

Falls Team (June 20, 2014)

1-04 Falls Team for Inpatient Settings

Interdisciplinary falls teams are a key success factor in falls prevention programs. This section will cover the following information:

- I. Choosing the Right People for a Falls Program Committee
- II. Responsibilities of the Team Members
- III. Functions of the Interdisciplinary Falls Team

I. Choosing the Right People for a Falls Program Committee

The Interdisciplinary Falls Team should have people with administrative and direct care functions. We recommend that the following people are involved in the Interdisciplinary Falls Team to manage the fall and injury prevention program, strategic planning and program evaluation. The Falls Team should have an identified team leader from any discipline as listed below:

A. Clinical Staff

1. Falls clinical nurse specialist (or similar position) if available or applicable
2. Nurse Managers (Acute Care and Extended Care)
3. Registered Nurses (one from difference clinical units, multiple settings of care)
4. Nursing assistants/LPNs (one from Acute Care and one from Extended Care; could involve two from each care line and have them rotate attending meetings)
5. Pharmacist (one or two depending on work load and staffing levels)
6. Rehabilitation Therapist(s): Kinesiotherapist, Occupational or Physical Therapist
7. Physician/nurse practitioner (may be full participant on the team or act as a resource for the team)

B. Non-clinical Staff

1. Patient safety manager/quality management coordinator

2. Facility management manager (including those responsible for cleaning and repair of rooms and equipment)
3. Supply procurement and distribution (SPD) manager
4. Transportation manager (optional; one facility added this person due to a number of falls occurring while patients were being transported)

II. Responsibilities of the Team Members

These should be clearly defined in the policy or charter.

A. Clinical Staff

1. Falls Clinical Nurse Specialist
Not all facilities have a falls clinical nurse specialist. Some facilities have a particular nurse manager, generally in the long-term or extended care wards that have an interest in falls and fall-related injuries prevention. This person will generally:
 - a. Facilitate team meetings, if team leader
 - b. Ensure fall prevention measures are being used (this is a responsibility of the entire team)
 - c. Elicit comments from staff regarding the program and other fall-related activities
2. Nurse Managers from Acute Care and Extended Care
 - a. Enforce the interventions taken by the interdisciplinary teams, and
 - b. Ensure that interventions become the standard of care for high fall-risk patients.
3. Registered Nurses
 - a. Collaborate with members of the healthcare team to implement and evaluate individualized fall and injury risk plans of care.
 - b. Engage patients and families as partners in care through shared goal-setting, promoting self-care, and
 - c. Coordinate and delegate care using critical decision-making skills. Nursing Assistants and LPNs from Acute Care and Extended Care Lines
 - a. Educate their peers on the interventions.
 - b. Act as falls prevention advocates and.

- c. Collect data for the aggregate reviews submitted to NCPS, etc.

4. Pharmacists

- a. Review medication of all high fall-risk patients when they are identified and following a fall.
- b. Identify issues with medications and notify physicians that medications need to be adjusted.

5. Rehabilitation Therapist(s)

Kinesiotherapists

- a. Plan and carry out treatment in which they use or adapt various types of physical exercise, physical activities and equipment.
- b. Evaluate muscle strength, endurance, coordination and balance;
- c. Provide individual or group instruction for patients' physical reconditioning or re-socialization; and
- d. Adapt equipment to meet patients' specific needs.

Occupational Therapists

- a. Use purposeful activity to maximize independence, prevent disability, and maintain health.
- b. Enhance cognitive, perceptual, motor, sensory, and psychomotor functioning.
- c. Teach patients alternative methods to prevent falls and complete activities of daily living and instrumental activities of daily living skills, and
- d. Adapt environments for optimal independence and safety to prevent patient falls.

Physical Therapists

- a. Prevent the onset and progression of impairment, functional limitation, disability or changes in physical function and health status resulting from fall and/or injury

- b. Assess and instruct safe ambulation with and without assistive devices.
 - c. Intervene to restore, maintain and promote overall fitness and optimal quality of life as related to movement and health, thereby preventing falls and related complications.
6. Physicians (Prescribing provider: Nurse Practitioners, Physician Assistants)
- a. Review patients' medical history, along with fall and injury risk factors when admitted and following a fall.
 - b. Identify aspects of the medical history that could contribute to falls,
 - c. Develop interventions aimed at decreasing fall and injury risk related to medical conditions and functional deficits, and
 - d. Make referrals to allied health providers.

All clinical disciplines should include information about fall and fall injury prevention in discharge plans.

Smaller facilities can integrate the falls team into their interdisciplinary treatment teams.

The other suggested members can serve as resources for the treatment team.

III. Functions of the Interdisciplinary Team

A. Administrative Responsibilities of the Falls Team

1. Review facility fall prevention protocols (see the Falls Policy, p. 27-56 – Refer to AHRQ Falls Toolkit)
2. Implement falls and injury prevention strategies across the facility
3. Act as a resource for interdisciplinary treatment teams treating high fall-risk patients
4. Review falls on a case-by-case basis and make recommendations to treatment teams

5. Analyze data on falls to see if there are any trends on causes within and across units and determine if the interventions are working to reduce falls and fall-related injuries
6. Participate and / or conduct staff education related to fall and injury prevention strategies based on analysis of fall events.
7. Whenever possible, ensure the patient is an active partner and is fully engaged in all aspects of fall prevention care planning and treatment decisions.

B. Logistics of the Falls Team

Falls teams operate differently depending on the facility; however, once the team is established they need to decide the following things:

1. Determine falls team roles (i.e. leader, facilitator, scribe, timekeeper) at team meetings.
2. When and how often they are going to meet (i.e., monthly, biweekly or weekly)
3. Where they are going to meet (i.e., conference room or office)
4. What their relationship is to the treatment teams (i.e., high fall-risk patients are referred to the falls team; or the interdisciplinary treatment teams ask for help with specific patients)

Resource: AHRQ falls toolkit, Preventing Falls in Hospitals: Chapter 4: How to implement the fall prevention program in your organization; a. what roles and responsibilities will staff have in preventing falls.

Available:

<https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/index.html>

preventable falls, protection from injurious falls, and patient engagement in fall prevention.