

## **F.A.L.L. Team Action Plan 2/06**

When there is a patient fall event the staff on each unit will participate in a unit "huddle" to review and debrief the event. Minimally this will consist of the patient's nurse and PCT, optimally all staff. It is anticipated that the debriefing would take no more than 10 minutes.

The staff will review the fall episode to determine if they could have predicted the events that resulted in a fall and could there be a way to prevent re-occurrence. If necessary, the unit management or the Clinical Resource Nurse, will assist in conducting the debriefing. The worksheet helps direct the debriefing discussion and helps the group develop and completed the Lessons Learned from the fall event.

This process should also help to ensure that the Patient Care Quality Review Report is correctly completed. The debriefing worksheet will be attached to a copy of the Post Fall Report and will be sent to Education and Development for tracking. The Fall Action Lessons Learned team report will be posted on the unit in a confidential area to share the Lessons Learned from the Fall episode.

Elmhurst Memorial Hospital  
Patient Post Fall Report

patient label

Date of fall: \_\_\_\_\_ Time of fall: \_\_\_\_\_

Patient Information:

RN assigned to patient \_\_\_\_\_

Ask the patient:

PCT assigned to patient \_\_\_\_\_

Do you remember falling?

- Yes
- No (if patient cannot respond, ask the family if they can provide information)

What were you doing when you fell? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you injured?

- Yes, \_\_\_\_\_ if so, how and where? \_\_\_\_\_
- No

Additional Comments:

Anything else from patient, family, nurse, PCT, roommate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Status:

Was patient on High Fall Risk protocol?

- Yes
- No

What time was patient last seen/observed/assisted? \_\_\_\_\_

Call Light Status:

Was the call light on?

- Yes
- No

Number on minutes call light was on: \_\_\_\_\_ minutes

The call light that was on belonged to:

- patient
- roommate

Contributing Factors:

- Medication If so, please specify: \_\_\_\_\_
- Equipment
- Footwear
- Confusion, etc. (if medication contributed to confusion, please indicate above)
- Urgency of bladder/bowels
- Environmental issues
- Was gait belt used for transfer?

Census:

Current census \_\_\_\_\_

Number of staff working the shift at the time of the fall  
(If fall occurred during shift change, total number of staff)

RNs \_\_\_\_\_

NUCs \_\_\_\_\_

PCTs \_\_\_\_\_

Other \_\_\_\_\_

Not a permanent chart copy

Return to Manager

# F.all A.ction L.essons L.earned Team

## Fall or Fall Near-Miss staff debriefing worksheet

List debriefing team members \_\_\_\_\_

1. Help unit staff complete Patient Care Quality Review Report and Post Fall Report, make a copy of the Post Fall Report only and attach it to this form. These then need to be sent/given to Veronica Sacco, Administrative Associate, Education and Development.
2. Explain to staff that the purpose of the debriefing is not to lay blame but to help all of us Learn what we might do to prevent re-occurrence.
3. Help staff identify what were contributing factors to this patient's fall. List factors.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
4. Explore and discuss comments such as confused, disoriented etc. How did confusion contribute to fall? Could there also have been gait issue, weakness or dizziness? If needed add these to previous list.
5. What could have predicted that this patient would fall? What sign(s) did we miss this time? How will that not occur again? List suggestions:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
6. What measures can we take to prevent this patient from falling again? Are they do-able? List suggestions:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
7. Were there other issues on the unit that decreased staff availability to help this patient? staffing/sick calls? census? acuity? change of shift? List suggestions:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
8. What L.essons did we L.earn this time? How can we change our care or the environment to make things safer for this patient? List suggestions on the L.esson L.earned Team report sheet.
9. Post L.esson L.earned Team report sheet on the unit in a confidential area.
10. Distribute PRIDE cards to all staff that participated in the debriefing. If unable to distribute Pride cards, give Veronica Sacco, Administrative Associate, Education and Development, the names of the staff involved and she will send the cards.

# F. all A.ction L.esson L.earned team report

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date and time of patient Fall or Fall Near-Miss

## L.esson L.earned

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Post this on the unit in an area that can be viewed by staff but not by the general public

# F. all A.ction L.essons L.earned team report

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date and time of patient Fall or Fall Near-Miss

## L.esson L.earned

Watch for cues that patient wants to get out of bed, is calling out, restless.

Offer and encourage patient to use bathroom at frequent intervals during the day and evening.

Help patient to the bathroom right after meals and before patient goes to bed.

Wake patient during the night to go to the bathroom.