Assessing Fall Risk in the Inpatient and Outpatient Oncology Rehabilitation Population

Carina Siracusa PT, DPT, WCS  Outpatient Rehab Program Coordinator
Chris Maurer PT, DPT  Inpatient Rehab Program Coordinator
Michelle Murray PT  Rehab Manager
Vicki Hudson OTR/L  Rehab Manager

Sites Involved
- Riverside Methodist Hospital (RMH)
- Grant Medical Center (GMC)
- Doctors Hospital (DH)
- OhioHealth Home Care
- OhioHealth Neighborhood Care

Pilot Study Design

ELIGIBILITY: Patients admitted to RMH, DH or GMC and subacute physical therapy (home health or outpatient) May to December 2016 with a diagnosis of multiple myeloma, lymphoma, GI cancers or lung cancer as a primary or secondary diagnosis receiving active treatment

SAMPLE GOAL: 20 patients from each campus; retrospective case study design

Patients admitted to involved hospital sites with noted diagnoses were referred via physician order for physical therapy consult. Study-trained therapists performed the Timed Up and Go test., 30 Second Chair Stand test and functional evaluation then reported the findings to the physicans. Therapists also communicated the need for outpatient or home health physical therapy services to the discharge team. The home and outpatient therapy teams repeated the same balance tests and reported the findings overall.

Reason For Pilot Study

In older patients, a current or previous cancer diagnosis confers a 15% to 20% greater risk of suffering a fall. Defined as an “unexpected event in which the participant comes to rest on the ground, floor, or lower level,” a fall occurs in 30% to 50% of cancer patients 65 years of age or older. Because of suboptimal reporting, the actual rate may, in fact, be even higher. Jatoi A. Falls in older patients with cancer: recognizing and reducing the risk. ASC Post web site. http://www.ascopost.com/issues/january-25-2017/falls-in-older-patients-with-cancer-recognizing-and-reducing-the-risk/. January 25, 2017. Accessed July 18, 2017.

Patients who are diagnosed with cancer are at a much higher risk for falls than the general inpatient and outpatient therapy population. Patient falls are the most frequently reported adverse reactions in the hospital, and are highly likely for a return hospital admission if experienced at home. Many patients with cancer are at high risk for secondary complications for falls due to treatment side effects such as fatigue, weakness, and muscle wasting. Cancer treatments can predispose a patient for osteoporosis which increases their risk for fractures from a fall leading to long term consequences and morbidity for patients. Falls are also one of the main reasons for admission to a long term care facility for patients with cancer.

Currently patients are being assessed for fall risk by nursing while they are in the hospital, but there is not a long term plan for fall risk reduction for patients returning home. This pilot study aims to intervene sooner with patients that are at higher risk for falls to prevent falls both within the hospital and when the patients return home.

We chose to focus on specific cancer diagnoses for this pilot study in order to try to catch a large population of admitted patients with cancer.

Findings & Results

Outcome Measures

| Total Sample from all 3 hospitals | 73 |
| Patients determined to be a fall risk | 68 [93%] |
| Fall risk per 30 second chair stand test | 68 [93%] |
| Fall risk per TUG | 59 [80%] |
| No fall risk on either | 5 [6%] |
| Negative on TUG but positive on 30 Second Chair Stand | 9 [12%] |

Follow Up Phone Survey 73 Patients

| Unable to Reach Via Phone | 35 [47%] |
| Reported Having No Falls | 18 [24%] |
| Reported Falling | 3 [4%] |
| Deceased | 15 [20%] |
| Transferred to LTC Facility | 1 [1%] |
| Redmitted Due to Sepsis | 1 [1%] |

Discharge Disposition 73 Patients

| Received Outpatient Therapy | 1 [1%] |
| Received Home Therapy | 44 [60%] |
| Discharged Home with No Therapy | 15 [20%] |
| Discharged Home with Hospice | 2 [3%] |
| Discharged to Skilled Nursing Facility | 12 [16%] |

Follow-Up Phone Call Survey

“...you were recently a patient at one of our OhioHealth hospitals. We hope you had a good stay and your health care needs were met. During your stay a rehab therapist was involved in your care. Your therapist screened your balance and recommended additional therapy upon your return home. I would like less than 5 minutes of your time to ask you a few questions about how you are doing with your balance now.”

1. Have you received care from a Physical Therapist since your hospital stay?
2. Did you receive therapy at home or did you go to an outpatient center for therapy?
3. Have you had a fall or loss of balance since your hospital stay? A fall or loss of balance occurs when your body goes from laying, sitting or standing to the floor or any part of your body unintentionally makes contact with another object without your control.
4. What were you doing when you fell?
5. Did you report the fall to a medical professional?

Conclusions

Barriers to physical therapy intervention: physician orders, nursing awareness, patient compliance, rehab advocacy

Many patients being treated for cancer who are at a high risk for falls are not receiving subacute therapy care

Patient fall risk more likely to be identified when physical therapy is consulted

Greater chances to educate patients when physical therapy is part of the plan of care

Service recovery opportunity identified and resolved for a participant in this study

Actions & Recommendations

Increase care team awareness of the benefits therapy can have for patients being treated for cancer, both preventing impairments and rehabilitating function for patients

Data analysis by small, system team consisting of nurse navigators, business program managers, and therapists - assess home and outpatient therapy data

Risk stratify patients to determine if fall prevention training would be a valuable consideration prior to, during or after cancer treatment.