Injurious Fall Prevention Organizational Self-Assessment

Hospital Name: _____

Unit Type: Circle One
Med Surg
ICU/CCU/SICU
LTC
Rehab
Psych

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
2. 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
3. Employees are provided with timely and routine feedback on fall injury data, improvement results, significant events and near misses.	0	1	2	3
4. Fall-Injury Prevention strategies target the organizational and unit system, patient populations.	0	1	2	3
5. Fall-related injuries are discussed openly without fear of reprisal or undue embarrassment.	0	1	2	3
6. All fall-related injuries are discussed with patients and families regardless of injury severity.	0	1	2	3
7. One or more specifically trained practitioners are identified to oversee the analysis of fall-related injuries, their causes and coordinate fall injury prevention activities. (Designation of Fall Experts and Unit Based Champions)	0	1	2	3
8. Employees voluntarily report fall injury hazards	0	1	2	3
9. A non-blaming immediate post fall assessment (Safety Huddle) of every patient fall is conducted.	0	1	2	3
10. After immediate assessment and reporting, how the fall might have been prevented is communicated to all staff.	0	1	2	3
11. Inter-rater reliability tests for fall risk assessment and injury risk assessment.	0	1	2	3
12. Staff Participation in Technology Selection.	0	1	2	3
13. Communication / Hand-off Procedure includes risk for injurious fall.	0	1	2	3

14. Fall injury prevention and intervention protocols are included in hospital or nursing orientation (e.g. hip protectors, mats, low beds).	0	1	2	3
15. Staff participates in professional or clinical training programs that include skills training to prevent injuries for falls.	0	1	2	3
B. Data and Injury Program Evaluation				
16. Fall Rates by Type of Fall (Accidental, Anticipated Physiological, Unanticipated Physiological).	0	1	2	3
17. Fall-related Injury Rates by Severity of Injury.	0	1	2	3
18. Fall injury rate reported per unit and hospital- wide by severity level and type of fall.	0	1	2	3
19. Analysis of Repeat Fallers	0	1	2	3
20. Analysis by Age Groups (<55, 55-65, >65-75, >75)	0	1	2	3
21. Falls with injury trend data are compared with staffing	0	1	2	3
22. Amount of Annual Staff Education on Fall Prevention?	0	1	2	3
23. The entire fall prevention program is analyzed at least annually and evaluated for potential risk factors and opportunities for improvement.	0	1	2	3
24. Trended injurious falls data are reported to the Board of Directors/Senior Leaders.	0	1	2	3
25. Falls with injury prevalence (NQF) Quarterly, Unit and Hospital is reported to team or unit.	0	1	2	3
26. Falls with injury prevalence (NQF) Quarterly, Unit and Hospital is reported to Extranet measures.	0	1	2	3
27. Data analysis at Organizational and Unit Levels.	0	1	2	3
SECTION 2. Unit Level				
A. Fall Injury Risk Assessment Methodology				
28. 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
29. History of repeat falls.	0	1	2	3
30. History of fall injury risks (osteoporosis, anticoagulants, or other condition that might predispose to injury)*	0	1	2	3
31. History of fall-related injury, esp. fracture.	0	1	2	3
32. Signage if patient at risk for injury.	0	1	2	3
33. Patient specific injury prevention plan of care reliably implemented.	0	1	2	3
B. Screening for Likelihood of Falling				
34. History of Falls	0	1	2	3
35. History of Repeat Falls	0	1	2	3
36. Altered mental status (confused, disoriented, depressed, restless).	0	1	2	3
37. Altered elimination (incontinence, diarrhea, nocturia, frequency, urgency or requirement to help toilet)	0	1	2	3
38. 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
39. Altered mobility (unsteady gait, uses assistive devices,	0	1	2	3

impaired balance).				
40. Orthostatic hypotension.	0	1	2	3
C. Environmental Safety to Reduce Severity of Injury				
41. Hip Protectors	0	1	2	3
42. Floor Mats	0	1	2	3
43. Non-slip flooring	0	1	2	3
44. Height-adjustable bed (in low position, except during transfers)	0	1	2	3
45. Bed-rail alternatives (body pillows, assist rails)	0	1	2	3
46. Raised toilet seats	0	1	2	3
47. Elimination of sharp edges	0	1	2	3
48. Use of safe exit side from bed (patinet transfer to unaffected side)	0	1	2	3
49. Use of alarms (bed, w/c)	0	1	2	3
50. 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				
51. Formal tests of mobility, gait (list tools in comment section: 8 ft Up and Go, Berg Balance Test)	0	1	2	3
52. Medications reviewed for contributing causes	0	1	2	3
E. Post-fall injury assessment includes:				
53. Neurological Assessment if impact to head suspected*	0	1	2	3
54. Change in Range of Motion post fall*	0	1	2	3
55. Orthostatic vital signs if condition permit*	0	1	2	3
56. Documentation of injury(ies) by severity level	0	1	2	3
57. Changed plan of care after the Safety Huddle to prevent repeat fall/injury.	0	1	2	3
F. Discharge Patient/Family Education				
58. If on anticoagulation, anticoagulation therapy reviewed prior to Discharge	0	1	2	3
59. If on anticoagulation, provided patient education on What to do if you fall and are on anticoagulation (pt education brochure)	0	1	2	3
60. If osteoporotic, need for osteoporosis therapy reviewed prior to discharge	0	1	2	3
61. If osteoporotic, patient (and family) educated about osteoporosis (Video, Pt Education Brochure)	0	1	2	3
62. If known faller, provided patient education on What to do if you fall and cannot get up (pt education brochure)	0	1	2	3
63. Environmental / Home Assessment	0	1	2	3
TOTAL SCORE (63 items: Score Range 0-189)				

Comments:_____
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