

| Post Fall Audit Tool - For Reliability of the Protocol | Protocol   | Type of Measure | Reliability of the Protocol |    | Quality Improvement Data                          | Notes |
|--|--|-----------------|-----------------------------|----|---|-------|
| <b>Steps of the Post Fall Huddle</b>                   | Actions during each step   |                 |                             |    |   |       |
| <b>Step 1: Announcement</b>                            |  |                 | Yes                         | No |   |       |
|  | Staff Member in charge of the patient makes an announcement to convene the post fall huddle        | Process         |                             |    | List Leader (RN, CN, etc)                         |       |
|  | Staff Member becomes the Team Leaders of the Huddle  | Structure       |                             |    |   |       |
|  |  |                 |                             |    |   |       |
| <b>Step 2: Gathering</b>                               | 3-4 members of the clinical team who know the patient gather for the huddle                        | Structure       |                             |    | List Who Attends                                  |       |
|  | The huddle includes the patient/resident   | Structure       |                             |    |   |       |
|  | If family present, family is included in the huddle  | Structure       |                             |    | List Who Attends                                  |       |
|  | The huddle occurs where the patient fell   | Structure       |                             |    | Identify Location of Fall                         |       |
|  | The huddle convenes within 15 minutes of the fall  | Process         |                             |    |   |       |
|  |  |                 |                             |    |   |       |
| <b>Step 3: Analysis</b>                                | Team analyzes the fall event to determine root cause of the fall                                   | Process         |                             |    | Document Root Cause                               |       |
|  | Team determines type of fall that occurred based on root cause                                     | Process         |                             |    | Document Type of Fall                             |       |
|  | Team determines intervention to prevent repeat fall from occurring based on root cause of the fall | Process         |                             |    | Document Intervention to prevention Repeat Fall   |       |
|  | If injury occurred, team determines root cause of injury   | Process         |                             |    | Document Root Cause of Injury                     |       |
|  | Team determines injury protection intervention to prevent recurrent fall                           | Process         |                             |    | Document Intervention to prevent recurrent Injury |       |

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| <b>Step 4: Concensus</b>                                  | Team leader summarizes post fall huddle, analysis and resulting interventions  | Process |  |  |  |  |
|   |  |         |  |  |  |  |
|   |  |         |  |  |  |  |
| <b>Step 5: Complete the Post Fall Huddle Intervention</b> | Team Leader completes the post fall huddle form  | Process |  |  |  |  |
|   | Team leader processes the post fall huddle form based on organizational policy and procedure (i.e copy to Nurse Manager and Copy to Patient Safety Officer | Process |  |  | Document Recipients of the completed Post Fall Huddle Form |  |
|   |  |         |  |  |  |  |
| <b>Step 6: Modification of Plan of Care</b>               | Appropriate clinician modifies the fall and injury prevention care plan to include root cause of fall  | Process |  |  |  |  |
|   | Appropriate clinician modifies the fall and injury prevention care plan to include intervention to prevent recurrent fall based on root cause              | Process |  |  |  |  |
|   | Appropriate clinician modifies the fall and injury prevention care plan to include intervention to prevent recurrent injury based on root causes           | Process |  |  |  |  |
|   |  |         |  |  |  |  |
| <b>Step 7: Communication of Change in Plan of Care</b>    | RN communicates fall event and root cause of fall and injury in the handoff process  | Process |  |  |  |  |
|   | RNs upon patient handoff communicate changes in plan of care related to fall and injury to oncoming nursing staff  | Process |  |  |  |  |
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| <b>Step 8: Continue Post Fall Management</b> | RN completes further comprehensive patient assessment and evaluation post fall (i.e. Vital signs, changes in ROM, assessment of pain, etc)           | Process |  |  |  |  |
|  | RN completes post fall note in the EMR   | Process |  |  |  |  |
|  | Nurse Manager follows up with staff to assure post fall interventions were implemented   | Process |  |  |  |  |
|  | Nurse Manager follows up with patient and family if available, to engage the patient in follow-up interventions to prevent recurrent fall and injury | Process |  |  |  |  |