

ELIMINATE HARM ACROSS THE BOARD

Days Since Last Fall

FALL PREVENTION:

- Conduct fall and injury risk assessment upon admission
- Reassess risk daily and with changes in patient condition
- Implement patient-specific intervention to prevent falls and injury
- Communicate risk across the team; use handoff forms, visual cues, huddles
- Round every 1 to 2 hours for high-risk patients; address needs (e.g., 3Ps: pain, potty, position-pressure); combine with other tasks (vital signs)
- Individualize interventions; use non-skid floor mats, hip protectors, individualized toileting schedule; adjust frequency of rounds
- Review medications (by pharmacist); avoid unnecessary hypnotics and sedatives
- Incorporate multidisciplinary input for falls prevention from PT, OT, MD, RN and PharmD
- Include patients, families and caregivers in efforts to prevent falls; educate regarding fall prevention measures; stay with patient
- Hold post-fall huddles immediately after event; analyze how and why; implement change to prevent other falls