| Bed in the low position |
| Side rails as indicated |
| Call bell in reach & room safe/free of clutter |
| Room orientation patient/attendant |
| Other interventions as appropriate |

3. Awareness -

| Awareness |
|---|
| ***Staff interview*** |
| Process for fall code announcement |
| Intervention of fall |
| Process of incident reporting |
| How confident they are about patient education |
| |
| ***Patient interview*** |
| Patient was educated about the risk/not |
| Patient's confidence about the education |

# >INPATIENT DEPARTMENT COMPLIANCE (sample size-50)

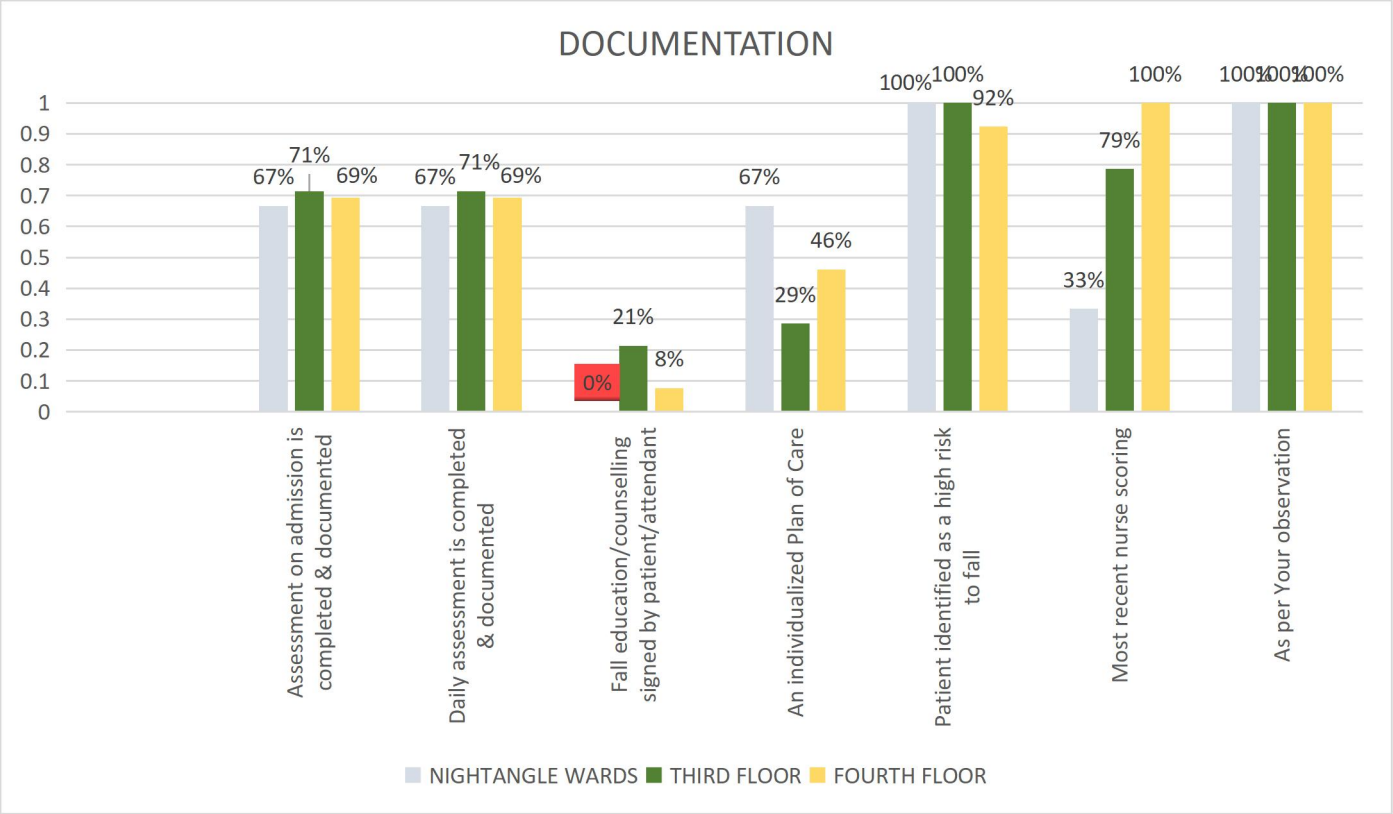


| | TOTAL COMPLIANCE (40) | FINDINGS |
|---|---|---|
| **Fall risk assessment on admission** | 31 complete<br>9 partially filled | - Incharge/TL sign, without calculation or miscalculation, incorrectly checked indicators, wrong scoring |
| **Daily documentation of fall** | 22 complete<br>9 partially filled<br>4 incomplete | - Data missing on certain dates and shifts |
| **Fall counselling signed by patient/attendant** | 6 complete<br>16 partially filled<br>13 incomplete | - Incomplete- age, medical condition, physical handicap, poly drugs, patient's/attendant's sign, nursing staff sign and details<br>- Either not attached or incomplete |
| **Individualized plan of care** | 18 complete<br>7 partially filled<br>15 incomplete/ unattached | - Either not attached or incomplete (planned interventions) |
| **Fall risk assessment done by nursing** | 33 correctly identified | - PTF score was mentioned 0 instead of high risk/ low risk<br>- Randomly scored 10, incorrectly checked indicators<br>- 7 patients not identified as high risk in most recent nursing score<br>- Incorrect assessment of age, length of stay, mental status, medications etc. |
| **Bedside Observation-**<br>Signages-<br>Low Bed position-<br>Side rails- | <br>13<br>16<br>32 | AREAS OF CONCERN<br>Nightangle ward, 4TH floor, ICU, chemotherapy<br>Nightangle ward, 3rd floor, 4th floor, chemo,ICU<br>Nightangle ward, 4TH floor |
| **Awareness**<br>Staff awareness-<br>Patient awareness- | <br>97%<br>83% | <br>Nightangle ward<br>Nightangle ward |

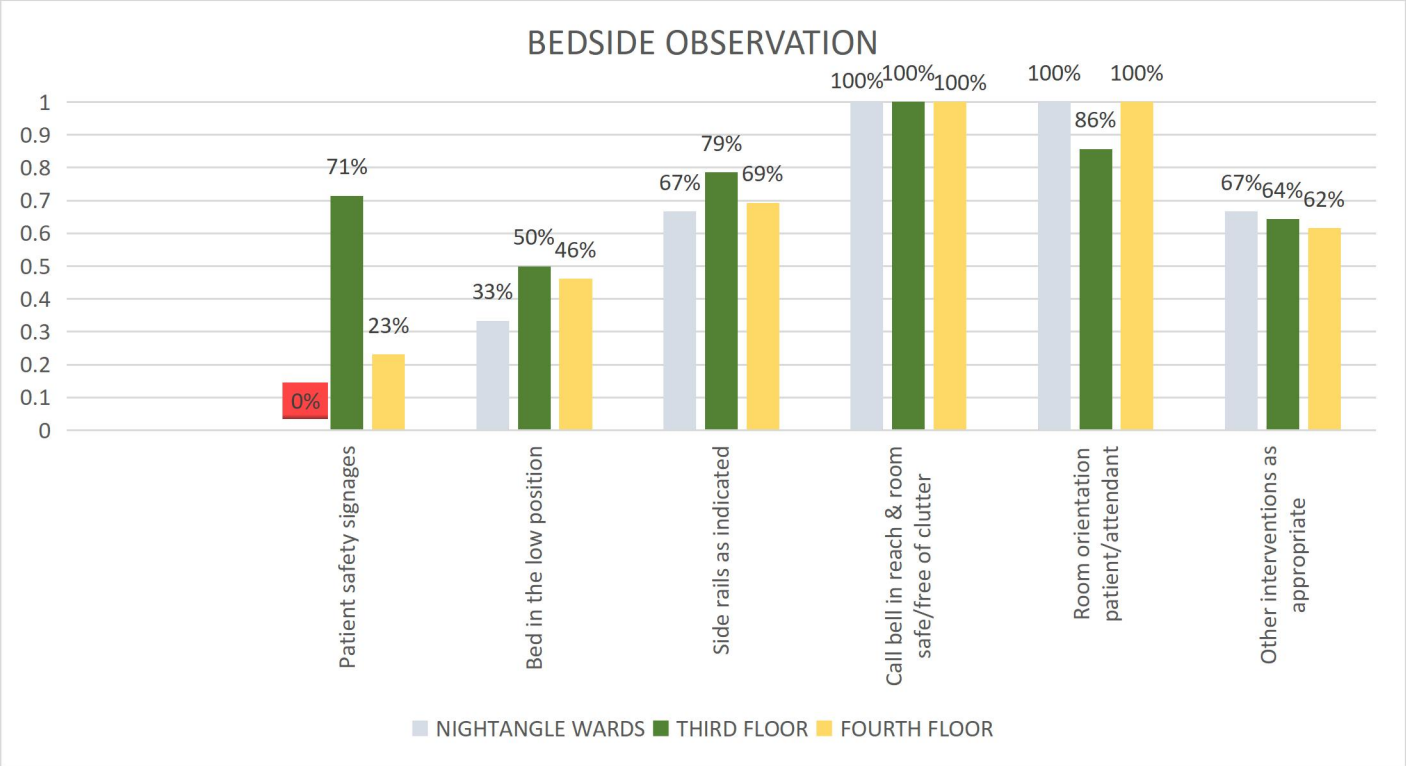
# > DEPARTMENT-WISE IPD COMPLIANCE-

| | NIGHTANGLE WARDS (3) | THIRD FLOOR (14) | FOURTH FLOOR (13) | CHEMOTHERAPY (5) | ICU (5) |
|---|---|---|---|---|---|
| **Fall risk assessment on admission** | 2 complete<br>1 partially filled | 10 complete<br>4 partially filled | 9 complete<br>4 partially filled | all 5 complete | all 5 complete |
| **Daily documentation of fall** | 2 complete<br>1 partially filled | 10 complete<br>4 partially filled | 9 complete<br>4 partially filled | Not Applicable | 1 complete<br>4 incomplete |
| **Fall counselling signed by patient/attendant** | none | 10 signed<br>4 completely unfilled | 9 signed<br>4 completely unfilled | 2 signed<br>3 not signed | Not Applicable |
| **Individualised plan of care** | 2 complete<br>1 partially filled | 4 complete<br>1 partially filled<br>9 completely unfilled | 6 complete<br>2 partially filled<br>5 completely unfilled | 2 complete<br>3 partially filled | 4 complete<br>1 incomplete |
| **Fall risk assessment done by nursing** | only 1 identified correctly | 11 identified correctly | all 13 identified correctly | all 5 identified correctly | 3 identified correctly |
| **Bedside Observation-** | | | | | |
| Signages- | 0 | 10 | 3 | 0 | 0 |
| Low Bed position- | 1 | 7 | 6 | 2 | 0 |
| Side rails- | 2 | 11 | 9 | 5 | 5 |
| **Awareness** | | | | | |
| Staff awareness | 67% | 100% | 100% | 100% | NA |
| Patient awareness | 50% | 80% | 83% | 100% | NA |

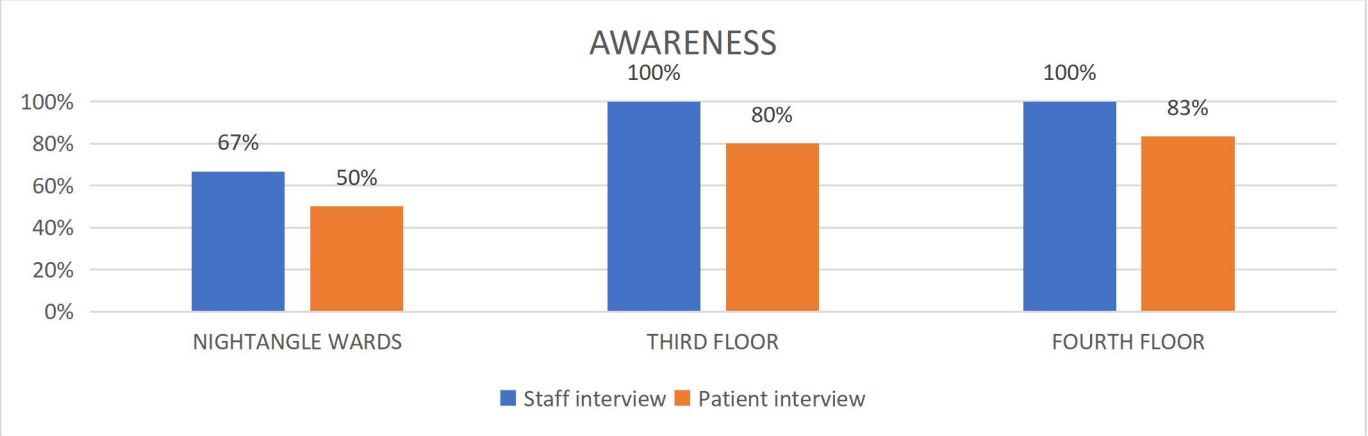
All the parameters of the audit tool are compiled in the form of graph and analysed for the three Inpatients department I.e. nightangle wards, third floor- insignia rooms, fourth floor- executive rooms. The combined sample size was 30.




The graph contains the comparison of three departments- nightangle wards, insignia rooms on third floor and executive rooms on fourth floor. Major area of concern is fall education form signed by the patient/attendant on all the three areas.

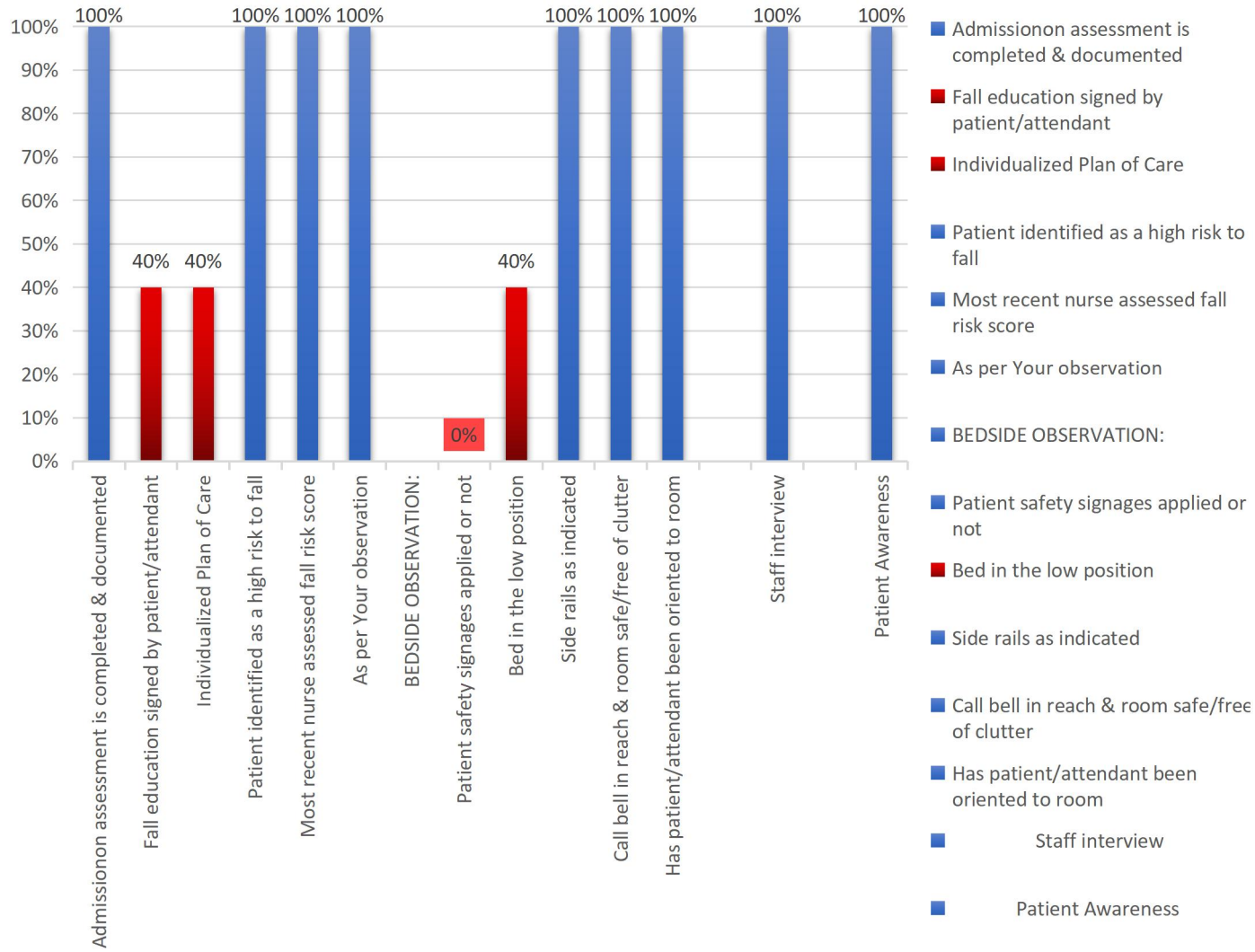



The graph contains the comparison of three departments- nightangle wards, insignia rooms on third floor and executive rooms on fourth floor. Major area of concern is patient safety signages in nightangle wards and fourth floor (executive rooms). Bed position was not low in most of the patient's bed on all the three areas.




The awareness of patient and staff was evaluated on the basis of a random interviewing conducted, asking about the process for fall code announcement, intervention of fall, process of incident reporting from the staff and asking the patient if they have been educated about the risk of fall. Nightangle wards have the least staff and patient awareness.

## CHEMOTHERAPY-

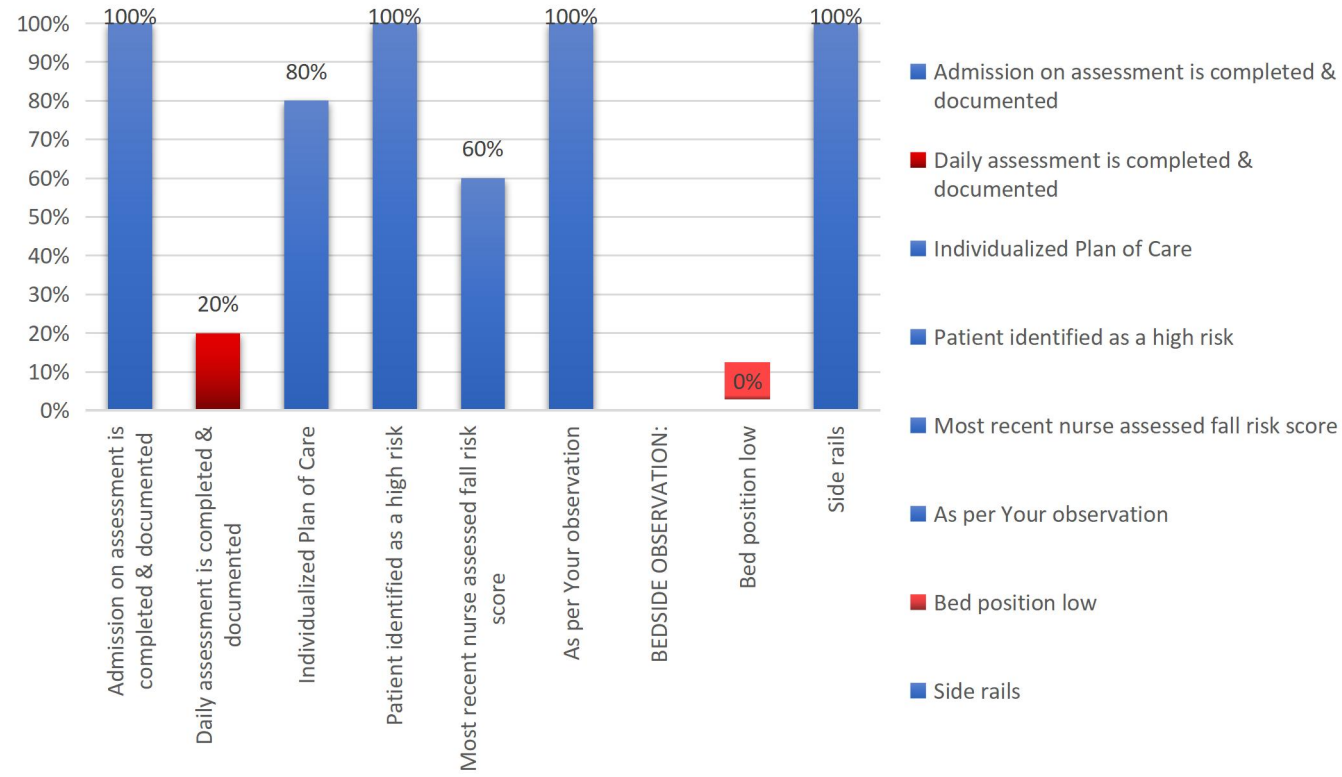



MAJOR CONCERNS- in a sample size of 5, major concern was-

- Patient/attendant education forms were incomplete, not signed by patient/attendant or nursing staff.

- Individualised plan of care were either not attached or unfilled
- Patient safety signages- none
- 2 out 5 beds were in low position

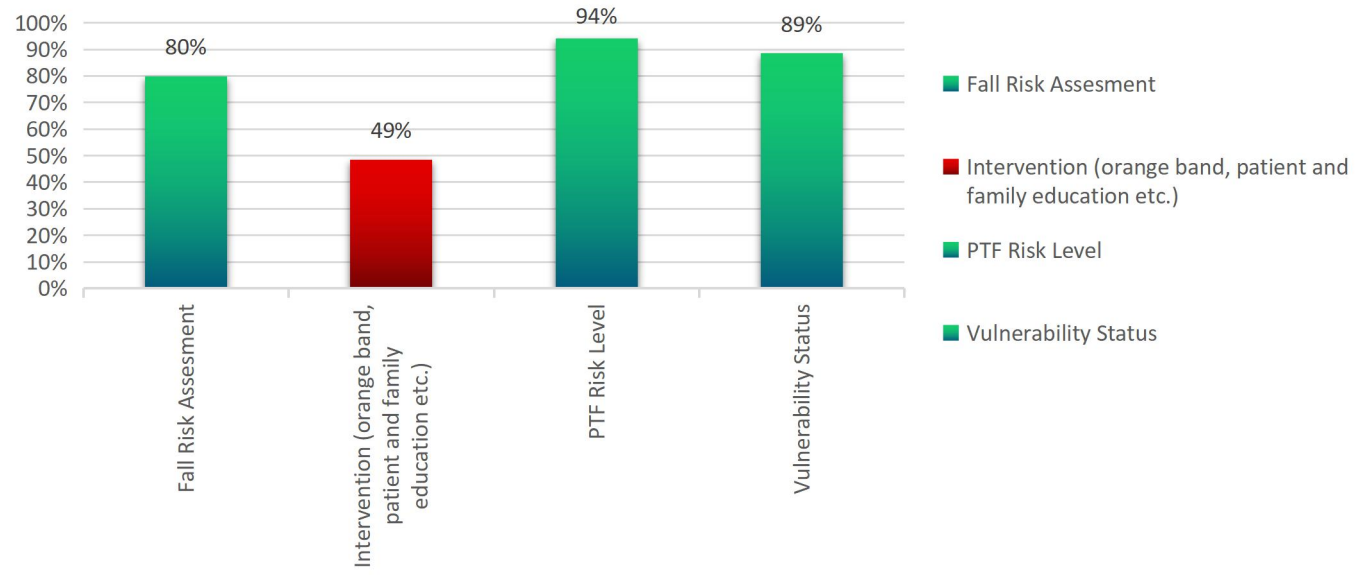
## ICU-




MAJOR CONCERNS- in a sample size of 5, major concern was-

- Daily documentation of fall- 4 out 5 was not done.
- 2 out 5 files didn't have most recent nurse score
- No beds were in low position

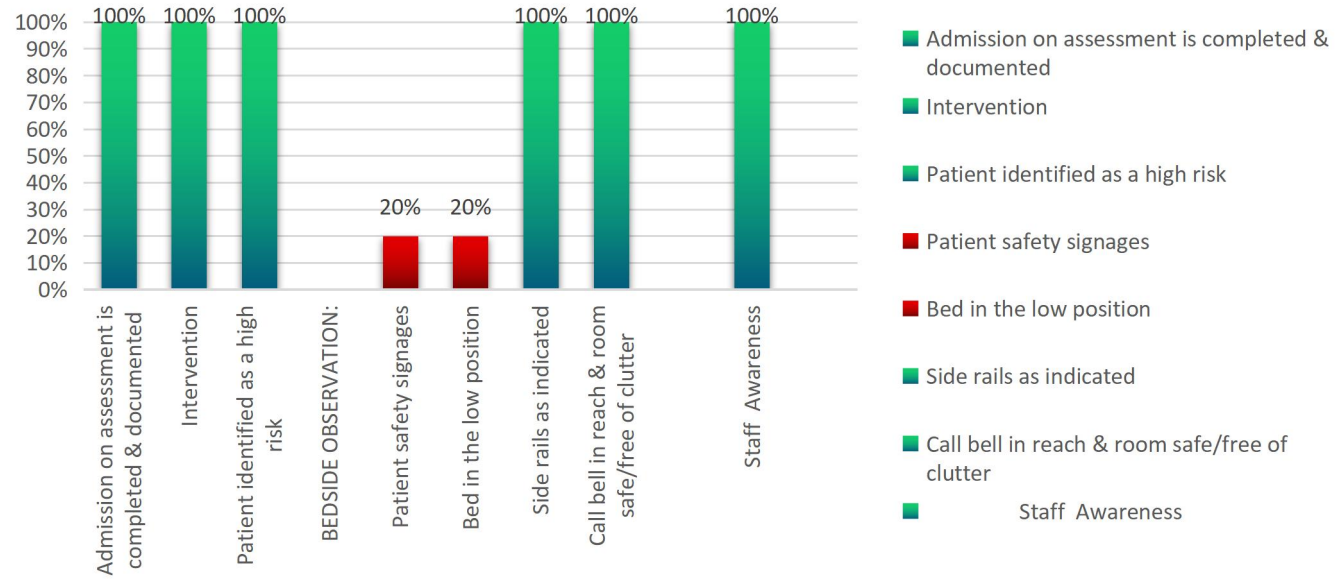
# OUTPATIENT DEPARTMENT COMPLIANCE-




MAJOR CONCERNS-

In the sample size of 45, many nursing assessment form didn't mark for intervention

# EMERGENCY-

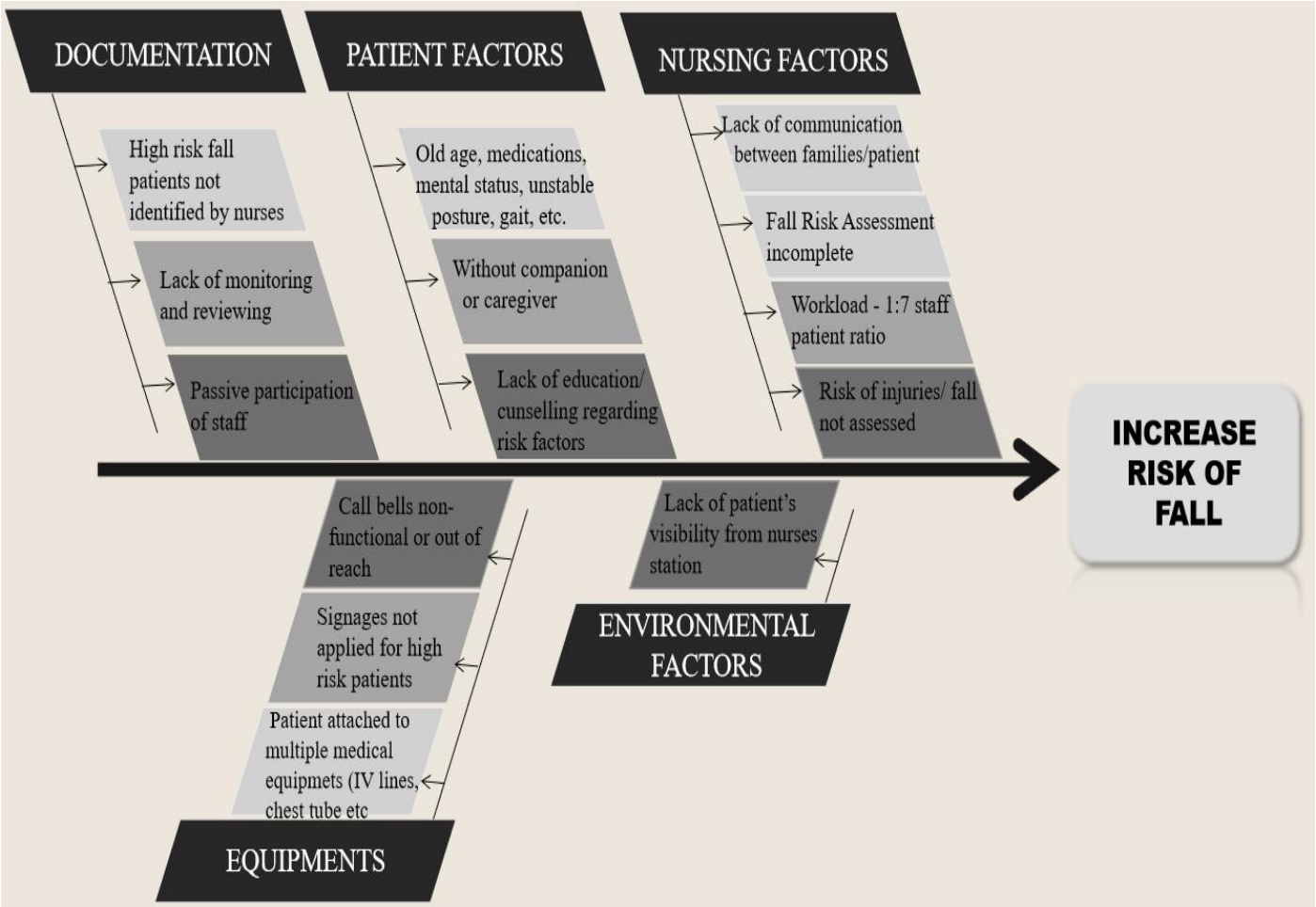



MAJOR CONCERNS-

In the sample size of 5,only 1 out of 5 beds were low in position and had patient safety signage.

## ANALYSIS-

The analysis is carried out using the fish bone analysis tool.




## PLAN OF ACTION -

- Sitters- a non-licensed patient care staff who observe the patients and maintain a safe environment.
- Patient education and counselling
  - patient and attendant education
  - videos, audios
  - bed adjustments education
- Bedside observation- beds in low position
- Signages for high risk patients
- Medications management
- Maintain average nurse patient ratio
- Random audits
- Training and reiteration of nurses

## CONCLUSION-

The identification, assessment, and prevention of patient falls are significant difficulties that call for a multidisciplinary approach to fall prevention in healthcare settings. Falls are frequent, have negative effects, yet are frequently avoidable It's reasonable to anticipate that fall prevention efforts will yield a net profit soon. For those who are at high risk, multifactorial therapies that target numerous risk factors are appropriate and can reduce falls by about 25%. Balance, medications, and home safety are three major risk factors that should be addressed in anyone who is at high risk. To address modifiable risk factors, primary care clinicians should direct patients to clinical and community options.

## STRENGTH AND LIMITATIONS

| STRENGHTHS | LIMITATIONS |
|---|---|
| Real time data collected | Inaccurate use of tool can result in incorrect identification. |

## REFERENCES:


1. https://medlineplus.gov/lab-tests/fall-risk-assessment/#:~:text=A%20fall%20risk%20assessment%20is,reduce%20the%20chance%20of%20injury.
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4707663/
3. https://pubmed.ncbi.nlm.nih.gov/7594154/ (Tinetti ME, Doucette J, Claus E, et al. Risk factors for serious injury during falls by older persons in the community. *J Am Geriatr Soc.* 1995;43:1214–1221.)
4. https://pubmed.ncbi.nlm.nih.gov/8078528/ (Tinetti ME, Baker DI, McAvay G, et al. A multifactorial intervention to reduce the risk of falling among elderly people living in the community. *N Engl J Med.* 1994;331:821–827.)
5. https://www.sciencedirect.com/science/article/pii/S0897189715001056, https://doi.org/10.1016/j.apnr.2015.05.007

## ANNEXURE-

| S. No | Name of the Department | Month of visit | Interacted with |
|---|---|---|---|
| 1 | Nightangle wards | April- June | Doctors and Nursing staff |
| 2 | ICU | April- June | Doctors and Nursing staff |
| 3 | Insignia rooms | April- June | Doctors and Nursing staff |
| 4 | Executive rooms | April- June | Doctors and Nursing staff |
| 5 | Endoscopy | April- June | Nursing staff |
| 6 | Emergency | April- June | Doctors and Nursing staff |
| 7 | Chemo Day Care | April- June | Nursing staff |
| 8 | Bronchoscopy | April- June | Nursing staff |
| 9 | OPD | April- June | Doctors and Nursing staff |
| 10 | Nursing Assessment room | April- June | Nursing staff |
| 11 | MRD | April- June | Administrative staff |
| 12 | MABGIS | April- June | Doctors and Nursing staff |
| 13 | Health 4 U | April- June | Nursing and administrative staff |
| 14 | Physiotherapy | April- June | Doctors and Administrative staff |