



Road Map to a Comprehensive Falls Prevention Program



Minnesota Hospital Association

Road Map to a Comprehensive Falls Prevention Program

Roadmap based on the work of the Veterans Integrated Service Network 8 (VISN 8) Patient Safety Center and Minnesota Adverse Health Event Learnings



INFRASTRUCTURE

Falls Prevention Component	Specific Action(s)	Falls Prevention Audit Questions
S Safety Coordination – Falls Prevention Program	<ol style="list-style-type: none"> Promote a team approach to falls prevention with a designated coordinator(s). Identify an interdisciplinary group that is responsible for overseeing a strategic plan for falls program planning, implementation and evaluation. Implement unit-based falls prevention champions approach (smaller hospitals may have hospital-wide champions). Address the unique needs of special populations and patient populations at-risk for injury that may or may not score at-risk for falls. 	<ol style="list-style-type: none"> 1a) The facility promotes a team approach to falls prevention with an interdisciplinary falls team comprised of clinical and non-clinical staff. 1b) The team has at least one team member that is a healthcare provider with a background/additional education in falls prevention. 1c) There is a designated coordinator(s) for the facility's falls prevention program. 1d) The coordinator(s) has dedicated time to serve in this coordination role. 1e) A process is in place to engage front-line staff in the falls prevention planning process. 2a) An interdisciplinary group oversees the strategic plan for the falls prevention program. 2b) The falls prevention program plan is reviewed by the group and updated periodically throughout the year. 2c) An interdisciplinary team is involved in implementing the falls prevention program, including representation from across the facility (e.g. nursing, medical staff, radiology, transport services, PT/OT/RT, speech therapy, social services, environmental services, pharmacy). 3a) Department specific procedures are in place to address their unique role in falls prevention. 3b) The facility utilizes a "Unit-Based Champion" approach to falls prevention (or a hospital-wide champion approach for smaller facilities). <p>The fall prevention program includes:</p> <ol style="list-style-type: none"> 4a) Fall prevention practices for special populations such as mental health, stroke, TBI, cardiovascular. 4b) Additional screening, beyond the fall risk screening tool, to determine individual patient's risk for fall-related injury (e.g. A = Age; B = Bone density; C = Coagulation, S = post-Surgical). 4c) Interventions to reduce serious injuries for patients at risk for fall-related injury, e.g. hi/low bed, floor mats, hip protectors, helmets for patients with missing bone flap.
A Accurate and Concurrent Reporting	<p>Data Collection</p> <ol style="list-style-type: none"> Collect data on all falls. <p>Data Analysis</p> <ol style="list-style-type: none"> Analyze falls data for common factors and to determine if interventions are effective. 	<p>Data Collection</p> <ol style="list-style-type: none"> 1a) The facility has a concurrent reporting process (such as occurrence reporting) in place to collect information on all falls within the facility. 1b) The fall event documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis. <p>Data Analysis</p> <ol style="list-style-type: none"> 2a) A process is in place to review and analyze reported fall event information on a regular basis for learnings and improvement opportunities. 2b) Falls data are shared within the unit and across units on a regular basis. 2c) Data reports shared with staff provide information beyond falls rates to help staff understand the types of falls occurring and the causes of the falls. 2d) Fall cases are routinely shared through patient stories as well as through data.
E Facility Expectations, Staff Education and Accountability	<ol style="list-style-type: none"> Clearly communicate expectations. Provide Falls Prevention education for clinical and non-clinical staff. Administration provides resources and support for falls prevention program. 	<ol style="list-style-type: none"> 1a) Clinical staff is informed of expectations regarding falls risk screening, assessment and interventions to prevent falls. 1b) Non-clinical staff is informed of expectations regarding their role in the prevention of falls. 2a) Expectations and supporting education have been incorporated into new employee orientation for clinical (e.g. nursing, therapy, pharmacy) and non-clinical (e.g. environmental services, dietary, transportation) staff. 2b) Expectations and supporting education have been incorporated into new physician and resident orientation. 2c) Fall prevention is incorporated into continuing educational opportunities for physicians and residents (e.g. including falls prevention as a component of residence program, interdisciplinary rounds, grand rounds, speakers, physician newsletter). 2d) On-going falls prevention education for all staff is provided at least annually. 2e) Members of the falls prevention team(s) have additional training on falls prevention so that they can serve as resources to their units (this may be provided through the falls champions or outside opportunities). 3a) The facility has a process in place to update administration on the status of falls prevention efforts and any factors that may enhance or limit success. 3b) Administration includes falls prevention and the on-going evaluation of the program in strategic planning and resource allocation.
E Education for patients and families	<ol style="list-style-type: none"> Educate patients and families so informed decisions can be made and mutual goals can be established Appropriate timing of continuing falls prevention education 	<ol style="list-style-type: none"> 1a) Patient/family education tools are disseminated for falls safety as appropriate. 1b) A process is in place for at-risk patients, and their families, to demonstrate understanding of their level of risk and role in falls prevention and injury risk reduction. 1c) The facility requires, AND has a designated place to document, falls prevention patient/family education. 1d) A process is in place to provide at-risk patients, and their families, discharge instructions about fall prevention strategies at home. <p>The facility expects, AND has as designated place to document, that staff provide additional fall prevention education when:</p> <ol style="list-style-type: none"> 2a) The patient's condition improves making them more vulnerable to attempting unassisted transfers. 2b) The patient has a change in status that would make them more vulnerable to a fall (e.g. change in medication, undergoing a procedure). 2c) The patient has experienced a fall in the facility.

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PATIENT CARE BUNDLE

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F Fall Risk Screening	<ol style="list-style-type: none"> Formally screen and re-screen all patients for fall risk. Screen outpatients for fall risk. 	<ol style="list-style-type: none"> The facility uses validated, reliable fall risk screening tools. The facility requires, AND has a designated place to document, formal screening of all patients within 8 hours of admission for inpatients. <p>The facility requires, AND has a designated place to document, re-screening of patient risk:</p> <ol style="list-style-type: none"> at least every 24 hours; with transfer between units; with change in status/condition (e.g. post procedure, high-fall risk medication change); post fall. <p>A structured process is in place to screen outpatients for fall risk:</p> <ol style="list-style-type: none"> In the Emergency Department In Radiology In other outpatient areas identified by the facility as higher risk areas for falls through review of the facility's falls data. A structured process is in place to put fall prevention interventions in place for outpatients identified at-risk for falls.
A Assessment of Risk Factors	<ol style="list-style-type: none"> If positive screen for fall risk, conduct in-depth clinical assessment of patient's risk factors. Identify patients at high-risk for injury from falls. Assess patient mobility status. Initiate referrals to interdisciplinary team members as appropriate (e.g. pharmacy, PT, OT). Communicate patient high-risk and mobility status as part of hand-off systems. 	<ol style="list-style-type: none"> If screen is positive for fall risk, the facility requires, AND has a designated place to document, further comprehensive clinical assessment of patient's risk factors to link risk factors to appropriate interventions. A structured process is in place to identify patients at high-risk for injury from falls. A structured process is in place to identify each patient's mobility status. A process is in place to generate referrals to interdisciplinary team members to contribute to the comprehensive clinical assessment. There is a designated place to document evidence of involvement of team members in the clinical assessment of fall risk factors. A system is in place to alert all staff to the patient's fall-risk status. A system is in place to alert all staff to the patient's mobility status. There is a process in place for communication of patient fall risk during hand-offs between departments (e.g. transport form, verbal communication process). There is a process in place for receiving departments to review fall risk information and implement appropriate prevention strategies.
L Linked Interventions	<ol style="list-style-type: none"> Link risk analysis findings to specific interventions to individualize fall prevention plans of care. Universal fall precautions are in place for all patients Develop individualized care plans for patients at high-fall risk using a multi-factorial approach to preventing falls that combines interventions to increase likelihood of successful implementation. Communicate patient's prevention interventions. Purposeful bedside rounding. Develop an intensified protocol to target patients post-surgery. Evaluate plans of care with interdisciplinary staff. 	<ol style="list-style-type: none"> The facility has a process in place to focus interventions on specific risk factors rather than on general risk score. The facility has decision-support tools accessible (electronic or paper) that provide staff with the intervention options that should be considered for each fall risk factor. The clinical staff has a process in place to care for all patients using universal fall precautions - at a minimum. The facility has implemented a plan to utilize appropriate staff and equipment for transfers and/or repositioning tasks as indicated by patient mobility status. <p>For patients assessed as high-risk for falls, the facility has the following intervention options in place:</p> <ol style="list-style-type: none"> Review by physician and/or pharmacist of high-fall risk medications and timing of medication administration. A plan to reduce the use of sedative hypnotics for sleep (e.g. Ambien, Ativan and Benadryl). A structured criteria for identifying patients that should have staff remain within arms reach of patient when toileting. A structured "staying within arms reach" program. Scheduled toileting plan (e.g. toileting prior to administration of high-fall risk medications – such as sleep aids and narcotics, prior to end of shift or during hourly rounding). Use of fall injury prevention equipment such as low-beds and bedside floor mat. The facility utilizes a hand-off process during nursing shift reports to communicate CHANGES in fall risk and injury risk, and to observe if interventions are in place. The facility has a process in place to communicate a patient's risk and prevention interventions to other staff caring for the patient (e.g. physician, dietitian, PT, OT). <p>The facility has instituted purposeful bedside rounding for all patients which includes:</p> <ol style="list-style-type: none"> Structured process for conducting rounding including clear expectations of components covered during rounds. Expectations include anticipating the care needs of the patient, e.g. medications due in the next hour, transportation to test or therapy. Effective methods for engaging the patient during bedside rounds. A roll-out plan for rounding which includes small tests of changes to develop an effective process and long-term plan for hard-wiring rounding into work flow. Involvement of front-line staff in development of rounding process. Involvement of nurse managers/leaders in regularly scheduled rounding auditing and coaching. A standardized auditing tool/process for conducting rounding audits. The facility has a process in place to reduce fall-risk for patients post-surgery (i.e. while in PACU and 6 hours after transfer to nursing unit). Fall risk is re-assessed following the post-surgical period. The facility has a process in place to evaluate patient fall risk plan of care with the interdisciplinary team.

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<p>L</p> <p>Learn from events</p>	<ol style="list-style-type: none"> 1) Conduct Post-Fall Safety Huddles. 2) If patient strikes head, or experiences an unwitnessed fall and shows physical signs of striking head or complains of head pain, include neuro checks in post fall assessments. 3) Revise plan of care to prevent repeat fall w/ referrals to appropriate services (fall clinics, PT, OT, etc.) as needed. 	<ol style="list-style-type: none"> 1a) A process is in place to conduct a post-fall safety huddle after any fall occurs. 1b) A process is in place to follow-up on any recommendations/corrective actions from safety huddles. 2a) The fall prevention program post fall assessment guideline includes neuro checks for fallers with positive signs of head trauma or complaints of headache post fall. 3a) The facility requires a revised plan of care based on post-fall analysis as needed. 3b) Patients are automatically considered high-risk following a fall during that stay and appropriate interventions are put in place.
<p>S</p> <p>Safe Environment</p>	<ol style="list-style-type: none"> 1) Perform hospital-wide environmental safety rounds. 2) Perform falls safety rounds for patients on individual units on a periodic basis. 3) Staff has easy access to equipment. 4) Environment is modified to individualized fall risk factors (e.g. low bed, bed alarm, floor mat). 	<ol style="list-style-type: none"> 1a) The facility has a structured process in place for fall team member(s) or designees to participate in environmental safety rounds, at least quarterly, to assess environmental safety across the hospital related to falls. 1b) The facility has a process in place to implement recommendations resulting from environmental safety rounds. 2a) The facility has a process in place for front-line staff to integrate fall prevention checks in their rounding process for every patient. <p>Fall prevention checks include:</p> <ol style="list-style-type: none"> 2b) Check that bed alarms are in place and activated as appropriate. 2c) Patient beds are in the correct position. 2d) Ensuring safe pathways, e.g. reduced clutter, clear and well-lit pathway to bathroom, IV poles are in a safe position. 2e) Appropriate equipment and assistive devices, e.g. raised toilets with safety rails, commodes, shower chairs, floor mats are in use. 2f) Managers incorporate fall prevention checks during their observation audits and provide feedback to front-line staff on a least a quarterly basis. <ol style="list-style-type: none"> 3a) The facility has an algorithm in place to assign low-beds and floor mats to patients identified at high-risk for injury related to falls. 3b) Equipment to reduce risk for injury (e.g. low beds, hip protectors, floor mats) is accessible to staff. 4a) The facility has guidelines in place for appropriate bed alarm use, or alternatives to alarms (e.g. sitters), individualized to the patient's risk factors. 4b) Forcing functions (e.g. alarm reset reminders on beds) or reminders (e.g. signage) are in place for resetting alarms prior to leaving patient's room. 4c) Front-line staff from across the facility (e.g. therapy staff, nursing assistants) are trained on falls prevention equipment (e.g. bed alarms, chair alarms, low-bed use, floor mat placement).

