

Quality Indicator: **FALLS MANAGEMENT** Focus: **Continuous Quality Improvement** Threshold: **90%**

Recommended Frequency: Quarterly Signature of Assessor: _____ Date: _____

Directions: X=Yes O=No NA=Not Applicable

Members of the Falls Management Action Team will review residents who are identified as at risk for falls or have sustained a fall and the overall functioning of the Falls Management System. A "0" (No) response may indicate potential problems. Implement the 4-Step Problem Solving Process as indicated.

Resident Centered QA / QI Probes:

Resident Sample

A Fall Risk Assessment is completed at the time of admission.						
If Fall Risk Assessment is 10 or above, a care plan is completed with measurable objectives and timeframes.						
Preventive interventions are implemented and noted in care plan.						
If the resident had a change in condition, reassessment using the Fall Risk Assessment is completed.						
If the resident sustained a fall, documentation is present in the clinical record evidencing the investigation with appropriate interventions.						
If the resident sustained a fall, the care plan is updated based on the investigation.						

System Centered QA / QI Probes:

	YES	NO
The Falls Management Action Team meets weekly and reviews residents according to the Falls Management Meeting Minutes are documented.		
Root Cause Analysis is evident in the Action Team minutes and in the individual resident investigations.		
A system is in place for visually identifying the high risk pts		

Percentage of Compliance = (# of YES responses/ Total # of responses) x 100

Percentage of Compliance: _____

Threshold Reached? Yes No

Further Recommendations: _____
