

APPENDIX I: TOP TEN CHECKLIST

Associated Hospital/Organization: Health Research & Educational Trust

2017 Falls Top Ten Checklist

PROCESS CHANGE	
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.	<input type="checkbox"/>
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” and environmental rounds. Review all falls in leadership huddles to raise awareness of hazards and contributing factors.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
5. Communicate risk across the team: EMR Banners, hand-offs, visual cues, huddles and whiteboards.	<input type="checkbox"/>
6. Round every one to two hours on patients; address the five P’s—pain, position, personal belongings, pathway and potty. Escalate rounding frequency to meet patient needs.	<input type="checkbox"/>
7. Implement mobility plans for all patients to preserve function and prevent hazards of immobility: rehab referral and collaboration for a progressive activity and ambulation program.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
10. Conduct post-fall huddles at the bedside with 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.	<input type="checkbox"/>