# 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?<sup>2</sup>
  - □ 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?<sup>1</sup>
- □ 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?<sup>2</sup>





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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)?<sup>2</sup>
- $\Box$  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?
  - $\Box$  Orthopedic or joint disorders?<sup>2</sup>
  - □ Use of assistive devices?
  - □ Bowel and bladder incontinence?
  - $\Box$  Impaired cognition, including fluctuating mental status or change in cognition?<sup>2</sup>
  - □ Underlying medical conditions affecting balance, endurance, strength, judgment, vision?<sup>2</sup>
  - □ Use of high-risk medications (e.g., antihypertensives, diuretics, hypoglycemic agents, psychotropics, opioids)?<sup>2</sup>
  - □ Polypharmacy?<sup>2</sup>
  - □ Recent medication changes?<sup>2</sup>
- □ Are other fall-assessment tools used (e.g., Berg Functional Balance Scale, Timed Get Up and Go Test)?<sup>2</sup>
- □ 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)?<sup>2</sup>
- 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)? <sup>2</sup>
- $\hfill\square$   $\hfill$  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)
  - $\Box$  Prompts (Safety reminders)<sup>3</sup>
  - □ Pick-Up (spills, cords, address unsafe conditions)



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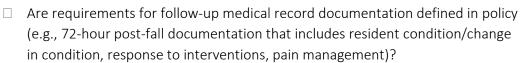


### Communication and Care Coordination

- □ 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?
- $\Box$  Are ambulation/mobility care needs actively communicated with care staff (e.g., care cards, electronic alerts)<sup>2</sup>

#### 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 postfall (e.g., supervisor, physician, family)?



- □ 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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