

Partnership for Patients



ALASKA STATE HOSPITAL &
NURSING HOME ASSOCIATION



Washington State
Hospital Association

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Fall with Injury Prevention

2014 HIIN Baseline Rate: 0.68
HIIN Goal 20% reduction: 0.54

1

Assemble an inter-disciplinary falls team to plan the fall prevention program or assess the current team's efficacy and make changes using the Plan Do Check Act methodology.

2

Include patients, families and caregivers in efforts to prevent falls.
Educate and use "teach back" method regarding fall prevention measures.

3

Assess fall and injury risk upon admission, daily and with any change in the patient's condition or status.

4

Review medications and include pharmacist to suggest avoidance of any unnecessary hypnotics, sedatives in routine or standing order sets.

5

Individualize patient specific interventions to prevent hazards of immobility: rehabilitation referral, progressive activity and ambulatory program.

6

- Implement interventions for patients at high-risk for injury: padded floor mats when patient is in bed, hip protectors (Hx of hip Fx; osteoporosis; >85 yr), customized toileting schedule (diuretic therapy).
- Consider direct observation and video surveillance for patients with memory loss or unable to correctly cite "teach back methods for fall prevention".

7

Communicate fall risk factors for every patient at beginning of shift huddle, during transfers across clinical units and utilize visual tools such as white boards and EMR.

8

Customize rounds to address each patient's care needs and include assessment of pain, toileting, positioning and access to personal belongings.
Adjust care rounds to meet patient's condition or status.

9

Conduct the post-fall huddle at the location of the incident, within 15 minutes. Include the patient/family member if present and 3-4 members of the clinical team.
Ask the patient "what was different this time?".
Make immediate change to the patient's individualized care plan to prevent recurrent fall.

10

Analyze falls data to identify trends in patient population, by clinical unit and repeat fallers. Understand falls data by categorizing falls: accidental (environmental), anticipated physiological or unanticipated physiological.

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