# 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 | Blank on Purpose | | | |
| A. Leadership | Blank on Purpose | | | |
| 1. Executive “walk-arounds” with targeted question about fall injury prevention | 0 | 1 | 2 | 3 |
| 1. 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 |
| 1. Employees are provided with timely and routine feedback on fall injury data, improvement results, significant events and near misses | 0 | 1 | 2 | 3 |
| 1. Fall injury prevention strategies target the organizational and unit system patient populations | 0 | 1 | 2 | 3 |
| 1. Fall-related injuries are discussed openly without fear of reprisal or undue embarrassment | 0 | 1 | 2 | 3 |
| 1. All fall-related injuries are discussed with patients and families regardless of injury severity | 0 | 1 | 2 | 3 |
| 1. 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 |
| 1. Employees voluntarily report fall injury hazards | 0 | 1 | 2 | 3 |
| 1. A non-blaming immediate post fall assessment (safety huddle) of every patient fall is conducted | 0 | 1 | 2 | 3 |
| 1. After immediate assessment and reporting, how the fall might have been prevented is communicated to all staff | 0 | 1 | 2 | 3 |
| 1. Inter-rater reliability tests for fall risk assessment and injury risk assessment | 0 | 1 | 2 | 3 |
| 1. Staff participation in technology selection | 0 | 1 | 2 | 3 |
| 1. Communication/hand-off procedure includes risk for injurious fall | 0 | 1 | 2 | 3 |
| 1. Fall injury prevention and intervention protocols are included in hospital or nursing orientation (e.g., hip protectors, mats, low beds) | 0 | 1 | 2 | 3 |
| 1. 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 | Blank on Purpose | | | |
| 1. Fall rates by type of fall (accidental, anticipated physiological, unanticipated physiological) | 0 | 1 | 2 | 3 |
| 1. Fall-related injury rates by severity of injury | 0 | 1 | 2 | 3 |
| 1. Fall injury rate reported per unit and hospital-wide by severity level and type of fall | 0 | 1 | 2 | 3 |
| 1. Analysis of repeat fallers | 0 | 1 | 2 | 3 |
| 1. Analysis by age groups (<55, 55-65, >65-75, >75) | 0 | 1 | 2 | 3 |
| 1. Falls with injury trend data are compared with staffing | 0 | 1 | 2 | 3 |
| 1. Amount of annual staff education on fall prevention? | 0 | 1 | 2 | 3 |
| 1. The entire fall prevention program is analyzed at least annually and evaluated for potential risk factors and opportunities for improvement | 0 | 1 | 2 | 3 |
| 1. Trended injurious falls data are reported to the Board of Directors/senior leaders | 0 | 1 | 2 | 3 |
| 1. Falls with injury prevalence (NQF) quarterly, unit and hospital are reported to team or unit | 0 | 1 | 2 | 3 |
| 1. Falls with injury prevalence (NQF) quarterly, unit and hospital are reported to extranet measures | 0 | 1 | 2 | 3 |
| 1. Data analysis at organizational and unit levels | 0 | 1 | 2 | 3 |
| SECTION 2. Unit Level | Blank on Purpose | | | |
| A. Fall Injury Risk Assessment Methodology | Blank on Purpose | | | |
| 1. Fall Injury Risk Assessment is conducted on every patient on admission, transfer, change in patient status and after a fall | 0 | 1 | 2 | 3 |
| 1. History of repeat falls | 0 | 1 | 2 | 3 |
| 1. History of fall injury risks (osteoporosis, anticoagulants, or other condition that might predispose to injury) \* | 0 | 1 | 2 | 3 |
| 1. History of fall-related injury, esp. fracture | 0 | 1 | 2 | 3 |
| 1. Signage if patient at risk for injury | 0 | 1 | 2 | 3 |
| 1. Patient specific injury prevention plan of care reliably implemented | 0 | 1 | 2 | 3 |
| B. Screening for Likelihood of Falling | Blank on Purpose | | | |
| 1. History of falls | 0 | 1 | 2 | 3 |
| 1. History of repeat falls | 0 | 1 | 2 | 3 |
| 1. Altered mental status (confused, disoriented, depressed, restless) | 0 | 1 | 2 | 3 |
| 1. Altered elimination (incontinence, diarrhea, nocturia, frequency, urgency or requirement to help toilet) | 0 | 1 | 2 | 3 |
| 1. 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 |
| 1. Altered mobility (unsteady gait, uses assistive devices, impaired balance) | 0 | 1 | 2 | 3 |
| 1. Orthostatic hypotension | 0 | 1 | 2 | 3 |
| C. Environmental Safety to Reduce Severity of Injury | Blank on Purpose | | | |
| 1. Hip protectors | 0 | 1 | 2 | 3 |
| 1. Floor mats | 0 | 1 | 2 | 3 |
| 1. Non-slip flooring | 0 | 1 | 2 | 3 |
| 1. Height-adjustable bed (in low position, except during transfers) | 0 | 1 | 2 | 3 |
| 1. Bed-rail alternatives (body pillows, assist rails) | 0 | 1 | 2 | 3 |
| 1. Raised toilet seats | 0 | 1 | 2 | 3 |
| 1. Elimination of sharp edges | 0 | 1 | 2 | 3 |
| 1. Use of safe exit side from bed (patient transfer to unaffected side) | 0 | 1 | 2 | 3 |
| 1. Use of alarms (bed, w/c) | 0 | 1 | 2 | 3 |
| 1. Patient access to mobility aides (walkers, canes) as appropriate | 0 | 1 | 2 | 3 |
| D. Additional Fall Risk Assessment if Positive Screen: At Risk for Falls | Blank on Purpose | | | |
| 1. Formal tests of mobility, gait (list tools in comment section: 8 ft Up and Go, Berg Balance Test) | 0 | 1 | 2 | 3 |
| 1. Medications reviewed for contributing causes | 0 | 1 | 2 | 3 |
| **E. Post-fall Injury Assessment Includes:** | Blank on Purpose | | | |
| 1. Neurological assessment if impact to head suspected\* | 0 | 1 | 2 | 3 |
| 1. Change in range of motion post-fall\* | 0 | 1 | 2 | 3 |
| 1. Orthostatic vital signs if condition permit\* | 0 | 1 | 2 | 3 |
| 1. Documentation of injury(ies) by severity level | 0 | 1 | 2 | 3 |
| 1. Changed plan of care after the Safety Huddle to prevent repeat fall/injury. | 0 | 1 | 2 | 3 |
| F. Discharge Patient/Family Education | Blank on Purpose | | | |
| 1. If on anticoagulation, anticoagulation therapy reviewed prior to discharge | 0 | 1 | 2 | 3 |
| 1. If on anticoagulation, provided patient education on what to do if you fall and are on anticoagulation (patient education brochure) | 0 | 1 | 2 | 3 |
| 1. If osteoporotic, need for osteoporosis therapy reviewed prior to discharge | 0 | 1 | 2 | 3 |
| 1. If osteoporotic, patient (and family) educated about osteoporosis (video, patient education brochure) | 0 | 1 | 2 | 3 |
| 1. If known faller, provided patient education on what to do if you fall and cannot get up (patient education brochure) | 0 | 1 | 2 | 3 |
| 1. Environmental/home assessment | 0 | 1 | 2 | 3 |
| **TOTAL SCORE** \_\_\_\_\_(63 items: Score Range 0-189) | Blank on Purpose | | | |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_