

HOSPITAL ENGAGEMENT NETWORK FALLS REDUCTION AND PREVENTION COLLABORATION SELF-ASSESSMENT TOOL

This self-assessment tool is being provided to participants in the Hospital Engagement Network Falls Reduction and Prevention Collaboration.* It is intended to serve as a tool to evaluate the current structure and content of a hospital falls prevention program, compared with evidence-based best-practice guidelines, and to identify opportunities for improvement. After completing the self-assessment, it is recommended that your falls prevention team create an action plan targeted to any best-practice elements that are missing in the current program or that are in need of improvement.

This tool was adapted with permission from ECRI Institute, Plymouth Meeting, Pennsylvania.†

Instructions for Scoring This Tool

Select “Yes” only if this element has 100% implementation in your current falls prevention program.

Select “No” only if this element has not been implemented as part of your current program.

Select “P/I” (partial implementation) if this element has been partially implemented but could be improved.

FALLS PREVENTION PROGRAM

1. Has your facility designed and implemented a falls prevention program that:

- | | | | |
|--|-----|----|-----|
| a. Establishes a falls team with participants from all sectors of the facility (e.g., clinical personnel, nonclinical personnel, senior managers)? | Yes | No | P/I |
|--|-----|----|-----|

Indicate current falls team members:

- Falls clinical nurse specialist
- Nurse manager(s)
- Staff nurses
- Nursing assistants/licensed practical nurses
- Pharmacist
- Physical therapist/occupational therapist
- Nurse practitioner
- Physician
- Patient safety officer/patient safety professional
- Quality improvement professional
- Risk manager
- Facility management representative
- Supply, processing, and delivery manager
- Biotechnology/biomedical professional
- Transportation manager/representative
- Other:

- | | | | |
|---|-----|----|-----|
| b. Defines the goals of the falls team and responsibilities of each member? | Yes | No | P/I |
|---|-----|----|-----|

* The development of this tool was in part funded and performed under contract number HHSM-500-2012-00022C, entitled “Hospital Engagement Contractor for Partnership for Patients Initiative.”

† ECRI Institute. Falls [self-assessment questionnaire]. *Healthc Risk Control* 2012 May;1:Self-assessment questionnaires 1.

CONTINUED...

c. Evaluates and chooses falls risk assessment tools to be used to screen for patient falls risk?	Yes	No	P/I
d. Implements risk assessment and reassessment processes for all patients?	Yes	No	P/I
e. Educates staff on how to perform, document, and communicate the results of falls risk assessments?	Yes	No	P/I
f. Specifies a list of targeted interventions to be used or considered based on the falls risk assessments and reassessments?	Yes	No	P/I
g. Educates staff on how to correctly implement appropriate interventions?	Yes	No	P/I
h. Includes ongoing assessment of the program's effectiveness (at least annually)?	Yes	No	P/I
i. Provides feedback to senior managers and staff on the organization's falls rates and the impact of its falls prevention program on falls rates?	Yes	No	P/I
j. Develops and revises protocols and policies when necessary to support the goal of preventing falls?	Yes	No	P/I

Benchmarking

2. Does your facility calculate internal falls rates using a consistent methodology (e.g., patient-days for all inpatient units are included in the calculation)?	Yes	No	P/I
3. Does your facility use an external benchmark to compare your facility's falls rates?	Yes	No	P/I
4. If an external benchmark is used to compare your facility's falls rates, does it compare to your:			
a. Facility type?	Yes	No	P/I
b. Unit type?	Yes	No	P/I
c. Patient population?	Yes	No	P/I
d. Definition of a fall?	Yes	No	P/I
e. Event reporting policies?	Yes	No	P/I
f. Method of calculating the falls rates (e.g., falls per bed, falls per patient, falls per patient-day)?	Yes	No	P/I
5. What external benchmark is used?			
National Database of Nursing Quality Indicators (NDNQI)			
PA VHA			
Other			

Policies and Protocols

6. Does your facility's falls prevention policy include:			
a. Composition, responsibilities, and goals of the falls team?	Yes	No	P/I
b. The Pennsylvania Patient Safety Reporting System (PA-PSRS) definition of a fall and a fall with harm?	Yes	No	P/I
c. Requirements for performing falls risk assessments of patients?	Yes	No	P/I
d. Requirements for when an individual should be reassessed for risk?	Yes	No	P/I
e. The frequency and process for conducting environmental rounds?	Yes	No	P/I
f. A plan for initial and ongoing falls prevention education for staff?	Yes	No	P/I

CONTINUED...

g. A description of appropriate intervention strategies?	Yes	No	P/I
h. A description of appropriate responses to falls, including protocols for postfall investigation?	Yes	No	P/I
i. Requirements to collect and review data on patient falls, including unit type, time of day, staffing ratios, interventions in place, equipment in use, toileting patterns, and medication regimens?	Yes	No	P/I
j. A process for revising assessment and intervention strategies based on data?	Yes	No	P/I
k. Requirements for reporting falls rates within a quality improvement/patient safety plan?	Yes	No	P/I
l. A plan to promote awareness of falls risks and prevention?	Yes	No	P/I

Assessing Risk

7. Does your facility assess falls risks for both inpatients and outpatients?	Yes	No	P/I
8. Does your facility assess and document a patient's risk for falling in the patient's medical record:			
a. On admission?	Yes	No	P/I
b. When his or her physical condition changes (e.g., when new medications are given, when returning from physical therapy or surgery)?	Yes	No	P/I
c. When a fall or a fall with harm occurs?	Yes	No	P/I
d. When transferred to a new unit?	Yes	No	P/I
9. Does your facility require that patients are routinely reassessed for their falls risks?	Yes	No	P/I
10. Does your facility periodically review the effectiveness of its falls risk assessment tools?	Yes	No	P/I
11. Does your facility review staff suggestions to improve the effectiveness of falls risk assessment tools?	Yes	No	P/I

12. Which falls risk assessment tools do you use in your facility?
(select all that apply)

- | | |
|---|-----------------------------|
| Morse | Hendrich II |
| STRATIFY | Johns Hopkins |
| Conley | Downton |
| Innes | Schmid |
| Tinetti | GRAF PIF |
| Get Up and Go | Timed Up and Go |
| Berg balance test | ABCS injury risk assessment |
| Other (please list): | |
| We have designed our own custom risk assessment tool. | |
| We do not use a risk assessment tool. | |

CONTINUED...

PLAN OF CARE

13. Based on the findings of a patient's falls risk assessment, is a plan of care developed for that patient to reduce the patient's risk of falling and the severity of injuries from falls that do occur?	Yes	No	P/I
14. Does a multidisciplinary team (e.g., nursing, pharmacy, physical therapy, occupational therapy) develop the plan of care for the patient at risk for falls?	Yes	No	P/I
15. Has your facility identified a standardized set of core interventions to use for all patients at risk for falls that are incorporated into the plan of care?	Yes	No	P/I
16. Does your facility determine if additional, individualized interventions are needed based on each patient's risk factors for falling?	Yes	No	P/I
17. Does the facility have criteria to determine whether a physical therapy consult for the patient should be ordered?	Yes	No	P/I

INTERVENTIONS

Evaluating the Environment

18. Upon a patient's admission to a unit, is the patient's room evaluated and modified to meet the needs of the patient?	Yes	No	P/I
19. To minimize environmental risk factors, does your facility:			
a. Use floor-level night-lights that do not create shadows and glares?	Yes	No	P/I
b. Use high-low beds, keeping them in their lowest position?	Yes	No	P/I
c. Avoid using full-length bedrails or split rails with all rails raised (patients may attempt to climb over them)?	Yes	No	P/I
d. Clean up spills immediately and thoroughly?	Yes	No	P/I
e. Cordon off wet floors and construction areas?	Yes	No	P/I
f. Make caution signs understandable to all patients, visitors, and employees?	Yes	No	P/I
g. Leave dry areas for walking paths around wet floors when possible?	Yes	No	P/I
h. Require patients to wear slip-proof socks or shoes?	Yes	No	P/I
i. Utilize patient gowns and medical equipment that decrease the likelihood of tripping (e.g., avoiding long gowns and excessively long intravenous tubing)?	Yes	No	P/I
j. Avoid over-waxing floors?	Yes	No	P/I
k. Minimize glare on floors?	Yes	No	P/I
l. Use carpeting in higher-risk patient areas (e.g., geriatric units)?	Yes	No	P/I
m. Use color contrasts to clearly identify steps and grade changes?	Yes	No	P/I
n. Provide skidproof flooring in showers, tubs, and bathrooms?	Yes	No	P/I
o. Avoid using furnishings that might slip when leaned on for support?	Yes	No	P/I
p. Ensure that locks on furnishings and equipment on wheels are engaged?	Yes	No	P/I
q. Perform regular preventive maintenance on mobility aids (e.g., canes, walkers, wheelchairs, lifts)?	Yes	No	P/I

CONTINUED...

- | | | | |
|--|-----|----|-----|
| r. Install grab bars in bathrooms and wall rails in hallways and patient rooms? | Yes | No | P/I |
| s. Minimize distracting noises? | Yes | No | P/I |
| t. Remove all clutter from hallways and patient rooms? | Yes | No | P/I |
| u. Have a process for timely notification of environmental staff when a fall hazard is identified? | Yes | No | P/I |

Medication Review

- | | | | |
|--|-----|----|-----|
| 20. Do pharmacists review patient medication regimens for potential falls risks when filling medication orders? | Yes | No | P/I |
| 21. Is there a requirement that the pharmacist inform the prescriber and the nursing staff if prescribed medications increase the risk of falling? | Yes | No | P/I |
| 22. Does the pharmacist recommend alternative medications to reduce the patient's risk of falling if the prescribed medications increase the risk of falling? | Yes | No | P/I |
| 23. Does the facility's pharmacy and therapeutics committee periodically review formulary medications to identify those that increase falls risk and make recommendations about those medications? | Yes | No | P/I |
| 24. Are physicians encouraged to modify or eliminate prescribed medications that increase the risk of falling? | Yes | No | P/I |
| 25. Do nurses have access to a list of medications that increase an individual's risk of falling that is used when assessing patients for falls risks? | Yes | No | P/I |

Patient Monitoring

- | | | | |
|--|-----|----|-----|
| 26. When possible, are high-risk patients located in rooms closest to nursing stations? | Yes | No | P/I |
| 27. Are rounds routinely conducted (e.g., every one to two hours) to address patients' personal needs? | Yes | No | P/I |
| 28. How often are rounds conducted?
Hourly Every two hours >2 hours Other: | | | |
| 29. When nurses visit patient rooms, do they: | | | |
| a. Provide toileting assistance? | Yes | No | P/I |
| b. Ask patients about their pain levels and need for pain medication? | Yes | No | P/I |
| c. Reposition patients in bed? | Yes | No | P/I |
| d. Ensure that necessary items (e.g., tissues, telephone, television remote control, water, call bell) are within reach? | Yes | No | P/I |
| 30. Are staff required to stay with patients who are identified as being at risk to fall while in the bathroom? | Yes | No | P/I |
| 31. Are staffing levels monitored and adjusted based on the falls risks of the patients in the care unit? | Yes | No | P/I |

Patient Monitoring

- | | | | |
|---|-----|----|-----|
| 32. Does your organization have a policy to eliminate the use of physical and chemical restraints that are medically unnecessary? | Yes | No | P/I |
| 33. Is the use of restraints addressed in all pertinent falls prevention policies? | Yes | No | P/I |

CONTINUED...

Sitters (1:1 Observation)

34. Does your facility have a sitter program designed to provide one-to-one continuous observation of a patient?	Yes	No	P/I
35. If yes, does it include:			
a. Patient eligibility criteria?	Yes	No	P/I
b. A process for requesting and discontinuing sitters?	Yes	No	P/I
c. Criteria for sitter qualifications?	Yes	No	P/I
d. A sitter job description with expectations for sitter behavior and responsibilities?	Yes	No	P/I
e. A training program for sitters?	Yes	No	P/I
f. A pool of sitters?	Yes	No	P/I

Fall Alarms

36. Are staff adequately trained to use fall alarms, such as bed-exit alarms, including inspection and maintenance of the systems?	Yes	No	P/I
37. Are staff held accountable for a timely response to fall alarms?	Yes	No	P/I
38. Are other falls prevention interventions used in conjunction with fall alarms?	Yes	No	P/I

Assistive Devices, Transfer Aids, Architectural Aids

39. Does the falls team and/or physical therapist evaluate the types of devices and aids (e.g., canes, walkers, wheelchairs, grab bars) used by the facility to prevent falls?	Yes	No	P/I
40. Does a physical therapist evaluate patients identified as being at risk to fall and recommend appropriate assistive devices?	Yes	No	P/I
41. Are the weight-bearing capacities of these devices and aids known to staff?	Yes	No	P/I
42. Are the devices and aids used appropriately based on a patient's weight?	Yes	No	P/I
43. Are staff trained in the use and maintenance of these devices and aids?	Yes	No	P/I
44. Are patients and families provided with face-to-face training in the use of these devices?	Yes	No	P/I

Staff Education

45. Does the facility have a falls prevention education program for staff?	Yes	No	P/I
46. Is falls education provided to staff at orientation and periodically thereafter or as needed?	Yes	No	P/I
47. Does the falls education program address the roles and responsibilities of staff?	Yes	No	P/I
48. Are staff members involved in direct patient care provided, as appropriate for the staff members' roles and responsibilities, education for:			
a. Intrinsic (clinical) and extrinsic (environmental) causes of falls?	Yes	No	P/I
b. Conducting a complete falls risk assessment?	Yes	No	P/I
c. Choosing appropriate interventions?	Yes	No	P/I
d. Safe patient handling (e.g., using correct transfer techniques, using patient lifts)?	Yes	No	P/I
e. Training patients in the proper use of assistive devices and aids?	Yes	No	P/I

CONTINUED...

f. Assisting patients with using commodes and shower chairs?	Yes	No	P/I
g. Requirements for reporting potential fall hazards and events?	Yes	No	P/I
49. Are all employees who do not provide direct patient care—as well as volunteers and students—provided with education for identifying and responding to extrinsic (environmental) factors (e.g., spills, clutter in hallways)?	Yes	No	P/I
50. Is education for all employees, volunteers, medical staff, and students reinforced with ongoing mandatory education?	Yes	No	P/I

Patient and Family Education

51. Are all patients and their family members provided direct education regarding the causes of falls and the interventions used to prevent falls?	Yes	No	P/I
52. Are patients who are at risk of falling instructed to avoid ambulating or getting out of bed without assistance?	Yes	No	P/I
53. Are these discussions documented in the patient’s medical record?	Yes	No	P/I
54. Do nurses provide direct communication to patients regarding:			
a. The location of the bathroom?	Yes	No	P/I
b. How to use the nurse call system?	Yes	No	P/I
c. The intrinsic risk factors the patient has for falling?	Yes	No	P/I
d. How to walk and transfer in and out of bed safely?	Yes	No	P/I
e. How to use assistive devices (e.g., walkers, wheelchairs)?	Yes	No	P/I
f. What to do if he or she falls?	Yes	No	P/I

Communicating Patient Risk

55. Are visible indicators used to communicate falls risk to nurses, volunteers, and other staff?	Yes	No	P/I		
56. If yes, which indicators are in use (select all that apply)?					
Wristband	Sign outside patient room	Sign inside patient room			
Colored socks	Colored blanket	Colored patient gown			
Other:					
57. Are visible indicators of a patient’s risk for falling in the patient’s medical record?	Yes	No	P/I		
58. Does your facility have a specific color used to identify patients at risk to fall?	Yes	No	P/I		
59. If yes, what color?					
Yellow	Red	Orange	Pink	Gray	
Green	Blue	Purple	White	Teal	Other
60. Do visible indicators of a patient’s risk for falling display on the nurse call system workstation?	Yes	No	P/I		
61. Are indicators promptly removed once a patient is transferred or discharged?	Yes	No	P/I		

CONTINUED...

62. When the patient is transferred for testing, therapy, or to another unit, is there a process in place for communicating the individual's risk of falling directly to the transporter and to the receiving party?	Yes	No	P/I
--	-----	----	-----

RESPONDING TO FALLS

Postfall Assessment

63. Does your facility have a policy on how to respond to patient falls?	Yes	No	P/I
64. Under this policy, are staff required to (and educated on how to):			
a. Document the fall in the patient's medical record?	Yes	No	P/I
b. Request that an evaluation be performed by a physician?	Yes	No	P/I
c. Communicate to the family that the patient has fallen?	Yes	No	P/I
d. Complete a patient safety event report?	Yes	No	P/I
e. Request a postevent systems analysis/postfall investigation?	Yes	No	P/I
65. Is a postfall assessment completed to determine injury as soon as an individual is discovered to have fallen?	Yes	No	P/I
66. Following a fall, is the patient reassessed for falls risk and are the findings from the assessment communicated to staff who interact with the patient?	Yes	No	P/I
67. Are postfall event interventions reviewed and, if necessary, revised and documented in the individual's chart?	Yes	No	P/I

Postfall Assessment

68. Is your facility's patient safety event reporting program designed to provide information about falls and near-miss falls that occur so the facility can learn from the events and improve its falls prevention program?	Yes	No	P/I
69. Does your facility use a standardized patient safety event report for internal purposes to document and report fall hazards, falls, and falls with harm?	Yes	No	P/I
70. If your facility has a standardized patient safety event report for internal purposes, does it require staff to include:			
a. The location of the fall?	Yes	No	P/I
b. The date of the patient's admission to the unit?	Yes	No	P/I
c. The date and time of the fall?	Yes	No	P/I
d. A factual account of the fall and of the condition of the patient at the time the fall was discovered?	Yes	No	P/I
e. Names of those who witnessed or discovered the fall?	Yes	No	P/I
f. Documentation that the patient's family and physician, as well as the falls team, were notified?	Yes	No	P/I
g. A description of any injuries sustained and treatment provided?	Yes	No	P/I
h. A list of the patient's intrinsic (clinical) factors (including medications associated with increased falls risk)?	Yes	No	P/I
i. Indications of any extrinsic (environmental) factors?	Yes	No	P/I

CONTINUED...

j. A description of any equipment in use at the time of the fall?	Yes	No	P/I
k. A new intervention plan to prevent a recurrence of falling?	Yes	No	P/I
71. Are all falls reported to the risk manager and/or patient safety officer?	Yes	No	P/I
72. Is a follow-up or investigation form—separate from the patient safety event report form—used?	Yes	No	P/I
73. Does the facility have clear and consistent guidelines for completing patient safety event reports and follow-up or investigation forms for patients who have fallen?	Yes	No	P/I
74. Are these guidelines communicated through mandatory in-service educational programs?	Yes	No	P/I
75. Does your facility review findings from postevent systems analyses of past patient falls to improve the effectiveness of its risk assessment tools and interventions?	Yes	No	P/I

For more information, visit <http://www.patientsafetyauthority.org>.

This tool accompanies

Feil M. Falls prevention: Pennsylvania hospitals implementing best practices.

Pa Patient Saf Advis [online] 2013 Dec [cited 2013 Dec 16]. [http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2013/Dec;10\(4\)/Pages/home.aspx](http://patientsafetyauthority.org/ADVISORIES/AdvisoryLibrary/2013/Dec;10(4)/Pages/home.aspx)