

INPATIENT FALL PREVENTION AND INJURY REDUCTION PROCEDURE

Summary of Changes

	NEW	Previous
BC Cancer	BC Cancer Inpatient Fall Prevention and Injury Prevention Procedure 2018 (with addition of MORSE Fall Risk Assessment & Care Plan, Strategies & Interventions)	BCCA Centre Specific Falls Prevention Directives & Centre Specific PRISM Form Directives 2013 BC Cancer Inpatient Fall Prevention and Injury Prevention Procedure 2018

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1. Introduction

[Falls](#) Prevention is an organizational responsibility. BC Cancer is committed to providing a safe environment for patients, their family, and visitors. All employees have a role in preventing falls within public and work areas of the BC Cancer environment. All BC Cancer Inpatients will be assessed to identify Falls Risks.

1.1. Focus

The purpose of this procedure is to:

- Increase employee, physician, researcher, student and volunteer awareness of their responsibility to patients who are at risk of falling in any BC Cancer work or public area.
- Describe the process involved when identifying patients who are at risk of falling
- Reduce the number of patient falls
- Reduce the risk of patient harm resulting from falls

1.2. Health Organization Site Applicability

All BC Cancer inpatient units at BC Cancer Vancouver

1.3. Practice Level

This procedure applies to all staff working at BC Cancer, including physicians, students, and volunteers within the BC Cancer inpatient care areas.

1.4. Definitions

Fall: An event that results in a person coming to rest unintentionally on the ground or floor or other lower level, with or without, injury (B.C. Ministry of Health, 2006).

Fall Injury: An injury that results from a fall, which may or may not require treatment. The injury can be temporary or permanent and vary in the severity of harm.

Near Fall: A slip, trip, stumble or loss of balance such that the individual starts to fall but is either able to recover (witnessed or unwitnessed) and remains upright because their balance recovery mechanisms were activated and/or caught by staff/other persons, or they were eased to the ground or floor or other lower level, by staff/other persons (i.e. could not stop or prevent falling to the ground, floor or lower surface).

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Unwitnessed Fall: This is where the person is unable to explain the events and there is evidence to support that a fall has occurred (Canadian Patient Safety Institute, p19. 2019). With unwitnessed falls head injury needs to be considered.

Functional Mobility: The ability of people to move freely in their environment (with or without mobility aids) in order to participate in chosen activities of daily living.

Restraints: Any form chemical (i.e. sedative / antipsychotic), electronic, mechanical, physical, environmental or other means of controlling or restricting a person's freedom of movement or having normal access to his or her body. It is the effect the device or chemical has on the person that classifies it as a restraint, not the name or label given to the device, nor the purpose or intent of the device, including whether it was prescribed for improved positioning or its calming effect (Community Care and Assisted Living Act 2013).

Universal Fall Precautions: forms the foundation for reducing falls and fall related injuries for all people who are receiving care services. These include targeted actions that promote:

SAFE Questions

S - Safe environment

A – Assistance with mobility

F – Falls Risk Reduction Interventions

E – Engagement with the Person / SDM and Family

- Questions to ask when care is completed:
- Do you have any pain or discomfort?
- Do you need to use the toilet?
- Do you need anything else before I leave? E.g. water, mobility aid / device, glasses, call bell

1.5. Need to Know

All BC Cancer Inpatients will be assessed to identify Falls Risks. All patients are at risk for falls however, oncology patients are at higher risk:

- 1 in 3 adults over the age of 65 falls at least once per year. *Boyle (2012)*.
- Falls are the leading cause of injury deaths in adults aged 65 and older. *Government of Canada (2017)*
- 50% of adults with advanced cancer, regardless of age will experience a fall associated with high risk of physical injury. *Kuriya et al (2015), Spoelstra et al (2013), Stone et al (2012), Wildes et al (2015)*.

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- Patients with cancer, particularly during chemotherapy, often encounter functional status limitations. *Niederer, Schmidt, Vogt et al (2014).*

1.6. Equipment and Supplies

- BC Cancer Inpatient Morse Fall Risk Assessment and Care Plan
- BC Cancer Fall Prevention Strategies & Interventions
- VCH Patient Health Education Materials Documents
- Home Care Referral

1.7. Steps and Rationale

Falls Risk Assessment- Upon Admission

All patients admitted to BC Cancer for an inpatient stay are assessed for Falls Risk upon admission (within 12 hours of admission)

1. The admitting nurse will check for an existing BC Cancer Patient Falls Alert:
 - Process Alert in Banner bar in CST Cerner
2. The admitting nurse completes and documents a Patient Falls Risk Assessment using the Morse Fall Risk Assessment & Care Plan within 12 hours of patient's admission
3. If the patient's Falls Risk score is equal to, or greater than 45:
 - The patient's Falls is documented in Situational Awareness
 - Falls Risk Strategies and Interventions are to be implemented for the patient as needed
 - The patient's Falls Risk, Strategies & Interventions will be discussed during Interdisciplinary Rounds
4. The patient's Falls Risk and Falls Prevention Strategies & Interventions will be reviewed with the patient and their family
5. The BC Cancer Falls Prevention Pamphlet will be provided to the patient and their family

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Ongoing Falls Prevention:

All patients admitted to the BC Cancer Inpatient Unit:

- Have a Falls Risk Assessment completed and documented every shift.
- Falls Risk Interventions & Strategies are reviewed and updated as needed every shift

General

When interacting with any patient, all BC Cancer employees and physicians will review the patient record for presence of a Falls Alert prior to each patient interaction (review Process Alert in CST Cerner and situational awareness).

Universal Falls Precautions (SAFE) are implemented for all BC Cancer patients.

Universal Falls Precautions (SAFE)	
All employees and physicians will use Universal Falls Precautions (SAFE) when interacting with patients, unless a Falls Alert and more specific interventions are noted:	
S	Safe Environment: Ensure areas are obstacle free, report hazards (e.g. wet floor, loose mats)
A	Assist with Mobility: Ensure patient use of mobility devices. Walk beside, not ahead, of patient
F	Fall Risk Reduction: Observe for and document difficulty/changes in patient mobility
E	Engage Patient and Family: Encourage patient to ask for assistance

If a Patient Falls or Has Difficulty with Mobility:

Any BC Cancer employee can initiate a Falls Risk Assessment and/or Alert at any stage of the patient's care should a patient fall or if an employee observes difficulty and/or changes in a patient's mobility.

If a patient has obvious difficulty with mobility, has fallen and/or is injured as a result of a fall, any BC Cancer employee will:

1. Identify themselves as a BC Cancer employee, call for help, and stay with the patient
2. Ensure the necessary medical/nursing assistance attends the patient and conducts appropriate assessment and informs the patient's physician
3. Notify manager or supervisor is aware of the situation.
4. Offer mobility aid if required (e.g. wheelchair)
Note: Always consider employee personal safety: Do not attempt to lift or steady the patient without assistance
5. Notify provider of patient fall or near miss
6. Notify patient family of patient fall or near miss
7. If patient has fallen due to an environmental factor (e.g. wet floor, loose carpet), ensure Facility Maintenance or housekeeping are notified and the area is clearly marked with a hazard sign.

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If a patient is unresponsive or is having difficulty breathing as a result of a fall, BC Cancer Employee will:

- Follow center specific process to activate an emergency response (call Code Blue)

Following Patient Fall:

After a Patient Fall or near miss, any BC Cancer employee who assisted the patient will collaborate with the nurse to:

1. Update the Patient's Morse Falls Risk Assessment and Care Plan
2. Complete a Patient Safety and Learning Report (PSLS) noting patient's Falls Assessment score before and after fall
3. Initiate a Falls Risk Alert:
 - Document on Patient Chart in Situational Awareness and DARP note
 - Add Falls Risk Process Alert in CST Cerner
 - Place a referral for physio to reassess
4. Monitor patient for 24 hours post fall – patient can be asymptomatic immediately after fall

The Patient's Falls Risk and Strategies & Intervention will be discussed:

- In a Team Safety Huddle immediately after the event
- During Interdisciplinary Rounds

The Patient's Falls Risk will be assessed each shift during admission and any changes in Falls Risk Strategies & Intervention will be updated.

Upon Discharge:

All patients:

Be referred to community care for further assessment, additional information found:

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Evaluation

Chart audits will be conducted quarterly to assess the effectiveness of the BC Cancer Inpatient Falls Prevention Procedure:

- All patients admitted to BC Cancer for an inpatient stay are assessed for Falls Risk within 12 hours of admission
- All patient falls on BC Cancer property are documented in PSLS and in the patient chart notes
- Appropriate follow up has been completed, including updating of Patient Falls Risk Level, Fall Prevention Strategies & Interventions, as well as initiation of BC Cancer Falls Alert.

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Audit results are to be shared with BC Cancer Inpatient leaders and employees to identify and act on improvements as relevant.

1.8. Documentation

Falls related documentation includes:

- Inpatient Morse Fall Risk Assessment & Care Plan, Fall Prevention Strategies & Interventions
- Near miss or Post-fall PSLS Report
- BC Cancer Falls Risk Alert
 - Add Falls Risk Process Alert in CST Cerner
- Referrals to health care providers as applicable
- Documentation in nurse's notes/patient progress notes (where applicable)

1.9. Patient/Client Education

- BC Cancer patients admitted to the inpatient unit will receive a VCH PHEM Documents

Community Falls Prevention Information:

- Relevant pamphlets
- BC Ministry of Health - Patient Self-Assessment Tools and Falls Prevention Tips:
https://www2.gov.bc.ca/assets/gov/people/seniors/health-safety/pdf/staying_independent_checklist_interactive.pdf

2. Related Documents and References

2.1. Related Documents

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Relevant Pamphlet:

[BC Ministry of Health - Patient Self-Assessment Tools and Falls Prevention Tips](#)

2.2. References

Add Process Alerts for a Patient. CST Cerner Help 2023

http://cstcernerhelp.healthcarebc.ca/#t=Applications%2FRegistration_Apps%2FProcess_Alerts%2FAdd_Process_Alerts_for_a_Patient.htm&rhsearch=fall&rhhlterm=fall&rhsyns=%20

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<https://www.ncbi.nlm.nih.gov/pubmed/23448747>

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Falls Prevention Policy & Clinical Practice Standard for Cancer Care Clinics. Northern Health Authority. April, 2016

Frequency and factors associated with falls in patients with advanced cancer presenting to an outpatient supportive care clinic. Kuriya, Yennurajalingam, de la Cruz, et al. 2015
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Functional capacity and fear of falling in cancer patients undergoing chemotherapy. Niederer, Schmidt, Vogt, et al. 2014. <https://www.ncbi.nlm.nih.gov/pubmed/24360638>

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