1. **FACILITY DATA (Governance and Leadership/ Feedback, Data and Monitoring)**

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| Tasks to be Accomplished: | By When | Person-in-charge | Comments \* |
| 1. Identify your own Fall Prevention Program team members within your facility. (This should include Inter-Disciplinary Team Members including Housekeeping and Maintenance)   Educate team members about Incidents and Accidents:   * Discuss F323 Regulation, frequently written deficiency and top reason for lawsuits in Ca. * CDC identifies falls as the leading cause of both fatal and nonfatal injuries in older adults. * Cost for Nursing Homes can be staggering due to injuries, penalties/ lawsuits. | 1 week |  |  |
| 1. Know your baseline. What is your Fall Rate and Falls with Major Injury Rate?   Fall Rate = \_\_\_ # of falls\_\_\_\_\_\_\_\_ X 1000  Total census days  Fall with Maj Injury Rate = # of Falls with Major Injury X 100  Total # of falls | 1 week |  |  |
| 1. On your next all staff meeting, get them excited about the program. Present the program as a QAPI/ Quality Improvement Program.  * Get your staff’s buy in * Tell them why it’s beneficial to the facility, for them and the residents. * Present your actual data | Next all staff meeting, within 2 weeks |  |  |
| 1. Implement your Incident Tracking Log with Analysis. Ensure next day review of every fall by the Inter-Disciplinary Team. Log daily. | Initiate as soon as possible. Start tracking. |  |  |
| 1. Initiate consistent Weekly Fall Program Committee Meeting (see Fall Committee Guidelines). Review incident log weekly for trending and ensure implementation of recommended interventions. Perform RCA (root cause analysis) to identify areas of weakness in your program. | Start within 2-3 weeks |  |  |
| 1. Start communicating with your Medical Director and continue talking to your physicians until all physicians are notified of your Quality Initiative. Seek physician input in the development of the program. Educate family and friends about your fall prevention program. | On your next scheduled UR Meeting or meet with physicians 1:1 during facility visits. Have a family meeting. |  |  |
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1. **FALL PROGRAM Implementation (PIPs and Systemic Analysis)**

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| Tasks to be accomplished: | By when | Person-in-charge | Comments |
| 1. Based on the Root-Cause Analysis of your Incident Tracking Log choose 1-3 Performance Improvement Projects to implement using the PDSA cycle:  *\*Always start with education and training. PDSA (Plan, Do, Study, Act) cycle. Implement in small groups, evaluate, tweak the process, identify and problem solve any barriers along the way.* |  |  |  |
| * Admission Nurse training of facility Fall Prevention   Program including risk assessment, care plan initiation, communication with direct care staff (med nurses, CNA’s) regarding resident condition and plan of care, implementation of strategies to prevent falls. |  |  |  |
| * Medication Review and Reduction of Unnecessary Medications |  |  |  |
| * Change of Condition Communication between   Disciplines |  |  |  |
| 2. PRE FALL ASSESSMENT |  |  |  |
| * Environmental Assessment |  |  |  |
| * Resident Specific Risk Factors |  |  |  |
| 3. POST FALL REVIEW |  |  |  |
| * Fall Huddle/ Re-enact/ Show and Tell |  |  |  |
| * 10 Questions |  |  |  |
| * Fall Scene Investigation |  |  |  |
| * Train on RCA (Root Cause Analysis) for Fall Incidents |  |  |  |
| 4. INTERVENTIONS RELATED TO ASSESSMENT AND POST FALL RCA |  |  |  |
| * 4Ps Hourly Rounding |  |  |  |
| * Interventions Based on Placement of Fall |  |  |  |
| * Contrast Environment for Vision Impairment |  |  |  |
| * Incorporating Balance in Therapeutic Activities |  |  |  |
| * Calming Interventions |  |  |  |
| * Restorative Sleep Vitality Program |  |  |  |
| * Training on Hierarchy of Interventions: Weak vs Strong interventions |  |  |  |
| * Correct Bed Height |  |  |  |
| * Elimination of Noise: Alarms Reduction and Elimination |  |  |  |
| * Use of Hip Protectors |  |  |  |
| * Balance Exercises with Rehab |  |  |  |
| * Core Balance: Reaching and Twisting with ADLs |  |  |  |
| * Interest Box Ideas |  |  |  |
| * Correct Footwear |  |  |  |
| * Consistent Staffing |  |  |  |
| * Staff alert cues (Falling Star program, EHR Care Profile, Kardex) |  |  |  |
| * Mobility Programs (regular opportunities for residents to move around i.e. walk to dine programs) |  |  |  |
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1. **Follow-up (Systemic Analysis/ Data, Feedback and Monitoring Systems)**

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| Tasks | By When | Staff-in-charge | Comments |
| 1. At the end of each month, complete your QI Summary sheet. Calculate your Fall Rate and Fall with Major Injury Rate. Identify any areas of system failure and develop actionable items based on trends. Report to the facility QA Committee for review and further recommendations. | Within 1 month of implementation or your next QA Meeting then monthly thereafter. |  |  |
| 1. Review progress of Performance Improvement Projects. | Ongoing |  |  |
| 1. Review Casper QM trend during QA Meeting monthly and compare findings to California average rate. | Ongoing |  |  |

1. **Other Work Plan:**

* Offer consistent staff education regarding Fall Program q 6 months to all departments.
* Focus on early detection of resident COCs and identify a process for communicating changes inter-Department i.e. therapy to nursing.
* Work on preventing nursing staff turn-over to provide consistent staffing.

**\*** This form is designed to be customized for use at the facility level. Feel free to modify and/or delete the content of these columns as needed.