



## SHORT COMMUNICATION

# Care management and prevention of falls in people with cancer

## Gestión del cuidado y prevención de caídas en las personas con cáncer

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### ABSTRACT

We understand nursing care management as the professional practice based on the discipline. Its objectives are to improve accessibility, coverage and timeliness through the good use of resources, clinical management and nursing care, by means of an integrated health care model. An oncology unit involves a multidisciplinary team of specialists who are responsible for the study, diagnosis, treatment and follow-up of the disease. People with oncological pathologies have an undetermined time of hospitalization, which increases the risk of presenting a fall. Applying daily fall risk scales, in addition to wearing appropriate footwear, maintaining adequate physical activity, eliminating or moving any element that may alter free mobility in the room, maintaining well-lit environments and using assistive devices such as: handrails, grab bars for shower and bath, bath booster seats and resistant seats for the shower would be sufficient to prevent a fall. However, the Ministry of Health (MINSAL) suggests additional measures as a strategy to reduce the risk of falls during hospitalization in people with cancer. Despite the evidence and application of all these measures, there is no effective evidence for the prevention of falls, and the interventions to be carried out will depend on each person and the associated health risk. Therefore, the simultaneous use of all the prevention measures would help to reduce the eventuality of a fall during hospitalization.

**Keywords:** Care Management; Nursing Care; Oncology Nursing; Fall Accidents.

### RESUMEN

Entendemos como gestión del cuidado en enfermería al ejercicio profesional sustentado en la disciplina. Sus objetivos pretenden mejorar la accesibilidad, cobertura y oportunidad a través del buen uso de los recursos, gestión clínica y del cuidado de enfermería, por medio del modelo integral de atención de salud. En una unidad de oncología participa un equipo multidisciplinario de especialistas que son responsables de realizar el estudio, diagnóstico, tratamiento y seguimiento de la enfermedad. Las personas con patologías oncológicas tienen un tiempo indeterminado de hospitalización lo que aumenta el riesgo de presentar una caída. Aplicar escalas de riesgo de caídas a diario, además de, usar calzados adecuados, mantener una actividad física adecuada, eliminar o mover cualquier elemento que pueda alterar la libre movilidad en la habitación, mantener entornos bien iluminados y utilización de dispositivos de asistencia tales como: pasamanos, barras de agarre para ducha y baño, asientos elevadores de baño y asientos resistentes para la ducha serían suficientes para evitar una caída. Sin embargo, el Ministerio de Salud (MINSAL) sugiere otras medidas adicionales como estrategia de reducción al riesgo de caídas durante la hospitalización en personas con cáncer. A pesar de la evidencia y aplicación de todas estas medidas, no existe evidencia efectiva para la prevención de caídas, las intervenciones a realizar dependerán de cada persona y el riesgo de salud asociado. Para ello, la utilización en forma simultánea de todas las medidas de prevención ayudaría a reducir la eventualidad de presentar una caída durante la hospitalización.

**Palabras claves:** Gestión Del Cuidado; Cuidados De Enfermería; Enfermería Oncológica; Accidente Por Caídas.

## INTRODUCTION

Through the management of care, it would be possible to reduce the risk of experiencing a fall during hospitalization in a person with cancer.<sup>(1)</sup> A fall is an involuntary event that causes a person to lose balance and hit the ground or surface that stops them.<sup>(2)</sup> In Chile, between 2 % and 12 % of hospitalized patients suffer falls, being the sixth most reported adverse event.<sup>(3)</sup> A fall could be harmless, but it could bring complications to the person's health status, increasing their hospital stay and the cost of hospitalization.<sup>(4,5)</sup> For the evaluation of fall risk, several scales are used and are complemented with the assessment of the person's health status.<sup>(6,7,8,9)</sup>

## DEVELOPMENT

We understand nursing care management as a professional exercise based on the discipline; the science of care, defined as the application of professional judgment in the planning, organization, motivation, and control of the provision of timely, comprehensive care, which ensures continuity of care and is based on the policies and strategic guidelines of each institution.<sup>(10,11)</sup>

Care management in health care in Chile is framed in the reform of the area at the beginning of 2007, whose objectives aim to improve accessibility, coverage, and opportunity through the good use of resources, clinical management, and nursing care, through the comprehensive health care model.<sup>(12)</sup>

The application of these measures would help to improve the health wellbeing of individuals and their families both in open and closed care, including oncology units.<sup>(13)</sup>

An oncology unit is a care unit where a multidisciplinary team of oncology specialists is responsible for carrying out the study, diagnosis, treatment, and follow-up of people with a neoplasm.<sup>(14)</sup>

For people with oncological pathology, the mere fact of hearing the word cancer is synonymous with death and pain, therefore, the diagnosis of cancer is one of the most feared, generating a myriad of afflictions that not only affect the individual personally, but also at the family, social, psychological, spiritual, and work level.<sup>(15,16)</sup>

The person who is hospitalized for chemotherapy administration usually has very different characteristics than the person who is hospitalized for a scheduled surgery, since the fears and anxieties that present are very different, where the hospitalization process will last as long as the body responds to the treatment and stays could be longer than normal.<sup>(15)</sup>

People with oncological pathologies have an indeterminate length of hospitalization associated with chemotherapy administration, for this and other reasons such as concomitant pathologies, the risk of experiencing a fall increases considerably.<sup>(17)</sup>

The World Health Organization (WHO) defines a fall as "an involuntary event that causes loss of balance and results in the body hitting the ground or another firm surface that stops it", it is usually sudden, involuntary, and unexpected and can be confirmed by the patient or a witness.<sup>(18)</sup>

In Chile, the Ministry of Health (MINSAL) defines a fall as "any event that results in the person involuntarily descending to the ground or to a lower level of the surface resulting in: erosions, minor wounds, head trauma, fractures, and even death".<sup>(19)</sup>

People's falls are the sixth most reported adverse event during hospitalization in the Joint Commission's sentinel event database.<sup>(20)</sup> If factors such as previous falls, age, instability in walking, medication use, visual deficit, among others, are associated, the risk increases considerably. Walking in the absence of health personnel or unassisted activity is one of the activities most associated with falls during hospitalization.<sup>(13)</sup>

The nursing professional has a clinical care, investigative, educational, and advisory role, advocating for others, political social, and administrative.<sup>(21)</sup> Conducting a good anamnesis is essential since it is the first evaluation that is performed on the person.<sup>(22)</sup>

Every person entering a hospital unit should have a fall risk guideline applied, being classified according to the maximum risk obtained in the evaluation. In addition, the nursing professional should educate both the person and the family member about the associated risks and measures implemented for fall prevention.<sup>(17)</sup> These implemented scales should be a practical instrument in the care setting, helping to evaluate each person individually.

It is estimated that a third of falls are preventable with a fall risk evaluation program.<sup>(20,23)</sup>

There are different interventions to prevent falls, their implementation will depend on the assessment given to each person.<sup>(3)</sup> For this, there are scales such as Morse, Schmid's fall risk evaluation, Hendrich's fall risk model, Oliver's stratified scale, among others.<sup>(3)</sup>

One of the most widely used worldwide is the J.H. Downton scale (2013), used to measure the risk of falls in

the adult patient, its purpose is to assign a score according to: previous falls, use of medications, sensory and motor deficits, mental state, ambulation, and age. The higher the score, the higher the risk of falls the person may present.<sup>(24)</sup>

However, the evidence has shown that the use and application of a scale to classify the fall risk is not the only element to consider, for this it is necessary to take other measures that will help reduce the risk of falls in hospitalized individuals, such as: using appropriate footwear, maintaining adequate physical activity, removing or moving any item that can alter free mobility in the room, maintaining well-lit environments, and using assistive devices such as: handrails, grab bars for shower and bath, raised bath seats, and sturdy shower seats.<sup>(3,18,19)</sup>

In this way, the risk of experiencing a fall in the hospitalized person would be reduced. For its part, MINSAL suggests other fall prevention measures such as, the use of identification bracelets for patients at risk of falling, use of high side rails, bell at hand and low bed, use of special floor materials in patient areas, restraints, staff education, and continuous surveillance.<sup>(13)</sup>

## CONCLUSION

In the hospital setting, falls continue to be the most significant adverse event. Despite implementing all these measures, there is no effective evidence for fall prevention, and the interventions to be carried out will depend on each individual and the associated health risk. For this reason, the simultaneous use of all prevention measures would help manage the individual better. Reporting all events would help analyze causes and apply prevention measures, aiming to contribute new strategies and interventions in the oncology hospitalization unit. Continuous education for health personnel, feedback on identified causes, and their analysis will allow for the implementation, establishment, and improvement of each unit's current prevention measures. The support and education of both the patient and their family are important upon admission to the unit, clearly highlighting the risks associated with a fall.

Oncology hospitalization units should consider all the recommendations mentioned by the Ministry of Health (MINSAL). However, falls are a constant and relevant issue in the hospitalization process. Multiple pathologies, medication, age, and prolonged hospitalizations influence an increased risk.

There is no clear criteria on the frequency of fall risk evaluations in oncology units. Daily application and individual assessment seem to be the most effective activities. Using care management tools is of vital importance for maintaining the health of individuals with cancer during their hospitalization period.

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