

Falls: Self-Assessment Tool

Purpose:

- To identify what processes of care your facility has in place
- To identify what areas need improvement

Topics included in the self-assessment for falls:

- A. Cultural, Organizational Commitment and Team Work
- B. Staff Training and Information for Primary Care Providers, Families and Residents
- C. Data Collection and Analysis
- D. Environment and Equipment Safety

Directions:

- The self-assessment should be completed by the director of nursing (DON), quality improvement director or other management staff.
- Use your facility policies, procedures and general practices to answer questions under topics A, B, C and D.
- Consult with other staff as needed.
- Check the appropriate boxes **Yes** or **No** and add comments to clarify answers.
- Please answer all questions honestly, as the first step in quality improvement is assessing current practices in order to identify opportunities for improvement.

A. Organizational Commitment and Team Work

	Yes	No	Comment
1. Are policies and procedures updated to include screening, assessment, care plan development, and monitoring of patients with high fall risk?			
2. Does the fall reporting process require immediate investigation of all details by direct care staff and discourage the use of "unknown" in the report?			
3. Does your facility have a falls assessment that reflects an interdisciplinary approach to address the following risk factors:			
• Underlying medical condition(s)			
• High-risk medication use			
• Orthostatic hypotension			
• Poor vision			
• Mobility/gait/transfer problems			
• Wheelchair seating problems			
• Unsafe behavior(s)			
• Environmental hazards			
• Unsafe footwear/foot care			

Organizational Commitment and Team Work, continued	Yes	No	Comment
4. Have key staff members been identified to participate in interdisciplinary teamwork to develop and monitor interventions for high-risk residents and recurrent fallers?			
5. Is there a no blame/no shame environment with honest investigation of falls and reporting by staff?			
6. Does the budget include funding for adaptive equipment, environmental modifications and wheelchair improvements?			
7. Do employee orientation materials emphasize the importance of and facility commitment to resident safety?			

B. Data Collection and Analysis

	Yes	No	Comment
1. Is a clear fall definition used consistently by all staff?			
2. Are fall incident reports accurately completed by licensed staff within 24 hours after a fall?			
3. Are falls data collected and analyzed by:			
• Location and time of fall			
• Shift and day of week			
• Type of injury			
4. Are falls data collected and tracked monthly by:			
• # of falls			
• # of residents who have fallen			
• # of residents with two or more falls			
• # of falls with serious injury			
5. Are falls data reported to the medical director and primary care providers every quarter?			
6. Is there feedback about falls data given to direct care staff each month?			
7. Is falls data trended over six months or more?			

C. Staff Training and Information for Primary Care Providers, Families and Residents

	Yes	No	Comment
1. Is annual inservice training on falls management provided for all staff?			
2. Do staff education materials include:			
• Facility policy and procedures			
• Internal and external fall risk factors and consequence of falls			
• High-risk medications, sleep hygiene, and measures for the management of anxiety			
• Low blood pressure precautions			
• Low vision precautions			
• Safety during transfer, ambulation and wheelchair use			
• Unsafe behaviors, monitoring devices and behavior management strategies			
• Environment and equipment safety hazards			
• Foot care and safe footwear			
3. Is information provided to families and residents about falls risk reduction and their role?			

Staff Training and Information for Primary Care Providers, Families and Residents, continued	Yes	No	Comment
4. Are all nurses trained in a fall response system that includes:			
<ul style="list-style-type: none"> • Immediate evaluation and increased monitoring of patients 			
<ul style="list-style-type: none"> • Investigation of fall circumstances 			
<ul style="list-style-type: none"> • Documentation of fall 			
<ul style="list-style-type: none"> • Immediate intervention within 24 hours 			
<ul style="list-style-type: none"> • Falls assessment 			
<ul style="list-style-type: none"> • Care plan development 			
5. Are all primary care providers informed about the program and their role in assessment and care planning?			

D. Environment and Equipment Safety

	Yes	No	Comment:
1. Is there regular inspection of all resident's rooms and bathrooms for:			
▪ Clutter			
▪ Poor or insufficient lighting			
▪ Unstable furniture			
▪ Hard to reach personal items			
▪ Unsafe flooring			
▪ Footwear and foot care			
2. Are all staff trained to inspect and report environmental and equipment safety problems?			
3. Are reported safety problems resolved in a timely manner?			
4. Is there inspection and repair of all wheelchairs, canes and walkers at least every six months?			
5. Are inspections documented for ongoing monitoring and accountability?			