

**2013
Falls Action Plan
Updated 5/29/13**

Action	Initiatives	Responsible Person	Time Frame
Establishment of a Falls Task Force	<ul style="list-style-type: none"> • Review data relevant to falls(assessment, hourly rounds and white boards • Review each fall in detail • Develop an environmental safety checklist and room set-up of high risk falls • Develop an educational poster board for falls prevention for patients and their families • Update policy on falls <ul style="list-style-type: none"> ○ Fall teachback to be included into Fall Policy ○ Any new successful interventions are to be included into Falls policy ○ Develop a handout as an educational tool for families & incorporated into D/C plan • Insure hand-off information is being conducted 	P. Petrucelli and falls team	<p>Ongoing 6/4: 11:30am-12pm Every Tuesday Mtg. with PCC, Director, Pharmacy, PT, and hospitalist</p> <p>Hardwire the use and the Communication of the “Action Plan for Prevention Tool” & the “Post Fall Huddle form immediately after Falls: Date: Ongoing(Claudia)</p>
Education	<ul style="list-style-type: none"> • Educational roll-out 	P. Petrucelli	<ul style="list-style-type: none"> • Set up

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	<p>pertaining to falls for all departments: Nurses, PCTs, Medicine, Dietary, Housewide (place the tray close to the patient)</p> <ul style="list-style-type: none"> • Improve the teach back process-its inconsistent • Teaching focused on data findings (random audits & post fall huddles forms & Fall Focus groups with 6E, 7E, 7 W: inconsistent use of John Hopkins Falls Assessment, Unawareness of Protocol Interventions, i.e.: self releasing belt, Physicians unaware of J. Hopkins tool, Inconsistent use of Teachback Educational Tool, Lack of Communication of Patient Fall Risk Handoff between RN & PCT at the beginning of shift and through out, esp. on breaks, Better Communication between RN to RN on Falls Risk needs improvement, Evaluation of meds as a risk factor for Falls, Falls not viewed as a #1 priority/No Urgency, Staff engagement & accountability is needed, ancillary staff 	<p>P. Petrucelli</p>	<p>meeting for next week with Education to discuss Education content</p> <ul style="list-style-type: none"> • Complete July, 2013 • Resident Fall Education: Date: June and August • NP, Resident , & Sx PA Date: TBD ASAP • Fall Education for Support Departments: (environmental, dietary, PT/OT, Respiratory, Transport Date: TBD ASAP <p>Complete June, 2013</p>

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	<p>unaware of falling star, sitters need education & should not be hands off, Need 1:1 Fall watches not 15 minutes watches, Equipment in rooms can be a hazard, Staff want alarms, Staff don't know the fall data, Hourly Rounds need to be reinforced, Use of whiteboards for falls to be reinforced, Need collaboration between PT & Nursing regarding assistive devices</p>		
Utilize self-releasing belts	<ul style="list-style-type: none"> ▪ These are acceptable restraints that take time to release: What does the literature say about releasing belts? What is the criteria for self-releasing 	P. Petrucelli	Ongoing
Utilize bed/chair alarms	<ul style="list-style-type: none"> ▪ This will alert the nurses to patient movement 	P. Petrucelli	<p>Ongoing Education to cover all day, evening & night 7 West RNs & PCC Education on Bed/Chair Alarms</p> <ul style="list-style-type: none"> • Alarms to be utilized starting weekend of May, 31st • Alarm Evaluation Tool developed • Additional Bed & Chair

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			Alarms to be purchased. Currently we have 6 (3 bed & 3 chair alarms) one patient use only!
Data Collection	<ul style="list-style-type: none"> • Random Fall Audits (days, evening, & nights) • Develop Color Fall Graphs for individual units: Easy Visual of Goal and Actual Fall Rate • Inquire if all questions on both forms "Post Fall Assessment & Post Fall Huddle Form" are incorporated into RL solution If not, see if it can be placed for better capture of data (Post Fall Huddle Form incorporates some of the "Methodist Hospital Huddle form") • Once above is aligned with RL solutions, The" Post Fall Assessment" can then be laminated & placed on each unit as a guide for data gathering at time of fall for entry into RL solution 	Peggy	Share with Nursing Directors: Ongoing ASAP ASAP
Evaluate a sitter program for high risk falls patients	<ul style="list-style-type: none"> ▪ Establish the cost of providing sitters to prevent falls 	P. Petrucelli/Claudia Garzon-Rivera	Complete evaluation by

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	<ul style="list-style-type: none">▪ Sitters will be “hands-on” and trained to walk and attend to patients▪ Develop criteria for use of a sitter program		July, 2013