

Rapid-cycle Improvement Program

Fall Prevention Assessment



WHAT IS THIS TOOL?

This assessment allows hospitals to identify opportunities for improvement to reduce the risk of patient falls or falls with injury. Use this tool to interview unit-based staff and compare current practices with recommended evidence-based best practices.

WHO SHOULD USE THIS TOOL?

Hospital-based quality improvement teams focused on reducing falls and falls with injury.

ASSESSMENT PROCESS:

- Review the hospital's internal policies and protocols.
- Review electronic medical records for select patients to evaluate the presence of documented assessments and interventions.
- Complete the assessment with unit-based staff from multiple areas in the hospital to ensure that unit-to-unit variation is accounted for in any hospital-wide action plans developed as a result of the assessment.
- Review responses with your EQIC project manager for additional guidance and next steps.

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?	NOTES
ORGANIZATIONAL STRUCTURE AND CULTURE		
An interdisciplinary team or committee focused on fall and fall with injury prevention meets regularly.	Yes No	
This team reports to the hospital quality improvement committee or board of directors.	Yes No	
The hospital has identified an executive sponsor.	Yes No	
There are designated unit-based champions across the hospital.	Yes No	
The hospital has a performance improvement program in place.	Yes No	
Policies/protocols have been developed and updated with current guidelines/evidence-based recommendations.	Yes No	
New treatments, equipment designed to assist with treatment and prevention are frequently evaluated.	Yes No	
Patient stories are shared with frontline staff and board members.	Yes No	
DATA COLLECTION AND REPORTING		
Fall rates are tracked at your facility.	Yes No	
Fall rates are delineated by unit location.	Yes No	
Falls are delineated by severity of injury.	Yes No	
Fall rates are shared with frontline unit staff.	Yes No	
The hospital uses a standardized reporting mechanism (i.e., dashboard) to track prevalence and outcomes.	Yes No	
STAFF EDUCATION		
Staff that receive education and training on fall prevention strategies include (<i>check all that apply</i>):	Providers Frontline staff Clinical support staff Transport staff Environmental staff	

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?	NOTES
STAFF EDUCATION (CONTINUED)		
Staff education about fall prevention is provided:	At orientation Annually Other; describe: _____	
Staff are educated on fall definitions and injury-level classifications.	Yes No	
RISK ASSESSMENT		
The hospital uses a validated fall risk assessment tool.	Yes No	
The validated risk assessment tool is programmed into the electronic medical record.	Yes No	
The risk assessment is performed on every patient and documented in the EMR.	Yes No	
The hospital screens the patient intake history to determine if they are a "known faller" or have conditions that cause them to fall. This is in addition to the standard risk assessment.	Yes No	
After any change that impacts a patient's fall risk (such as changes in medication or a fall) patients are reassessed for fall risk and a risk score is performed (<i>check all that apply</i>):		
• At least daily	Yes No	
• Post-procedure (as needed)	Yes No	
• Upon transfer from another unit	Yes No	
• When there is a change in clinical condition	Yes No	
PLAN OF PREVENTION		
The hospital uses information from the patient's screening and risk assessment to create a patient-specific fall prevention plan.	Yes No	
The plan includes components such as:		
• Mobility/gait and balance	Yes No	
• Ambulatory aid	Yes No	
• Toileting needs	Yes No	
<i>(continued on next page)</i>		

EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?	NOTES																		
PLAN OF PREVENTION (CONTINUED)																				
<p><i>(continued from previous page)</i></p> <ul style="list-style-type: none"> • Intravenous therapy • Mental status • History of falls • Visual impairment • Medications • Secondary diagnosis (associated with incontinence, vision problems, multiple medicines, orthostatic or postural hypotension, peripheral neuropathy) 	<table border="0"> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No							
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The fall prevention plan also considers population-based risk factors such as the “ABCs” of falls (i.e., Age, Bones, Coagulation, Surgery).	<table border="0"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No																	
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The patient and care partner are involved in developing a tailored mobility and fall prevention plan.	<table border="0"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No																	
Yes	No																			
Patient and care partner education materials on fall prevention are available.	<table border="0"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No																	
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The care team has a structured communication process so that all caregivers are aware of which patients are at risk for falls and the patient-specific care plan interventions to mitigate risk.	<table border="0"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No																	
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There is a designated physical space to put the patient’s personalized fall prevention plan.	<table border="0"> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No																	
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CREATING A SAFE ENVIRONMENT																				
<p>Universal fall precaution strategies are in place for all patients:</p> <ul style="list-style-type: none"> • Purposeful rounds, i.e., rounding using the five Ps with deliberate patient inquiry about their needs related to: <ul style="list-style-type: none"> ▫ Pain ▫ Position ▫ Potty ▫ Proximity of personal items ▫ Personal/physiological needs • Clearing pathways • Wiping up spills immediately • Providing access to call bell • Providing non-skid footwear • Mats where appropriate 	<table border="0"> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> <tr><td>Yes</td><td>No</td></tr> </table>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
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EVIDENCE-BASED PRACTICE	PRACTICE IN PLACE?		NOTES
CREATING A SAFE ENVIRONMENT (CONTINUED)			
The hospital has a process to ensure a safe environment for all patients: <ul style="list-style-type: none"> Eliminate sharp edges in the patient’s room. Adjust bed height to allow for transfer or standing. Ensure patient’s belongings are within reach. Ensure phone and lights are within reach. Ensure availability of stable seating to support proper posture. Provide toilet support equipment, i.e., grab bars and raised seats, as needed. Assistive devices for mobility are accessible. Locking walkers and wheelchairs are available. Walkers with seats are available for patients who need them. 	Yes	No	
Environmental inspection rounds occur regularly with nursing staff and facilities engineers to identify and resolve safety issues.	Yes	No	
A process is in place to report fall-related risks requiring fixing (i.e., slippery or uneven surfaces, step hazards, lack of grab bars, unsafe rails, loose mats) to the unit manager.	Yes	No	
POST-FALL MANAGEMENT			
The hospital uses a post-fall huddle tool to support transparent reporting, trending and analysis of falls.	Yes	No	
There is a post-fall huddle immediately following any fall.	Yes	No	
The family and care partner are notified of falls.	Yes	No	
The patient and/or care partner participate in the post-fall huddle.	Yes	No	
The fall risk assessment and prevention plan are updated and communicated to the care team.	Yes	No	
A root cause analysis is performed for every fall with a moderate level of injury or greater.	Yes	No	
RCA results are documented and communicated with frontline staff.	Yes	No	
The hospital aggregates and analyzes post-fall huddle data, including contributing factors, to inform improvement efforts.	Yes	No	

THIS TOOL IS BASED ON:

"A Patient-Centered Fall Prevention Toolkit – Tailoring Interventions for Patient Safety," <http://www.falltips.org>

Ganz D.A., Huang C., Saliba D., et al., "Preventing Falls in Hospitals: A Toolkit for Improving Quality of Care," RAND Corporation, Boston University School of Public Health, and ECRI Institute under Contract No. HHS A2902010000171 TO #1., Agency for Healthcare Research and Quality no. 13-0015-EF. (January 2013). <https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html>

Neily, J, Quigley P.A., Essen K., "Implementation Guide for Fall Injury Reduction," VA National Center for Patient Safety Reducing Preventable Falls and Fall-Related Injuries. (2015). https://www.patientsafety.va.gov/docs/fall-stoolkit14/falls_implementation_%20guide%20_02_2015.pdf#:~:text=Since%201999%2C%20the%20VHA%20National%20Patient%20Safety%20Center,and%20injury%20reduction%20as%20a%20research%20translation%20center

Sentinel Event Alert Issue 55: "Preventing falls and fall-related injuries in health care facilities," The Joint Commission. (2015). https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_55_falls_4_26_16.pdf

National Database of Nursing Indicators "Guidelines for Data Collection and Submission: Patient Falls Indicator," Press Ganey. (2020).