

# **FALLS PREVENTION PERFORMANCE IMPROVEMENT PROJECT IDEAS FOR INVESTIGATION OF FALLS AUGUST 29, 2006**

## **Physical Assessment:**

Physical Exam of Resident for injury including vital signs

Assess:

- Resident's ability to recognize safety needs
- Resident's ability to remember
- Resident's ability to understand
- Change in resident's cognitive abilities
- New onset or worsening of acute illness that may affect residents' cognitive or physical abilities

## **Environmental Assessment:**

Describe the fall "scene" in as much detail as possible for clues as to why the resident fell

Ask what the resident was attempting to do

By observation of the fall scene, can you determine what the resident was attempting to do

What can be done now to prevent a repeat fall from what you determined might have caused the fall

Review equipment/assistive device in use for defects such as walker tips, brakes on beds, etc

Review equipment that is in use to determine if it is appropriate for the resident, such as height of bed, chair, walker, and the resident's ability to use the assistive device correctly

Interdisciplinary Team should go back to the "scene" of the fall for further investigation, including housekeeping and maintenance staff

## **Interviews:**

All staff in the area at the time of the fall including:

- Housekeeping
- Maintenance
- Laundry
- Nursing
- Resident
- Any witnesses to the fall (including roommate)

Re-interview family members for past history of falls or behaviors that may lead to falls

Interview different family members for past history of falls or behaviors that may lead to falls

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**Notification:**

Physician Notification

Family Notification

**Review:**

Aggregate data for trends of the individual resident such as: when did the previous falls occur; how did the previous falls occur; previous interventions attempted; new interventions that have been added for the current fall; etc

Review social history to determine previous life style habits that may explain what the resident was attempting to do

Review social history to determine recent life changes

Review current care plan for appropriateness and update as needed

Review medications that may have contributed to fall

Review diagnoses for progression which may cause increased risk of falling

Review diagnoses that place resident at a higher risk for falling

Pain evaluation

Intrinsic factors: age related risk (eye sight, balance, gait, etc)

Extrinsic factors: external factors (clutter, equipment, medications)

**Reassess Risk:**

Fall risk

Ability to ambulate

Gait

Balance

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**Communication:**

Communication to all staff of new interventions

Communication to all staff of all interventions that are to be in place for the individual resident

**Referrals:**

Physical/occupational therapy, eye exam, auditory exam, podiatry, pharmacy for review of medications

Recreate the scene of the fall with team members present

**Tracking:**

Aggregate data for general trends, such as location of fall; time; unit; caregiver; shift times; breaks and lunch times; what the resident was trying to do; what the staff “see” as clues as to what they think may have happened

Method of electronic tracking (computer) where information can be sorted versus doing on paper

**Monitoring:**

System to communicate to all staff what type of fall prevention interventions are to be in place

System for monitoring to ensure that all fall prevention interventions are in place

**Q.A. System:**

Review falls and deficient monitoring practices by Q.A. team

Q.A. team to include: staff development, D.O.N., Administrator, Medical Director

Develop an incident report that “leads” the staff