Fall Management Checklist

Fall Management Program

- ☐ Does the Fall-Management Policy Include:
  - ☐ Frequency of fall risk assessments (e.g., admission, readmission, change in condition, quarterly, and after a fall-event)?
  - ☐ Fall management measures (e.g., lighting, instruction on-call system, physical therapy referral)?
  - ☐ Fall management interventions (e.g., 72-hour monitoring post-fall)?
  - ☐ Creation of an individualized, person-centered care plan aimed at managing fall risk? [2]
  - ☐ Fall management communication and documentation?
  - ☐ Interdisciplinary Care Team involvement including meeting schedule and oversight responsibilities (e.g., weekly resident-at-risk meeting)?
  - ☐ Fall management education for residents, families & staff?
  - ☐ Assessment, monitoring, and reporting responsibilities post-fall event?
  - ☐ Investigation and review of contributing fall risk factors post-fall? [1]
- ☐ Is there a formal process to conduct fall huddles with team members caring for the resident post-fall event?
- ☐ Are staff, managers, and leaders trained to use root-cause analysis tools including the Five-Why's in daily practice?
- ☐ Does Morning Meeting/Morning Clinical Meeting include a review of new admissions, residents with a change in condition, and residents that have fallen in the past 24-hours?

Pre-Admission Fall-Risk Identification and Expectation Management

- ☐ Is Expectation Management Language included in the Admission Agreement (e.g., fall risk is part of a normal aging process, we will work with you to manage your fall risk)?
- ☐ Is the resident's medical history reviewed for fall risk factors and history of falling prior to admission?
- ☐ Does transfer communication with the referral agency include a review of the resident's fall history?
- ☐ Is fall history considered in making resident room assignments and other care planning prior to arrival?[2]

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Admission Risk Assessment

- ☐ Is a standardized, evidence-based/professional guidelines-based fall risk assessment scoring tool used in assessing fall risk (e.g., The Hendrick II Fall Risk Model, Morse Fall Scale)? [2]
- ☐ Does the assessment tool include:
    - ☐ History of Falls (note some residents and family members are hesitant to share fall history)?
    - ☐ History of gait fatigue, balance, or mobility challenges?
    - ☐ Orthopedic or joint disorders?[2]
    - ☐ Use of assistive devices?
    - ☐ Bowel and bladder incontinence?
    - ☐ Impaired cognition, including fluctuating mental status or change in cognition? [2]
    - ☐ Underlying medical conditions affecting balance, endurance, strength, judgment, vision?[2]
    - ☐ Use of high-risk medications (e.g., antihypertensives, diuretics, hypoglycemic agents, psychotropics, opioids)?[2]
    - ☐ Polypharmacy? [2]
    - ☐ Recent medication changes?[2]
- ☐ Are other fall-assessment tools used (e.g., Berg Functional Balance Scale, Timed Get Up and Go Test)? [2]
- ☐ Is the fall risk assessment completed within eight hours of admission?
- ☐ Does a Registered Nurse complete the fall risk assessment?
- ☐ Does the admission process include resident and family orientation to the fall management program?

Interventions and Care Planning

- ☐ Are Primary Interventions used for residents who have not fallen but have risk factors (e.g., strength and balance training, physical therapy consult, medication review)?[2]
- ☐ Are Secondary Interventions used to address identified fall risk factors (e.g., Bowel and Bladder Training Program, evaluation of assistive devices, evaluation of situational factors – getting up at 2 am to go to the bathroom)? [2]
- ☐ Is a formal process for Purposeful Rounding in place?
    - ☐ Pain
    - ☐ Positioning
    - ☐ Personal Needs (bathroom room, hunger, thirst)
    - ☐ Periphery (Personal items in reach - call light, phone, glasses)
    - ☐ Prompts (Safety reminders)[3]
    - ☐ Pick-Up (spills, cords, address unsafe conditions)

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Communication and Care Coordination

- ☐ Is resident safety status communicated at shift change (e.g., ambulation fatigue, change in balance)?
- ☐ Is resident safety status/fall risk discussed at Care Plan Meetings with the resident and family?
- ☐ Are ambulation/mobility care needs actively communicated with care staff (e.g., care cards, electronic alerts)[2]

Post-Fall Assessment and Response

- ☐ Are components of a clinically pertinent fall risk assessment defined in the Fall Management policy (e.g., cognition, range of motion, neuro checks, pain)?
- ☐ Is a formal communication process in place and documented post-fall (e.g., supervisor, physician, family)?
- ☐ Are requirements for follow-up medical record documentation defined in policy (e.g., 72-hour post-fall documentation that includes resident condition/change in condition, response to interventions, pain management)?
- ☐ Is an incident report completed for all fall events?
- ☐ Do the DON and ADON have oversight responsibility for the completion of the fall investigation?
- ☐ Does the Interdisciplinary team review all fall events?

Staff Training

- ☐ Are all staff trained on the Fall Management Program during orientation?
- ☐ Are all staff trained on the Fall Management Program annually?
- ☐ Does training for licensed staff include:
  - ☐ Conducting an accurate falls risk assessment
  - ☐ Interventions to manage fall risk
  - ☐ Care planning to manage fall risk
  - ☐ Restorative/strengthening exercises
  - ☐ Resident and family education
  - ☐ Proactive fall risk communication (e.g., shift report)
  - ☐ Documentation
  - ☐ Review of the Fall Management Program/Policy and Procedure

Sources:

1. Pendulum Risk Management Services. Falls Management for Skilled Nursing. Vaaler Senior Resource Center.
2. Agency for Healthcare Research and Quality. AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention Falls Prevention Self-Assessment Worksheet
3. Atlantic Quality Innovation Network. Rounding with the 4 P's Potty, Pain, Positioning, Personal Items. https://atlanticquality.org/download/clin_top_elim_phys_restrain_rounding_with_4Ps.pdf

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