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|  | | *Type:* |  |
| *Name:* | Fall Management Policy | *ID:* |  |

1. SCOPE

Residents and Staff

1. DEFINITIONS
   1. Fall: Unintentional change in position coming to rest on the ground, floor, or onto a lower surface. The fall may be witnessed, reported by the resident or an observer, or identified when a resident is found on the floor or ground. Falls are NOT a result of an overwhelming external force (resident pushing another resident). An intercepted fall occurs when a resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person-this is still a fall.
   2. CBG: Capillary Blood Glucose.
   3. EHR: Electronic Health Record
   4. IDPN: Interdisciplinary Progress Note
   5. IDT: Interdisciplinary Team
   6. MDS: Minimum Data Set
   7. UDEMR: User-Defined Electronic Medical Record
   8. QAPI: Quality Assurance Performance Improvement
2. SUPPORTING DOCUMENTS *(select one)*



1. PROCEDURE (ET, LH, SW, WR)
   1. **Assessment**
      1. All residents will be assessed for falls risk upon admission utilizing the Fall Risk Assessment in the EHR.
      2. Falls and/or falls injury prevention interventions will be developed for all residents upon admission, and will be documented in the resident care plan.
      3. Interventions are to be individualized and targeted to the resident’s specific risk factors. Interventions will be communicated to the care team at shift-to-shift report and at stand-up meetings.
      4. All newly admitted residents will be screened/evaluated by Rehab Services for gait, balance, and strength deficits unless medically contraindicated.
      5. The Medical Provider will be notified of the resident’s fall risk factors and will evaluate contributing medical factors during the admission history and physical examination.
      6. A comprehensive falls prevention care plan will be developed by the interdisciplinary team within 21 days post admission.
      7. Residents will be reassessed for falls risk at least quarterly in conjunction with scheduled MDS assessments. Reassessment of risk will also occur upon readmission to the facility (post-hospitalization) and with significant changes in status. Care plans will be reviewed and updated as necessary at this time.
   2. **Culture of Prevention**
      1. New admissions will be placed on the neighborhood’s Alert Charting Form for a period of at least 72 hours to monitor safety/identify additional risk factors.
      2. Resident and/or responsible party teaching will be done as needed/as appropriate.
      3. Upon admission and transfer, residents will receive a thorough orientation to their room including the call bell system, the neighborhood environment, and routine. Re-orientation will take place as necessary, as appropriate.
      4. Team members are educated regarding falls and falls prevention during new employee orientation and at least annually.
      5. Nursing team will utilize intentional rounding to provide routine oversight to residents. During rounds nursing staff will evaluate current resident needs such as ensuring the call bell is within reach, toileting and other personal needs, positioning, clutter or other unsafe/hazardous environmental concerns, and for evidence of pain/discomfort. This model focuses on anticipation of and fulfillment of needs proactively rather than reactively.
   3. **Post-Fall Management**
      1. Every resident fall will be investigated. Investigation must begin at the time of the fall to assess possible root causes of the fall.
      2. Neurological checks will be implemented for all unwitnessed falls and for all falls for residents receiving anticoagulant therapies-see Nurse-033 “Neurological Checks” for policy/procedure.
      3. An incident report will be completed in the EHR for all falls by the licensed nurse. The Nurse Manager or designee will review the incident report for completion and will sign the report.
      4. The immediate post-fall assessment will be documented using the form in the UDEMR. Additional post-fall assessments will be completed every shift for 9 total shifts.
      5. Fall hazards and risk factors will be reduced, stabilized, or eliminated immediately. Environmental hazards and other safety hazards should be reported to the appropriate department for timely correction.
      6. New intervention(s) to prevent similar/like falls should be implemented promptly. All new interventions must be documented in the care plan and communicated to appropriate staff on all shifts. See attachment “Post-Fall Interventions.”
      7. Document and care plan resident refusal to adhere to any prevention interventions.
      8. The provider will be notified of resident falls. For falls resulting in significant injury or resulting in a change in a resident’s condition, notification should be immediate. For falls without significant injury or significant change, the medical provider will be notified as soon as practicable.
      9. Resident responsible parties/POA will be notified of all falls as soon as practicable, unless the family/POA or resident has requested not to be notified of falls without injury. The family or POA will be notified immediately of all resident falls resulting in significant injury or occurring as a result of a change in resident condition.
      10. The Nurse Manager or designee will review all falls with the IDT during the daily stand-up meeting. Additional risk factors and potential preventive measures will also be reviewed at this time, as needed.
      11. A chart flag is available to utilize in the EHR that designates and communicates to IDT members that resident is at risk for falls.
   4. **Post-Fall Medication Review** 
      1. Pharmacy will review residents with frequent falls and complete the post-fall medication review in the Electronic Healthcare Record for residents experiencing frequent falls and/or increased falls.
      2. Medication will be reviewed by pharmacist.
      3. Pharmacist recommendations will be communicated to provider.
      4. Provider will make any changes to medication orders.
   5. **Root-Cause Analysis & The QAPI Process**
      1. Root Cause Analysis (RCA) is a tool that patient safety professionals can use to conduct a thorough investigation of a patient safety event (Patient Safety Authority, 2023).
      2. The IDT and QAPI committee can utilize RCA to assess resident falls and to determine appropriate follow-up steps and personalized interventions. Initial post- intervention investigative prompts are located within the Fall Incident Report in the EHR.
      3. In some instances, additional investigation and RCA may be necessary. See attached RCA tools available to facilitate the investigation.
      4. As part of the QAPI process, the IDT and other individuals, as needed, will routinely review facility fall trends. Under the direction of the QAPI Committee, Performance Improvement Projects related to Falls Management will be implemented and evaluated as necessary.