

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, hourly Purposeful Rounding)
 - 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 on admission and change in condition
 - Fall management education for families on admission and change in condition
 - Fall management education for staff on hire and at least annually
 - Assessment, monitoring, and reporting responsibilities post-fall event
 - Investigation and review of contributing fall risk factors post-fall ¹
- Establish a formal process to conduct fall huddles with team members caring for the resident after a fall
- Provide staff, manager, and leader training on root-cause analysis tools including the Five-Why's for use with fall investigations
- Review fall risk at Morning Meeting/Morning Clinical Meeting including 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

- Include Expectation Management Language 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)
- Review the resident's medical history for fall risk factors and history of falling prior to admission
- Include a review of the resident's fall history as part of transfer communication with the referral agency
- Consider resident fall history when making resident room assignments and other care planning prior to arrival²



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Note – This list is not intended to be all inclusive, modification is recommended based on facility services and policies.

Admission Risk Assessment

- Utilize a standardized, evidence-based/professional guidelines-based fall risk assessment scoring tool 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 disorders²
 - Use of assistive devices
 - Bowel and bladder incontinence
 - Impaired cognition, including fluctuating mental status or change in cognition²
 - Underlying medical conditions affecting balance, endurance, strength, judgment, vision²
 - Use of high-risk medications (e.g., antihypertensives, diuretics, hypoglycemic agents, psychotropics, opioids)²
 - Polypharmacy²
 - Recent medication changes²
- Evaluate other fall-assessment tools (e.g., Berg Functional Balance Scale, Timed Get Up and Go Test)²
- Complete the fall risk assessment within eight hours of admission
- Utilize a Registered Nurse to complete the fall risk assessment
- Include resident and family orientation to the fall management program as part of the admission process

Interventions and Care Planning

- Utilize Primary Interventions for residents who have not fallen but have risk factors (e.g., strength and balance training, physical therapy consult, medication review)²
- Utilize Secondary Interventions 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
- Establish a formal process for hourly Purposeful Rounding
 - 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)



Communication and Care Coordination

- Communicate resident safety status at shift change (e.g., ambulation fatigue, change in balance)
- Discuss resident safety status/fall risk at Care Plan Meetings with the resident and family
- Actively communicate resident ambulation/mobility care needs with care staff (e.g., care cards, electronic alerts)²

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Post-Fall Assessment and Response

- Define components of a clinically pertinent fall risk assessment in the Fall Management policy (e.g., cognition, range of motion, neuro checks, pain)
- Establish a formal post-fall communication and documentation process (e.g., supervisor, physician, family)
- Define requirements for follow-up medical record documentation in policy (e.g., 72-hour post-fall documentation that includes resident condition/change in condition, response to interventions, pain management)
- Complete an incident report for all fall events
- Establish oversight responsibility for the completion of the fall investigation (e.g., DON and ADON)
- Implement a formal process for interdisciplinary team review all fall events

Staff Training

- Train all staff on the Fall Management Program during orientation
- Train all staff 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. [AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention | Agency for Healthcare Research and Quality](#) [Accessed September 17, 2023]
3. Health Quality Innovation Network. The 4 P's of Reducing the Risk of Falls. [The Four P's to Purposeful Rounding \(hqin.org\)](#) [Accessed September 17, 2023]

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