

**FALLS PREVENTION PERFORMANCE IMPROVEMENT PROJECT**  
**BRAINSTORMED SOLUTIONS FOR RESIDENT FALLS**  
**SEPTEMBER 13<sup>th</sup> and 28<sup>th</sup>, 2006**

RESIDENT PHYSICAL CHARACTERISTICS	RESIDENT BEHAVIORS	STAFF	ASSESSMENT	ENVIRONMENT	OTHER
<ul style="list-style-type: none"> <li>• Fall Decision Tree Guide (9)</li> <li>• Nurse aide participate in team report (3)</li> <li>• Thorough analysis of falls by Falls Committee (2)</li> <li>• Ask pharmacy to print side effects of medication on MAR (2)</li> <li>• Falls reviewed at morning meeting to assure critical path followed (1)</li> <li>• Put fluids on MAR (specify amount for accountability – reassess need) (1)</li> <li>• Administrator, DON, etc. answer call lights (1)</li> </ul>	<ul style="list-style-type: none"> <li>• KePRO to have a chat room for providers to submit fall challenges and to enlist solution ideas from other providers (8)</li> <li>• Build on a resident’s strengths (2)</li> <li>• Arranging activities around the resident’s schedule rather than to the facility’s schedule (2)</li> <li>• Enter into a risk agreement as a last resort to allow resident’s to be able to make their own decisions (2)</li> <li>• Identify reason for resident to resident altercations (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Involve all staff in developing interventions (6)</li> <li>• Use activities as part of fall problem solving (6)</li> <li>• Involve nurse aide as part of the team and with decision making (5)</li> <li>• Place care plan inside wardrobe (3)</li> <li>• Combined staff meeting for all three shifts to problem solve (3)</li> <li>• Recreate the fall (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a fall diary for each resident on an Excel spread sheet - assign a responsible staff member to link it to the incident report (6)</li> <li>• Assess resident for pain utilizing a pain rating scale – discuss at weekly meetings to determine if changes need to be made in routine and prn medications(5)</li> <li>• All admissions should be considered as high risk – evaluate needs and put interventions in place at time of admission (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Trial different room layouts (4)</li> <li>• Have P.T. provide education for walker safety in doorways and on uneven surfaces (2)</li> <li>• Ensure a mop and bucket are available when housekeeping staff are off duty or unavailable (1)</li> <li>• Place automatic locks on wheelchairs (1)</li> <li>• Remove tripping hazards (1)</li> <li>• Ensure oxygen tubing is short and use colored tape on tubing to make more visible (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss expectations of residents and family members prior to admission (5)</li> <li>• Conduct volunteer and family orientation (3)</li> <li>• Ask family member their expectations and meet it on some level (1)</li> <li>• Enlist help of medical director for problems with families (1)</li> <li>• Ensure management supports staff and listens to their input (1)</li> <li>• Have a “No Lift” policy unless using a device (i.e. gait belt, hoier lift)</li> </ul>

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<ul style="list-style-type: none"> <li>• Ensure there is a Medication Reference Book on the med cart that is current and appropriate (1)</li> <li>• Talk to resident to get input on reason for fall – ensure items are accessible (1)</li> <li>• Activity box for use any time with many types of activities available for all cognitive levels (1)</li> <li>• Pad corners of furniture and manipulate environment for safety (1)</li> <li>• Utilize a sensor alarm until seen by P.T.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a living/working care plan that is communicated and actually used (1)</li> <li>• Make everyone aware of residents who do not get along</li> <li>• Use pastoral care as an intervention for those who do not get along</li> <li>• Involve social worker with problem resident behaviors</li> <li>• Reinforce interventions in report for three consecutive days</li> <li>• Monitor for signs/symptoms of depression</li> </ul>	<ul style="list-style-type: none"> <li>• Group Tai Chi and ballet that is goal directed (Tape available for seniors) (3)</li> <li>• Activities to keep residents busy (3)</li> <li>• Have two nurse aides make rounds to make sure everything is done and complete if not done (2)</li> <li>• Develop mind-set of staff that nurses are not above STNA work (2)</li> <li>• Good mentoring program (2)</li> <li>• Nurse aide has a 24 hour report (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure front line nurses and nurse aides know what interventions need to be put in place (3)</li> <li>• Educate nurses and nurse aides about pain at the cellular level (2)</li> <li>• Call pharmacist for review of side-effects (1)</li> <li>• Share fall data at monthly fall meetings (1)</li> <li>• Institute a Fall Champion Committee – target residents with frequent falls and discuss interventions (1)</li> </ul>	<ul style="list-style-type: none"> <li>• Assess equipment brought from home for safety (1)</li> <li>• Educate staff not to use incontinence pads with wheelchair pads (1)</li> <li>• Assess need for foot pedals</li> <li>• Institute a “No Pedal, No Push” policy</li> <li>• Provide a “landing strip – don’t trip” floor mat with tapered edges</li> <li>• Put mat on wall with industrial strength Velcro</li> </ul>	<ul style="list-style-type: none"> <li>• Restrict a family member from the facility for not following care instructions and endangering the safety of others</li> <li>• Contact Ombudsman for family issues</li> <li>• Discuss expectations with resident and families at the time of admission</li> <li>• Play “Safety Bingo” with staff to increase awareness of safety issues – have prizes available for correct answers</li> </ul>

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<ul style="list-style-type: none"> <li>• Infrared light therapy for neuropathy (anadyme)</li> <li>• Encourage fluids</li> <li>• Determine resident's fluid preferences</li> <li>• Dietary consult</li> <li>• Swallowing evaluations</li> <li>• Empower nurse to call the physician about medication side effects</li> <li>• Pharmacy to review medications in relation to pertinent resident information and possible side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Allow resident to express feelings</li> <li>• Educate staff on death/dying grieving process</li> <li>• Resident peer support group</li> <li>• Reinforce education of staff regarding residents with dementia</li> <li>• Reward positive behaviors of residents</li> <li>• Diversional activities for resident behaviors to be used during sun-downing hours</li> <li>• Identify residents who wander and what they are seeking</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure nurses talk to nurse aides as part of obtaining information for the assessment (2)</li> <li>• Team building outside facility - doing fun things with staff to develop team spirit (2)</li> <li>• Use "Smart" alarms – needs magnet to turn off (2)</li> <li>• Provide positive feedback (1)</li> <li>• Involve staff in problem solving (1)</li> <li>• Fire all staff with bad attitudes (1)</li> </ul>	<ul style="list-style-type: none"> <li>• After a fall, screen the resident for therapy (1)</li> <li>• Develop a monitoring system to prevent falls in the first 48 hours for new admissions (1)</li> <li>• Empower staff to put interventions in place (1)</li> <li>• Ensure interventions are individualized (1)</li> <li>• Allow residents to sleep when they want (1)</li> <li>• Have a family member stay the first night with the resident</li> </ul>	<ul style="list-style-type: none"> <li>• Consider placement of resident in room (bed, chair, D.R. etc)</li> <li>• Institute a "No Powder" policy Educate families on this policy</li> <li>• Apply front and back anti-tippers on wheelchairs when appropriate</li> <li>• Apply weights on front of wheelchairs when appropriate</li> <li>• Use perimeter mattresses</li> <li>• Have O.T. evaluate wheelchair and chair heights</li> </ul>	<ul style="list-style-type: none"> <li>• Have therapy assess use of assistive devices brought from home for appropriateness, height</li> <li>• Allow resident doors to be closed only if appropriate</li> <li>• Honor resident rights if they do not want to be awakened at night and if appropriate</li> <li>• Make key to storage area that contains fall interventions accessible to staff</li> <li>• Temporarily hem clothing with tape</li> <li>• Fold or hem the bedspread to fit the bed</li> </ul>

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<ul style="list-style-type: none"> <li>• Look at timing of medications</li> <li>• Use medical director/nurse practitioner to intervene with other physicians</li> <li>• Computer at nurses station to look up side effects of medications</li> <li>• Coaching and educating nurses to identify side effects</li> <li>• Restorative nurse or nurse from falls committee to complete section of MDS relating to medications</li> </ul>	<ul style="list-style-type: none"> <li>• Special increased lighting for sun-downing hours</li> <li>• Snoozelin rooms for sensory calming</li> <li>• Increased activities for residents experiencing sun-downing syndrome</li> <li>• Use karaoke for residents with dementia</li> <li>• Exercise after supper for residents experiencing sun-downing syndrome</li> <li>• Walking program – show progress on the wall</li> <li>• Make activities fun for exercise</li> </ul>	<ul style="list-style-type: none"> <li>• Ask nurse aide if they need help (1)</li> <li>• Have a packet available with fall forms (1)</li> <li>• Front Line Nurses - Directed critical thinking process→ root cause of fall – discuss interventions with manager (1)</li> <li>• Educate staff on the definition of a fall (1)</li> <li>• Stagger staff – i.e. look at breaks</li> <li>• Nurse aides to look at residents more frequently</li> <li>• All staff answer call lights</li> </ul>	<ul style="list-style-type: none"> <li>• Have family bring in bedding and personal items from home</li> <li>• Apply a motion alarm that sounds at the nurses’ station</li> <li>• Utilize walkie-talkies to communicate to other staff</li> <li>• Conduct a meeting with referral sources to discuss transfer process</li> <li>• Implement an admission liaison who would go to hospital to obtain transfer information</li> <li>• Call DON to consult about interventions</li> </ul>	<ul style="list-style-type: none"> <li>• When pressure relieving mattress are used, do not use overlays – they are slippery and change the bed height</li> <li>• Use tape on wall as a gauge to adjust bed to the correct height for each resident</li> <li>• Implement a coding system to alert staff when a resident needs to have a bed in the low position</li> <li>• Use a raised toilet seat and grab bars when appropriate - assess residents who use the bathroom</li> </ul>	<ul style="list-style-type: none"> <li>• Invite family members to come observe residents during therapy</li> <li>• Provide in-services for families regarding aging issues</li> <li>• Hold the medical director’s pay when they do not help with problems or do their jobs</li> <li>• Conduct meetings with the medical director on a weekly basis at a time that is agreeable to them</li> <li>• If having a problem with your medical director, send the resident to a specialist for a consult</li> </ul>

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<ul style="list-style-type: none"> <li>• Provide education to nurses regarding critical thinking – nurse free to call manager with questions</li> <li>• Nurse to ask for input from nurse aide caring for the resident</li> <li>• Non-clinical staff review room and talk to family after a fall to get a different perspective</li> <li>• Routine laboratory testing for H&amp;H, thyroid, etc.</li> <li>• Use pain protocol after a fall</li> </ul>	<ul style="list-style-type: none"> <li>• Assess a resident for pain if they refuse therapy</li> <li>• Increase supervision</li> <li>• Redirect resident</li> <li>• Educate resident not to assist another resident</li> <li>• Provide nurturing diversional activities for those residents who have a nurturing instinct</li> <li>• Anticipate resident needs</li> <li>• Conduct a “Driver’s Test” to assess residents ability to use an electric wheel chair</li> </ul>	<ul style="list-style-type: none"> <li>• Study, track, audit, and analyze call light answering data</li> <li>• Remind staff to answer call lights</li> <li>• All staff to do visual rounds for safety</li> <li>• Provide immediate feedback</li> <li>• Corrective action to include education</li> <li>• Educate staff on the need to wait for equipment</li> <li>• Schedule care for efficient use of equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure care plan includes history of interventions tried</li> <li>• Individualize assessment for merry walker</li> <li>• Appropriately assess side rails</li> <li>• Assess past history of sleeping devices and sleeping patterns (bed, chair)</li> <li>• Conduct an appropriate assessment for restraint use</li> <li>• Reassess use of alternatives to restraints</li> <li>• Educate nurses on alternatives to restraints</li> </ul>	<ul style="list-style-type: none"> <li>• Use voice alarms (with family member’s voice) or music alarms</li> <li>• Do not use rugs</li> <li>• Use signs for slippery floors</li> <li>• Assess foot wear</li> <li>• Investigate type of wax used (glare, slip, stick)</li> <li>• Organize clutter</li> <li>• Find a place for items stored in the hallway</li> <li>• Use night lights without shadows</li> <li>• Ensure carpet and flooring are the same level</li> </ul>	

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<ul style="list-style-type: none"> <li>• Urine testing (dipstick) after a fall if cause is unknown</li> <li>• Check shoes for correct size, object inside, appropriate type</li> <li>• Check internet or other resources for new interventions</li> <li>• Educate families</li> <li>• Psychiatric evaluation</li> <li>• On the floor/unit meeting-management and front line staff</li> <li>• Analysis of staff 's free time for availability to hold a meeting</li> </ul>		<ul style="list-style-type: none"> <li>• Investigate methods to obtain more equipment (i.e. AHRQ, Robert Woods foundation, Gates foundation, etc., be a demo site, borrow from another facility)</li> <li>• Find proper storage for equipment</li> <li>• Have a yard sale for used equipment</li> <li>• Donate equipment</li> <li>• Role model from top to bottom to change the culture</li> <li>• Reward individual good deeds</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct a P.T. screen of residents on admission</li> <li>• Follow stop dates for anti-anxiety medications</li> <li>• Find out the reasons for the behaviors and the use of alternatives/anti-anxiety medications</li> <li>• Conduct a bone density test to determine risk of fractures</li> <li>• Assess need for calcium and vitamin D</li> <li>• Provide nautilus/weight resistant equipment for resident use</li> </ul>	<ul style="list-style-type: none"> <li>• Have a family member stay with a resident if they are a new admission or after they change or move rooms</li> </ul>	

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<ul style="list-style-type: none"> <li>• Working lunch for analysis of falls</li> <li>• Discuss residents concerns/input after intervention in-services</li> <li>• (COMS) Comprehensive Outcome Measurement System – parameters set that trigger an assessment flow chart to provide direction or do own flow charts</li> <li>• Nurse aide can felling free to go to management about problems not addressed by front line nurse</li> </ul>		<ul style="list-style-type: none"> <li>• Educate staff regarding knowing the needs of each resident</li> <li>• Spend more time with orientation</li> <li>• Value nurse aides - retrain instead of terminating</li> <li>• Thorough report for nurse aides</li> <li>• Reduce ratio of resident to nurse aide by reviewing acuity</li> <li>• Educate staff regarding how to recognize signs that a resident needs to be laid down to rest in bed</li> </ul>	<ul style="list-style-type: none"> <li>• Have a Podiatrist conduct an assessment for gait/shoes</li> </ul>		

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<ul style="list-style-type: none"> <li>• Speech therapy to work on cognition skills</li> <li>• Activities Day program for residents with dementia</li> <li>• Medications for dementia to increase cognition</li> <li>• Use hip pads</li> <li>• Night lights to show path to the bathroom</li> <li>• Make staff aware of vision problems with care cards (i.e. glasses for reading versus distance, bifocals, those who needs to have glasses on, clean glasses, etc.)</li> </ul>		<ul style="list-style-type: none"> <li>• Routinely involve nurse aide in work load decisions</li> <li>• Change room location of residents who frequently fall</li> <li>• Therapist updates/education for nurse aides regarding specific residents</li> <li>• Study reasons for resident call light use</li> <li>• Encourage staff/volunteer interaction with residents</li> <li>• Ensure Have resident care supplies are easily accessible</li> </ul>			

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<ul style="list-style-type: none"> <li>• Hold Administrators accountable</li> </ul>		<ul style="list-style-type: none"> <li>• Educate nurse aides on organizational skills for work load</li> <li>• Ensure supplies are prepared for the next shift</li> <li>• Encourage nurse aides to be proactive</li> <li>• Conduct Random checks to rate hall/unit for environmental safety and to ensure that resident interventions are in place – conduct over a specified period of time and then give rewards</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Administration responsible for specified rooms/residents</li> <li>• Rewards all staff if there are no falls</li> <li>• No assignments</li> <li>• Conduct a focus survey to ensure interventions are in place</li> <li>• Meet with nurse aides to brainstorm causes and obtain ideas to problem solve and prevent falls</li> <li>• Explore alternative methods for pain relief</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Hire on call staff and/or develop a list of staff who want overtime</li> <li>• Cross-train staff</li> <li>• Increase job satisfaction</li> <li>• Schedule extra person to allow for call offs-with the option for someone to go home if not needed</li> <li>• Check function of bed locks</li> <li>• Educate staff on use of bed locks – hold accountable</li> <li>• Use beds with automatic locks (forced compliance)</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Include bed locks on nurse aide checklist</li> <li>• Use furniture coasters (cupped) under bed wheels</li> <li>• Simplify incident report</li> <li>• Checklist of information needed to complete an incident report</li> <li>• Implement exercise programs for residents</li> <li>• Implement an STNA Communication Book</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Ensure new interventions are listed in STNA Communication Book</li> <li>• Conduct group activities for high risk residents</li> <li>• Conduct pre-meal activities for residents</li> <li>• Chair-dancing exercises</li> <li>• Don't mop the floor unless you have a sign!</li> <li>• Place arrows on signs pointing toward wet floor</li> <li>• Find out what works for other nurse aides</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Obtain and show “Look at me” video from Ohio KePRO’s website for education of staff</li> <li>• Ensure care plan interventions are understandable</li> <li>• Initiate a color coded risk level that can be seen by all staff (Laundry, Housekeeping, etc.)</li> <li>• After a resident changes rooms, check to ensure that interventions are in place</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Have therapy staff educate direct care staff regarding lifting, transferring, etc. - include in orientation</li> <li>• Terminate staff who improperly lift residents</li> <li>• Refer residents to restorative nursing as appropriate</li> <li>• Ensure nurses monitor to see if nurse aides are doing ADLs for residents and not encouraging residents to be independent</li> <li>• Assign specific staff to put hearing aides in</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Social services to obtain hearing aides for residents who need them</li> <li>• Educate ancillary staff regarding fall prevention</li> <li>• Ensure ancillary staff attend morning meeting and ensure managers take information back to department</li> <li>• Ensure there are consequences for staff who do not implement interventions that are care planned and ordered</li> <li>• Hire therapy staff instead of contracting with them</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Implement a “Change in Plan of Care” clipboard</li> <li>• Computerized interventions printed for each shift. Ensure nurse aide carries it with them</li> <li>• Monitoring by designated staff to ensure interventions are in place</li> <li>• Label alarms for chair or bed</li> <li>• Develop a numbering system for alarms for each specific resident</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Nurse to sign off interventions on Treatment Record</li> <li>• Ensure replacements are available for devices and alarms</li> <li>• Change alarm batteries on a routine basis</li> <li>• Limit types (Brands) of devices used to decrease staff confusion</li> <li>• Ensure alarms are secured in a place not accessible to residents or other residents</li> </ul>			