

Fall Prevention in Outpatient Settings

Patient falls in any healthcare setting can be expensive and result in patient harm or injury. In outpatient settings, however, patients' fall risk may not be as apparent or easily identifiable. Patients have more independence to move around during visits, and there may only be limited time with patients to assess or educate them.¹ Additionally, they also may encounter unavoidable fall risk areas, such as parking garages, elevators, escalators, hallways, etc.²

Patients receiving anesthesia or sedation in outpatient settings (e.g., ambulatory surgery settings [ASCs]) also face an increased fall risk. This risk might be in addition to other risks, such as age, irregular heartbeat, low blood pressure, certain diagnoses, medications and interactions, and osteoporosis of the hips.³

MedPro malpractice claims data show that falls occur in various types of outpatient settings, including primary care and specialty care offices/clinics, therapy/rehabilitation settings, and ASCs. Nearly half of these cases involved patients suffering fractures. Contributing risk factors to these cases included inadequate patient monitoring and nonadherence to the facility's fall risk protocols.⁴

Assessing patients for fall risk, maintaining fall risk protocols, educating patients, assisting patients with activities, ensuring proper patient handling, and keeping obstacle-free environments may contribute to fewer patient falls and provide safer environments in outpatient settings. This checklist contains high-level considerations for these preventive efforts.⁵

	Yes	No
Protocols/Assessment/Education		
Does the facility maintain fall risk protocols?		
Do healthcare providers educate patients about fall risks?		

	Yes	No
Protocols/Assessment/Education (continued)		
In ASC settings, are patients advised before their visit to do the following:		
Wear nonslip/comfortable footwear?		
 Bring eyeglasses, wheelchairs, walkers, or other assistive devices? 		
Wear loose fitting clothing that will allow easier movement?		
Do healthcare providers assess patients for fall risks?		
 Do they review patient age, health conditions, and medications? 		
 Do they ask whether patients have fallen recently? 		
 Do they inquire about any mobility limitations? 		
 Do they ask patients if they have experienced any confusion, dizziness, seizures, or cognitive impairment? 		
Does the facility ensure that patients with fall risks are carefully surveilled during their visit?		
Do healthcare providers ensure fall assessment and education are documented in patients' health records?		
Environmental Safety		
Is the facility assessed frequently for potential fall hazards, including clutter, cords, poorly designed furniture, inadequate lighting, wet floors, and carpeting hazards?		
Are doors wide enough for patients?		
Are raised toilet seats available for patients?		
Is there adequate space for assistance and emergency response in patient restrooms?		
Do restrooms have adequate rails and grab bars?		
Are walking surfaces, including carpeted floors and ramps, kept clear and smooth?		

	Yes	No
Environmental Safety (continued)		
Do ramps and staircases have security handrails?		
Are any uneven walking surfaces reported and repaired as soon as possible?		
Are the facility's hard surface floors cleaned at times that minimize patient and visitor exposure to slippery surfaces?		
Are signs and barriers used in the facility to identify wet surfaces?		
If the facility is in an area that experiences winter weather, are parking areas, sidewalks, and building entrances cleared of snow and ice?		
Equipment		
Are wheelchairs or other assistive devices made available to patients, and do healthcare providers ensure the weight capacity meets the patient's needs?		
Does the facility ensure all their wheelchairs and assistive devices are in good working condition and are regularly inspected/repaired if necessary?		
Assistance With Activities		
Do healthcare providers ensure proper patient handling, including:		
 Moving or transferring patients on/off a scale or an exam table or chair? 		
 Positioning patients on table? 		
Holding limbs?		
Are patients assisted in getting into and out of vehicles?		
Are patients assisted with walking, wheelchair use, dressing, and toileting (as needed)?		

Resources

- Centers for Disease Control and Prevention: Clinical Resources
- Centers for Disease Control and Prevention: Outpatient Care
- Centers for Disease Control and Prevention: STEADI Older Adult Fall Prevention
- MedPro Group: Risk Resources: Falls and Fall Risk in Older Adults

Endnotes

¹ Macolino, P., Fox, K., Fitzpatrick, R., Ahya, V. N., Lorincz, I., & Prior, B. (2024). A quality improvement project aimed at reducing patient falls in ambulatory clinics. *Patient Safety, 6*(1). Retrieved from https://patientsafetyj.com/article/122084-a-quality-improvement-project-aimed-at-reducing-patient-falls-in-ambulatory-clinics

² Ibid.

³ OR Manager. (2013, June 1). *Risk assessment helps prevent falls in ASC patients*. Retrieved from www.ormanager.com/risk-assessment-helps-prevent-falls-in-acs-patients/

⁴ MedPro Group & MLMIC coded cases, open years 2014–2023 (N=>14K).

⁵ Macolino, et al., A quality improvement project aimed at reducing patient falls in ambulatory clinics; OR Manager, *Risk assessment helps prevent falls in ASC patients*; Goodman, A. (2013, August). Reducing falls in the outpatient setting. *Oncology Practice Management, 3*(5). Retrieved from https://oncpracticemanagement.com/issues/2013/august-2013-vol-3-no-5/368:reducing-falls-in-the-outpatient-setting; MedPro Group. (2024 [last updated]). *Risk management manual for healthcare practices.* Retrieved from www.medpro.com/rm-manuals; Wawzyniecki, P. (n.d.). *Safe patient handling and falls management for ambulatory care.* Hovertech International. Retrieved from https://aohp.org/aohp/Portals/0/Documents/Conference/2016B004%20Wawzyniecki.pdf

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