

PROMOTE SAFETY ACROSS THE BOARD



DATE OF LAST FALL:

Falls with Injury Top Ten Checklist

1 Assemble a multidisciplinary falls team with an executive sponsor, front-line staff from nursing and rehab, management support, physical therapy, physician and pharmacy representatives to oversee the strategic plan for the fall injury prevention program.

2 Engage all levels of staff and disciplines in creating a safe environment that is free of tripping and slipping hazards and is responsive to patient needs (i.e., "no pass zone", environmental rounds). Review all falls in leadership huddles to raise awareness of hazards and contributing factors.

3 Identify high risk/vulnerable populations upon admission to receive a multifactorial falls assessment. Do not rely on a risk score alone. Examples: patients admitted with a fall, patients with a history of fall in the past six months, patients over 65, ABCS criteria, depending upon the population served.

4 Provide multifactorial assessments and targeted interventions for high risk or vulnerable elderly patients. Assess for and address risk factors associated with gait, balance and mobility, medications, cognitive assessment, heart rate and rhythm, postural hypotension, feet and footwear and home environment hazards.

5 Communicate risk across the team: electronic health record banners, hand-offs, visual cues, huddles and whiteboards.

6 Round every one to two hours on patients and address the five Ps — pain, position, personal belongings, pathway and potty. Escalate rounding frequency to meet patient needs.

7 Implement mobility plans for all patients to preserve function and prevent hazards of immobility. Include rehab referral and collaboration for a progressive activity and ambulation program.

8 Review medications. Avoid unnecessary hypnotics and sedatives and remove culprit medications from order sets. Target high-risk or vulnerable patients for pharmacist medication review.

9 Include patients, families and caregivers in efforts to prevent falls. Provide structured education apart from admission orientation. Educate using teach-back regarding fall prevention measures and encourage family members to stay with high-risk, vulnerable patients.

10 Conduct post-fall huddles at the bedside with the patient and family immediately after the fall to analyze how and why the fall occurred, and implement change(s) to prevent future falls. Include a pharmacist and rehab staff member in the post-fall huddle or case review.