



Provincial Health Services Authority

OUTPATIENT FALLS PREVENTION AND INJURY REDUCTION PROCEDURE

Summary of Changes

	NEW	Previous
BC Cancer	Addition of STEADI questions for falls screening on PRISM and Ambulatory Oncology Intake	Centre Specific Falls Prevention Directives & Centre Specific PRISM Form Directives

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OUTPATIENT FALLS PREVENTION AND INJURY REDUCTION PROCEDURE

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 Outpatients 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 ambulatory care / outpatient settings.

1.3. Practice Level

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

Falls prevention is everyone's responsibility

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 Outpatient 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)*

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

1.6. Equipment and Supplies

- BC Cancer PRISM or Oncology Comprehensive Intake (OCI) Form
- BC Cancer Ambulatory Oncology Intake
- BC Cancer Patient Safety is #1 Handbook
- Appendix: STEADI Workflows and Ambulatory Oncology Intake Algorithm
- Referral to Health Authority Community Care/Falls Prevention Clinics file:
<H:\EVERYONE\NURSING\HOMECARE>

2. Procedure

2.1. Steps and Rationale

New Patient Appointment - Falls Risk Assessment

1. Upon the first patient visit, an intake will be completed using the PRISM form (completed by patient) or Oncology Comprehensive Intake (OCI)
 2. The Registered Nurse (RN) and/or Licensed Practical Nurse (LPN) reviews the completed form or completes STEADI Falls Risk Screening portion of the OCI in CST Cerner:
 - i. Fell in Past Year? (Y/N)
 - How Many Times
 - Were You Injured
 - ii. Worries about falling (Y/N)
 - iii. Feels Unsteady When Standing or Walking (Y/N)
- a) If the patient answers **No** to all the STEADI Fall Risk questions- **No further action is required.**
- b) If patient answers **Yes to one or more** of the STEADI Fall Risk questions, then

The RN or LPN will assess the patient and:

- Review page 19: “Patient Falls Prevention” of the Patient Safety handbook titled
- “Patient Safety is #1”
- Provide the patient with [Staying Independent Brochure](#)

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- Provide the BC Cancer Patient Safety is #1 handbook to the patient.
- Follow any regional processes/procedures for community referrals and resources.
- Ensure Falls Risk Alert added to the patient chart:
 - Falls Risk [Process Alert in CST Cerner](#)
 - Documented in patient chart/CAIS

Clinical Judgement

If a Falls Risk Alert or Community Referral is not triggered by the above criteria nurses use clinical judgment to assess risk for falls, initiate a Falls Risk Alert or Community Referral using the procedures listed above.

Ongoing Falls Prevention:

When providing ongoing patient care, all BC Cancer employees and physicians will check the patient's record for presence of a Falls Risk prior to each patient interaction by:

- Reviewing patient care progress note
- Nursing notes
- Banner bar in CST Cerner for presence of Falls Risk Process Alert.

Universal Falls Precautions (SAFE) are Implemented for All BC Cancer Patients

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

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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

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

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

After a Patient Falls:

After a patient fall or there is observation that a patient has difficulty with mobility, any BC Cancer employee who assisted the patient will collaborate with the RN/LPN to:

1. Provide patient with BC Cancer Patient Safety Handbook titled "Pt. Safety is #1"
2. Ensure Patient Falls Risk Alert is:
 - Documented on patient chart (in progress/nursing notes)
 - Falls Risk Process Alert is added in CST Cerner.
3. Complete a Patient Safety and Learning Report (PSLS)
Discuss the event in a safety huddle
4. Address the reason for the fall. 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.

Evaluation

Centre specific PSLS Falls trending reports will be reviewed quarterly at each centre to assess the effectiveness of the BC Cancer Falls Prevention Procedures

2.2. Documentation

Falls related documentation includes:

- STEADI Fall Risk Screening questions on PRISM or OCI
- Falls Risk Alert documentation in patient chart (progress/nursing notes)
 - Falls Risk [Process Alert in CST Cerner](#)
- Referrals to other care providers (e.g. community care)
- Post-fall PSLS Report (for falls occurring on BC Cancer property)

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2.3. Patient/Client Education

- BC Cancer Patient Safety Handbook “Patient Safety is #1”
(Printed copies available in each Centre for distribution)
- Also available electronically on the BC Cancer Website: Patient Guide:
<http://www.bccancer.bc.ca/our-services/patient-guide>
- Provide the patient with [Staying Independent Brochure](#)

3. Related Documents and References

3.1. Related Documents

[Inpatient Fall Prevention and Injury Reduction Procedure- Vancouver Centre](#)

[Staying Independent Brochure](#)

3.2. 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%23bc-1&rhsearch=process%20alert&rhtocid= 11

BC Falls and Injury Prevention Coalition. 2017 <http://findingbalancebc.ca/>

BC Falls Prevention Environmental Scan. PHSA 2017

Do Older Adults With Cancer Fall More Often? Spoelstra, Given, Schutte, et al. 2013

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

Falls in Older Adults With Cancer: A Call to Action. Boyle, 2012.

<http://www.cancernetwork.com/oncology-nursing/falls-older-adults-cancer-call-action>

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

<https://www.ncbi.nlm.nih.gov/pubmed/24524647>

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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>

Prospective study of falls and risk factors for falls in adults with advanced cancer. Stone,

Lawlor, Savva et al. 2013. <https://www.ncbi.nlm.nih.gov/pubmed/22585687>

Seniors Falls in Canada - Second Report. Government of Canada. 2014

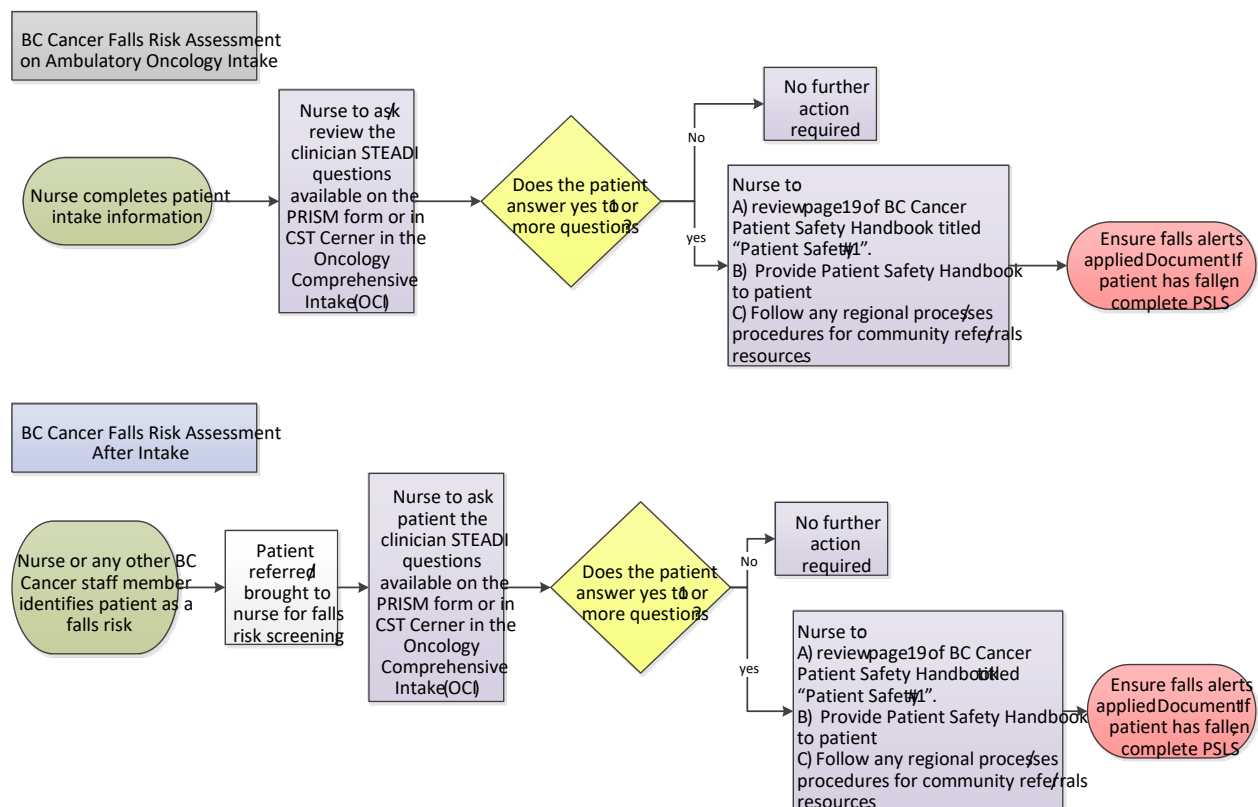
<https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/seniors-falls-canada-second-report.html>

Systematic review of falls in older adults with cancer. Wildes, Duab, Fowler, et al. 2015.

<https://www.ncbi.nlm.nih.gov/pubmed/25454770>

4. Appendices

Appendix 1: STEADI Workflows



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	Hamze Jomaa	Director – Quality & Safety	13-APRIL-2023
Developed By:	Name	Dept.	HO
	Tracy Lust	Quality and Safety	PHSA-BC Cancer
Owner(s):	Quality and Safety		PHSA-BC Cancer
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