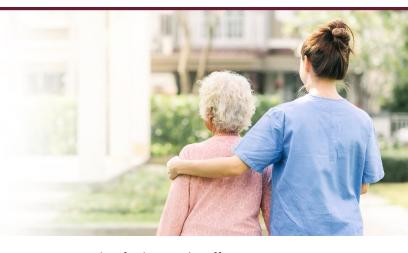


Fall Management Competency



This checklist can be used to develop a fall management competency packet for licensed staff. ☐ Fall Management Policy and Procedure Develop a short quiz addressing key elements of the policy ☐ Safe Resident Handling and Mobility Policy and Procedure (including the use of mobility lifts) Develop a short quiz addressing key elements of the policies and procedures ☐ Fall Assessment Tool and Associated Procedure for Completion Include an accurately completed fall assessment form ☐ Fall Risk Factors – the following resources are included for your consideration o CDC Fall Facts - Facts About Falls | Fall Prevention | Injury Center | CDC [Accessed September 17, 2023] Risk Factors for Falls - Fact Sheet Risk Factors for Falls (cdc.gov) [Accessed September 17, 2023] Medications Linked to Falls - Fact Sheet Medications Linked To Falls (cdc.gov) [Accessed September 17, 20231 Stay Independent - <u>Stay Independent (cdc.gov)</u> [Accessed September 17, 2023] Fall Risk, Recognition and Response – Fall Risk Recognition and Response o Care Team Education - <u>Staff Fall Management Training Presentation</u> ☐ Fall Management Interventions – the noted list is a sample and is not all-inclusive o Universal interventions are utilized for all residents (e.g., resident orientation to the environment on admission including the use of the call light, use of night lighting, bed maintained in low position, personal possessions within reach, reminder to call for assistance when feeling weak, dizzy, or unsteady) o Primary interventions are used for residents who have not fallen but have risk factors (e.g., strength and balance training, physical therapy consult, medication review, evaluation of situational factors – gets up at 2 am to go to the bathroom) Source - Agency for Healthcare Research and Quality. AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention, Falls Prevention Self-Assessment Worksheet. https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/ontime/fallspx/assess.html [Accessed September 17, 2023] Secondary Interventions are used to address identified fall risk factors (e.g., Bowel and Bladder Training

Program, evaluation of assistive devices, use of a motion sensor, vision examination, use of a low bed)

Source - Agency for Healthcare Research and Quality. AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention, Falls Prevention Self-Assessment Worksheet https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/ontime/fallspx/assess.html [Accessed September





Resident-Centered Fall Management - Resident-Centered Fall Management

	Purposeful Rounding Procedure – Purposeful rounding involves interaction with the resident addressing the following factors, hourly rounding is recommended	
	0	Pain
	0	Positioning
	0	Personal Needs (bathroom room, hunger, thirst)
	0	Periphery (personal items in reach - call light, phone, glasses)
	0	Personal Connection and Personal Safety Needs (e.g., I'll be back to help you get to dinner in 30
		minutes; Please use your call light for assistance)
	0	Pick-Up (e.g., spills, cords)
		Source - HealthStream. Benefits of Hourly Rounding in Nursing. Benefits of Hourly Rounding in Nursing (healthstream.com) [Accessed September 17, 2023]
	0	Room Rounding Tool – <u>Resident Room Rounds</u>
	Res	sident and family member educational materials on fall management
	0	Resident and Family Education for Managing Fall Risk (2022)
	0	STEDI – Patient and Caregiver Resources <u>Patient & Caregiver Resources</u> <u>STEADI - Older Adult Fall</u>
		Prevention CDC Injury Center [Accessed September 17, 2023]
	Team communication of resident fall risk at critical care junctures	
	0	Admission
	0	Readmission
	0	First week after admission
	0	Change in Condition
	0	After a fall event
	Guidelines for developing a fall management care plan and talking points for resident and family care	
	cor	nference meetings
	0	The Care Plan is developed from the identified risks from the fall risk assessment (e.g., mobility, mobility
		devices, cognition, continence, medications)
	0	Provide an example of a resident-centered care plan with fall interventions supporting identified fall risk
	0	Provide an example of post-fall documentation that includes complete information regarding how the resident was found, resident description of what happened, assessment of resident condition including but not limited to mobility, injuries, pain, cognition, and vital signs (neuro checks as applicable)
	0	Provide an example of complete and accurate 72-hour post-event documentation
		ident Reporting Policy and Procedure
	0	Provide an example of an incident report that is completed accurately
		mpletion Quiz
	0	Provide a completion quiz to assess overall competency
		ment is not intended to be taken as advice regarding any individual situation and should not be relied upon as such. Marsh & McLennan Agency have no obligation to update this publication and shall have no liability to you or any other party arising out of this publication or any matter

This document is not intended to be taken as advice regarding any individual situation and should not be relied upon as such. Marsh & McLennan Agency LLC shall have no obligation to update this publication and shall have no liability to you or any other party arising out of this publication or any matter contained herein. Any statements concerning actuarial, tax, accounting or legal matters are based solely on our experience as consultants and are not to be relied upon as actuarial, accounting, tax or legal advice, for which you should consult your own professional advisors. Any modeling analytics or projections are subject to inherent uncertainty and the analysis could be materially affected if any underlying assumptions, conditions, information or factors are inaccurate or incomplete or should change. d/b/a in California as Marsh & McLennan Insurance Agency LLC; CA Insurance Lic: OH18131. Copyright © 2023 Marsh & McLennan Agency LLC. All rights reserved. MarshMMA.com

This educational document, which does not reflect any official policy or opinion of Siders HealthCare Consulting, LLC, is provided for informational purposes only. It is not intended to provide legal or medical advice, nor is it intended to be an exhaustive list of all risks that need to be addressed for a healthcare organization. While every effort is made to provide accurate information, changes may occur, and inaccuracies happen despite best efforts. This information is not a substitute for individual consultations with professionals in these areas and should not be relied on as such. Please work with your legal counsel, business advisor, or health care professional to develop a plan that is specific to your organization. © 2023 Siders HealthCare Consulting, LLC.



