Injurious Fall Prevention Organizational Self-Assessment

This self-assessment is voluntary; please complete one per facility. Please do not identify any individual by name; this is confidential as to individuals.

**Hospital Name and station number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Unit Type (s) : Circle One or more (for units that you have a team for in the breakthrough series)**

**Med Surg**

**ICU/CCU/SICU**

**LTC**

**Rehab**

**Psych**

**Outpatient / Community Care**

Directions: Score the level of implementation for each component of your fall-injury prevention program, completing Section 1: Organizational-Level Assessment and Section 2: Unit-Level Assessment. Select a unit and score each item. Consider level of implementation of each component from no activity (0), discussed not implemented (1), partially implemented (2), to fully implemented (3). Circle a numeric score for each item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fall Injury Prevention Program Attributes | No Activity | Discussed, not Implemented | Partially Implemented | Fully Implemented |
| SECTION 1. Organizational Level  |  |
| A. Leadership  |  |
| 1. Executive “walk-arounds” with targeted question about fall injury prevention
 | 0 | 1 | 2 | 3 |
| 1. Senior management and clinical representatives facilitate periodic, announced, focus groups (unit briefings) of front line practitioners to learn about perceived problems with fall-related injuries.
 | 0 | 1 | 2 | 3 |
| 1. Employees are provided with timely and routine feedback on fall injury data, improvement results, significant events and near misses\*
 | 0 | 1 | 2 | 3 |
| 1. Fall-Injury Prevention strategies target the organizational and unit system, patient populations.\*
 | 0 | 1 | 2 | 3 |
| 1. Fall-related injuries are discussed openly without fear of reprisal or undue embarrassment.\*
 | 0 | 1 | 2 | 3 |
| 1. All fall-related injuries are discussed with patients and families regardless of injury severity.\*
 | 0 | 1 | 2 | 3 |
| 1. One or more specifically trained practitioners are identified to oversee the analysis of fall-related injuries, their causes and coordinate fall injury prevention activities.\*
 | 0 | 1 | 2 | 3 |
| 1. Employees voluntarily report fall injury hazards\*
 | 0 | 1 | 2 | 3 |
| 1. A non-blaming immediate post fall assessment (Safety Huddle) of every patient fall is conducted.\*
 | 0 | 1 | 2 | 3 |
| 1. After immediate assessment and reporting, how the fall might have been prevented is communicated to all staff\*
 | 0 | 1 | 2 | 3 |
| 1. Inter-rater reliability tests for fall risk assessment and injury risk assessment
 | 0 | 1 | 2 | 3 |
| 1. Staff Participation in Technology Selection
 | 0 | 1 | 2 | 3 |
| 1. Communication / Hand-off Procedure includes risk for injurious fall
 | 0 | 1 | 2 | 3 |
| 1. Fall injury prevention and intervention protocols are included in hospital or nursing orientation (e.g. hip protectors, mats, low beds)
 | 0 | 1 | 2 | 3 |
| 1. Staff participates in professional or clinical training programs that include skills training to prevent injuries for falls (ie VISN 8 Falls Conference)
 | 0 | 1 | 2 | 3 |
| B. Data and Injury Program Evaluation |  |
| 1. Fall Rates by Type of Fall (Accidental, Anticipated Physiological, Unanticipated Physiological)
 | 0 | 1 | 2 | 3 |
| 1. Fall-related Injury Rates by Severity of Injury
 | 0 | 1 | 2 | 3 |
| 1. Fall injury rate reported per unit and hospital- wide by severity level and type of fall
 | 0 | 1 | 2 | 3 |
| 1. Analysis of Repeat Fallers
 | 0 | 1 | 2 | 3 |
| 1. Analysis by Age Groups (<55, 55-65, >65-75, >75)
 | 0 | 1 | 2 | 3 |
| 1. Falls with injury trend data are compared with staffing
 | 0 | 1 | 2 | 3 |
| 1. Amount of Annual Staff Education on Fall Prevention?
 | 0 | 1 | 2 | 3 |
| 1. The entire fall prevention program is analyzed at least annually and evaluated for potential risk factors and opportunities for improvement
 | 0 | 1 | 2 | 3 |
| 1. Trended injurious falls data are reported to the Board of Directors/Senior Leaders
 | 0 | 1 | 2 | 3 |
| 1. Falls with injury prevalence (NQF) Quarterly, Unit and Hospital is reported to team or unit
 | 0 | 1 | 2 | 3 |
| 1. Falls with injury prevalence (NQF) Quarterly, Unit and Hospital is reported to Extranet measures
 | 0 | 1 | 2 | 3 |
| 1. Data analysis at Organizational and Unit Levels
 | 0 | 1 | 2 | 3 |
| SECTION 2. Unit Level  |  |
| A. Fall Injury Risk Assessment Methodology |  |
| 1. Fall Injury Risk Assessment is conducted on every patient on admission, transfer, and change in patient status and after a fall\*
 | 0 | 1 | 2 | 3 |
| 1. History of repeat falls\*
 | 0 | 1 | 2 | 3 |
| 1. History of fall injury risks (osteoporosis, anticoagulants, or other condition that might predispose to injury)\*
 | 0 | 1 | 2 | 3 |
| 1. History of fall-related injury, esp. fracture\*
 | 0 | 1 | 2 | 3 |
| 1. Signage if patient at risk for injury
 | 0 | 1 | 2 | 3 |
| 1. Patient specific injury prevention plan of care reliably implemented
 | 0 | 1 | 2 | 3 |
| B. Screening for Likelihood of Falling  |  |
| 1. History of Falls\*
 | 0 | 1 | 2 | 3 |
| 1. History of Repeat Falls\*
 | 0 | 1 | 2 | 3 |
| 1. Altered mental status (confused, disoriented, depressed, restless)\*
 | 0 | 1 | 2 | 3 |
| 1. Altered elimination (incontinence, diarrhea, nocturia, frequency, urgency or requirement to help toilet)\*
 | 0 | 1 | 2 | 3 |
| 1. Review of medications that increase risk for falls\* (could include meds that are triggers for injury risk, e.g. steroids, resorptive agents)
 | 0 | 1 | 2 | 3 |
| 1. Altered mobility (unsteady gait, uses assistive devices, impaired balance)\*
 | 0 | 1 | 2 | 3 |
| 1. Orthostatic hypotension\*
 | 0 | 1 | 2 | 3 |
| C. Environmental Safety to Reduce Severity of Injury  |  |
| 1. Hip Protectors
 | 0 | 1 | 2 | 3 |
| 1. Floor Mats
 | 0 | 1 | 2 | 3 |
| 1. Non-slip flooring
 | 0 | 1 | 2 | 3 |
| 1. Height-adjustable bed (in low position, except during transfers)
 | 0 | 1 | 2 | 3 |
| 1. Bed-rail alternatives (body pillows, assist rails)
 | 0 | 1 | 2 | 3 |
| 1. Raised toilet seats
 | 0 | 1 | 2 | 3 |
| 1. Elimination of sharp edges
 | 0 | 1 | 2 | 3 |
| 1. Use of safe exit side from bed (pt transfer to unaffected side)
 | 0 | 1 | 2 | 3 |
| 1. Use of alarms (bed, w/c)
 | 0 | 1 | 2 | 3 |
| 1. Pt access to mobility aides (walkers, canes) as appropriate
 | 0 | 1 | 2 | 3 |
| D. Additional Fall Risk Assessment if Positive Screen: At Risk for Falls |  |
| 1. Formal tests of mobility, gait (list tools in comment section: 8 ft Up and Go, Berg Balance Test)
 | 0 | 1 | 2 | 3 |
| 1. Medications reviewed for contributing causes
 | 0 | 1 | 2 | 3 |
| **E. Post-fall injury assessment includes:**  |  |
| 1. Neurological Assessment if impact to head suspected\*
 | 0 | 1 | 2 | 3 |
| 1. Change in Range of Motion post fall\*
 | 0 | 1 | 2 | 3 |
| 1. Orthostatic vital signs if condition permit\*
 | 0 | 1 | 2 | 3 |
| 1. Documentation of injury(ies) by severity level
 | 0 | 1 | 2 | 3 |
| 1. Changed plan of care after the Safety Huddle to prevent repeat fall/injury.
 | 0 | 1 | 2 | 3 |
| F. Discharge Patient/Family Education  |  |
| 1. If on anticoagulation, anticoagulation therapy reviewed prior to Discharge
 | 0 | 1 | 2 | 3 |
| 1. If on anticoagulation, provided patient education on What to do if you fall and are on anticoagulation (pt education brochure)
 | 0 | 1 | 2 | 3 |
| 1. If osteoporotic, need for osteoporosis therapy reviewed prior to discharge
 | 0 | 1 | 2 | 3 |
| 1. If osteoporotic, patient (and family) educated about osteoporosis (Video, Pt Education Brochure)
 | 0 | 1 | 2 | 3 |
| 1. If known faller, provided patient education on What to do if you fall and can not get up (pt education brochure)
 | 0 | 1 | 2 | 3 |
| 1. Environmental / Home Assessment
 | 0 | 1 | 2 | 3 |
| **TOTAL SCORE** ( 63 items: Score Range 0-189) |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this self assessment. The results will be aggregated for the sites participating in the Falls Virtual Breakthrough Series. If you have questions about this questionnaire please contact:**

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