PART 5: APPENDICES

APPENDIX I: TOP TEN CHECKLIST

Associated Hospital/Organization: AHA/HRET HEN 2.0

Purpose of Tool: A checklist to review current or initiate new interventions for fall prevention in your facility

Reference: www.hret-hen.org

Top Ten Evidence-Based Interventions				
Process Change	**In Place**	**Not Done**	**Will Adopt**	**Notes (Responsible And By When?)**
Analyze falls data to identify trends in the patient population, contributing factors to all falls and falls with injury. Design targeted interventions to address the top contributing factors in your organization or unit.	☐	☐	☐	
Assemble a multidisciplinary falls team to plan the fall prevention program or assess the current team's efficacy and make changes as necessary using PDSA methodology.	☐	☐	☐	
Assess fall and injury risk on admission, daily and with changes in the patient's condition.	☐	☐	☐	
Communicate risk across the team: hand-off forms, visual cues, huddles and whiteboards.	☐	☐	☐	
Round every 1-2 hours on patients; address the 5 P's — pain, position, personal belongings, pathway and potty. Assess effectiveness of rounds through direct observation and patient interviews. Adjust rounds workflow with staff input to improve outcomes as necessary.	☐	☐	☐	
Implement patient specific interventions to prevent hazards of immobility: rehab referral, progressive activity and ambulation program.	☐	☐	☐	
Individualize interventions for patients at high-risk for injury: padded floor mats, hip protectors, individualized toileting schedule, more frequent rounds and direct observation through sitters or video surveillance.	☐	☐	☐	
Review medications: avoid unnecessary hypnotics and sedatives, and remove culprit medications from order sets. Target high-risk patients and post fall patients for pharmacist medication review.	☐	☐	☐	
Include patients, families and caregivers in efforts to prevent falls. Educate using "teach back" regarding fall prevention measures and encourage family members to stay with high-risk patients.	☐	☐	☐	
Conduct post fall huddles at the bedside with the patient and family immediately after the fall; analyze how and why the fall occurred, and implement change(s) to prevent future falls.	☐	☐	☐	