FALL INCIDENT REPORT

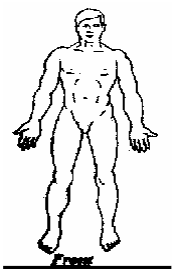
MR#_____ **Last Name**_____ **First Name**_____
Room#_____ **Date**_____ **Time**_____**am/pm**
□**Resident** □**Employee** □**Visitor** **Type:** □**Fall** □**Behavior** □**Other** (Specify)**:**_____

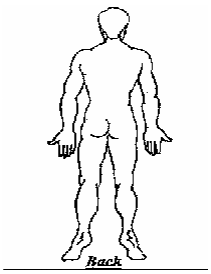
Physical Assessment:
Position resident found in? (Describe in detail)**:** _____

Describe mobility/ROM of extremities following incident:_____

Is assessed mobility/ROM ability changed? (Check)**:** □ **No** □ **Yes** (Describe)**:** _____

Injury (Check): □ None □ Laceration □ Skin Tear □ Abrasion □ Hematoma □ Swelling □ Other
(Describe/Locate on Diagram): _____





Vital Signs (time):
B/P Lie _____B/P Stand _____B/P Sit_ _____
Pulse _ _____Temp _____Resp _____
Other:_____

Other (time):
BG Accu Check_____
Pulse Oximetry _____
Neuro Check _____

Treatment (Check All That Apply)
□ Examined at Hospital: _____ □ Admitted to Hospital: _____
□ Xray Done (Results): _____ □ First Aid Administered: _____

Name of Person(s) Administering Treatment: _____

Physician Notified: _____ **Time:** _____**am/pm** **Response Time:** _____**am/pm**
Family/Other Notified: _____**Time:** _____**am/pm** **Response Time:** _____**am/pm**

Investigation

Exact Location of Incident: □ Resident's Room □ Hallway □ Bathroom □ Nursing Station □ Lobby □ Shower Room □ Dining Room □ Other (Specify room #, hallway, bathroom, shower etc.):

_____

□ Incident Witnessed **Name of Witness** _____

□ Incident Un-Witnessed **Person Who Discovered Incident:** _____

Description of Incident: _____

_____

_____

_____

Person(s) Involved, Statements About Incident: _____

_____

_____

What Was Involved Person Attempting To Do: □ Getting Out of Bed □ Standing Still □ Walking □ Propelling in W/C □ Reaching for Object □ Transferring To/From Chair/W/C □ Going to the Bathroom □ Incontinence B/B Noted □ Other (Specify):_____

_____

Equipment Involved: □ Walker □ Cane/Crutch □ Wheelchair □ W/C Wheels Locked □ W/C/Wheels Unlocked □ Geri-Chair □ G/C Back Reclined □ G/C Back Upright □ G/C Wheels Locked □ G/C Wheels Unlocked □ Bed □ Half Bedrails □ Full Bedrails □ Bedrails Up □ Bedrails Down □ No Bedrails □ Other (Specify):_____

Environment: □ Wet Floor □ Wet Floor Sign in Place □ No Sign □ Object on Walkway □ Poor Lighting □ Rug in Walkway □ Clutter/Liquid in Walkway □ Footwear (Specify)_____ □ New Admit □ Recent Room Move □ Call Light in Reach □ Call Light Not in Reach □ Bed/Chair Alarm On □ Bed/Chair Alarm Off □ Other _____

Diagnosis/Conditions □ Vision Deficit □ Hearing Deficit □ Hx of Falls □ Hypotension □ CVD □ Wt. Loss □ Cognitive Deficit □ Dehydration □ Hx CVA □ New Fx □ Parkinson's □ SOB □ Hypertension □ Diabetes □ Neuropathy □ ↓ in ADL's □ Other (Specify):_____

Meds: □ Diuretic □ Antidepressant □ Hypnotic □ Anti-anxiety □ Psychotropic/Antipsychotic □ Cardiovascular □ Medication Chg. □ 9+ Medications □ Other (Specify):_____

Why Did This Incident Occur? (Opinion): _____

_____

What Was Done Immediately? (To Prevent Reoccurrence):_____

_____

Name of Person(s) Completing Report: _____

_____

REVIEW SIGNATURES:

Administrator_____ **Date**_____**DON** _____**Date**_____

QI_____**Date**_____**Med. Dir**_____**Date** _____

(Form should be reviewed at next IDT/QAPI- completeness, accuracy & appropriate interventions)

Falls Investigation

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Fall Occurs

Immediately Ensure Resident is Safe, Assess and Treat for Injury

- Put any preliminary preventative steps into place

Make Required Notifications

Nurse or CBC Health Services

- 911 (if applicable)
- Physician (use **SBAR**)*
- Admin & DNS (or leadership team)
- Resident's responsible party

Admin or DNS

- Notify Adult Protective Services if abuse/ neglect suspected

Situation
Background
Assessment
Recommendation

** See back of Communication Drill-Down*

Fall Protocol Components (per facility policy)

Investigation Components (Root Cause Analysis)

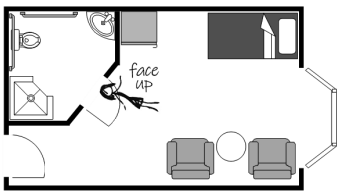
Begin Investigation

Document Event

- Update care communication tools
  - Alert charting
  - 24-hr. report
  - Temporary care/service plan
- New physician order (note & implement)
- Begin incident report (or other facility document)

#1 – Gather & Document Initial Information

- Interview staff & others closely involved (last to see resident, first responder, witness, resident, visitors, etc.)
- What do they think happened (sequence of events) & why (contributing factors)
- Use open-ended questions (e.g. "Tell me about...")
- Make diagram of scene at time of discovery, attach to investigation (show position of furniture, door/doorways, equipment, other relevant features)
  Draw a stick figure to indicate where resident fell/was found (label as face-up or face-down)



#2 – Fill in the Gaps

Review Findings

- Identify gaps & gather any missing information (i.e., review record, fall history, interview/re-interviews, plan of care, etc.)
- Outline sequence of events leading up to fall
- List possible contributing factors

Document Analysis Findings

#3 – Analyze

Identify Contributing Factors

- Possible contributing factors to consider:
  - Environment/equipment related → *See Environment & Equipment Drill-Down*
  - Medication related → *See Medication Drill-Down*
  - Communication related → *See Communication Drill-Down*
  - Identified fall prevention/risk interventions in place?
  - Care/service plan appropriate, updated, & followed?
- Use **5-Whys** to uncover root causes

Considerations for Action Plan

Include resident and/or responsible party

- Review risks/benefits
- Ask for alternative ideas to prevent recurrence
- Review proposed changes to
- care/service plan

Consider

- Resident's needs, goals, and preferences
- Effectiveness of previous plans
- Managed risk agreement
- Supervision plan

Review

- Regulations and best practices
- Policies and procedures
- Care/service plan

#4 – Action Plan Development

- Include Interdisciplinary Team (IDT) in process
- Ask, "What can we do to keep similar events from happening again?" (System-level, not just resident-level)
- Address identified root causes
- Develop an action plan with **SMARTS**

Specific
Measurable
Attainable
Realistic
Timely
Supported

#5 – Evaluation of Effectiveness

Test the Plan (PDSA)

Plan: Formulate action steps
Do: Implement steps on trial basis
Study: Monitor effectiveness for set time period
Act: Review effectiveness, revise or adopt plan

Implement the Plan & Monitor for Effectiveness

- Track and trend data over time
- Share results with Safety and Quality Committees

Adverse Event Report (if applicable)

- Complete/send to SA within regulatory guidelines (hospitalization/ death)

Document Action Plan & Results

- Update care communication tools
  - Care/service plan (or document reasons for no change)

Use Drill-Downs to Review Contributing Factors Related to: Environment & Equipment, Medications, and Communication

Qsource

Environment and Equipment Drill-Down

Review Diagram of the Scene, Revisit as Necessary

Environment

General Contributing Factors

- Lighting
- Flooring (wet, shiny, contrast, uneven)
- Equipment placement
- Furniture placement
- Room to move freely in the space/turn radius
- Others present (residents, staff, visitors, etc.)

Contributing Factors That Impact How a Resident Interacts with Their Environment

(Keep general contributing factors in mind for each)

Footwear/clothing
Mobility
Prosthesis/splint
Dominant side re:

- Equipment
- Furniture
- Doors & doorways
- Bathroom fixtures

Sensory impairments (eyesight, hearing)
Cognition
Resident assumption of risk
Behavioral problems/ issues
Underlying medical conditions:

- Pain
- Neuromuscular
- Orthopedic
- Cardiovascular
- Recent condition change
- Dialysis
- Neurological

Equipment

General Contributing Factors

- Defective/nonworking equipment (in good repair?)
- Equipment design (function, displays, controls, etc.)
- Use specified in care/service plan (and up-to date)
- Appropriate for resident?
- Proper placement (re: dominant side, within reach, etc.)
- Equipment meeting code, regulations
- Entrapment/safety risk

Specific Equipment Related Contributing Factors

(Keep general contributing factors in mind for each)

Bed

- Height/position
- Brakes on/off
- Mattress (type)

Side-rails

- Full/half/other
- Transfer cane
- Padding

Fall mat

- Thickness

Call light

- See general contributing factors

Bathroom equipment

- Toilet seat raise
- Grab bars
- Toilet height
- Commode present
- Toileting schedule

Alarms

- On/attached to resident?
- Turned on?
- Functioning/working?
- Sounding?
- When was it placed?

Assistive devices and transfer equipment

- In need of repair (exposed metal, torn vinyl, etc.)
- Are brakes on/off?
- Are footrests up/down/off?
- Wheelchair cushion present/with or without nonskid material?
- Is resident positioned appropriately?
- Device adjusted/fitted properly? (e.g., seat height/depth, foot
- placement)

Medication Drill-Down

Medication Class: Diuretics, Laxatives, Psychotropics, Antipsychotics , Anti-Hypertensives/ Cardiovascular, Narcotics/Analgesics, Hypo/Hyperglycemics and/or Antibiotics?

Note: A more thorough review of medications to be completed by nurse manger (to include interactions & medication class)

General Contributing Factors

- New medications? Interactions?
- Changes? (i.e., dose, time, etc.)
- When was last dose given?
- Has there been a med error in the last 24 hrs.?

Side Effects

Did resident exhibit signs of or complain of:

- Weakness?
- Acute delirium?
- Dizziness?
- Clammy skin?
- Gait disturbance?
- Dehydration?
- Impaired vision?
- Agitation?
- Impulsiveness?
- Resistance to care?

Consult Pharmacist & Physician (as appropriate)

Communication Drill-Down

Points of Communication Exchange to Consider

- Handoffs or shift reports
- Between departments
- With physician or NP
- Between staff & resident/family
- Involving resident transfers
- Among staff
- With other providers
- Care communication tools (i.e., care/ service
- plan, 24-hour report, alert charting, etc.)

General Contributing Factors

- Lack of information provided and/or available (verbal and written)
- Language barriers
- Hard to read handwriting/fax
- Forms difficult to use
- Communication not adequate (accurate, complete, understood)

Environmental/Work Area Contributing Factors

- Distractions and interruptions
- Work area design
- Work allocation/work load
- Stress levels

Resident-Related Contributing Factors

- Language/culture
- Sensory
- impairment
- Family dynamics
- Cognition
- Resident assumption of risk
- Behavioral issues
- Underlying medical conditions:
  - Pain
  - Neuromuscular
  - Orthopedic
  - Cardiovascular
  - Recent condition change
  - Dialysis
  - Neurological

If Immediate Risk Identified, Take Steps to Ensure Resident Safety and Prevent Recurrence

Continue to: Identify Contributing Factors

Identify Contributing Factors

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Use table below to help determine what factors may have contributed to fall.

Possible Contributing Factors	Applies to Resident	CF to Fall	If "CF To Fall," explain:	Part of CP
Resident Factors				
Cognition	☐	☐		☐
Eyesight/Visual Field	☐	☐		☐
Footwear/Clothing	☐	☐		☐
Mobility	☐	☐		☐
Hearing	☐	☐		☐
Prosthesis/Splint	☐	☐		☐
Dominant Side				
Equipment	☐	☐		☐
Furniture	☐	☐		☐
Doors/Doorways	☐	☐		☐
Bathroom fixtures	☐	☐		☐
Underlying Medical Conditions				
Pain	☐	☐		☐
Orthopedic	☐	☐		☐
Cardiovascular	☐	☐		☐
Recent condition change	☐	☐		☐
Dialysis	☐	☐		☐
Dementia	☐	☐		☐
Neurological (not dementia)	☐	☐		☐
Environment				
Lighting	☐	☐		☐
Floor (wet, shiny, contrast, uneven)	☐	☐		☐
Equipment placement	☐	☐		☐
Furniture placement	☐	☐		☐
Room to move freely/turn radius	☐	☐		☐
Others present (staff, visitors, residents)	☐	☐		☐
Bed				
Height/position	☐	☐		☐
Brakes on/off	☐	☐		☐
Mattress-type	☐	☐		☐
Side-rails				
Full/half/other:	☐	☐		☐
Up/Down	☐	☐		☐
Transfer cane	☐	☐		☐
Padding	☐	☐		☐
Fall Mats				
Thickness	☐	☐		☐
Placement re: dominant side	☐	☐		☐

Additional Notes:

Identify Contributing Factors (cont.)

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Use table below to help determine what factors may have contributed to fall.

Possible Contributing Factors	Applies to Resident	CF to Fall	If "CF To Fall," explain:	Part of CP
Call Light				
Within reach of resident	☐	☐		☐
Functioning/working	☐	☐		☐
Appropriate for resident use	☐	☐		☐
Placement re: dominant side	☐	☐		☐
Bathroom				
Toilet seat riser	☐	☐		☐
Grab bars	☐	☐		☐
Toilet height	☐	☐		☐
Commode present	☐	☐		☐
Toileting schedule	☐	☐		☐
Restraints & Supportive Devices				
Proper application	☐	☐		☐
Appropriate for resident	☐	☐		☐
Alarms				
Appropriate for resident	☐	☐		☐
Attached to resident	☐	☐		☐
Turned on	☐	☐		☐
Functioning/working	☐	☐		☐
Sounding	☐	☐		☐
Assistive Devices/Transfer Equipment				
Device present	☐	☐		☐
Appropriate for resident	☐	☐		☐
Within resident's reach	☐	☐		☐
In need of repair (exposed metal or vinyl)	☐	☐		☐
Brakes on/off	☐	☐		☐
Footrests up/down/off	☐	☐		☐
Wheelchair cushion with non-skid pad	☐	☐		☐
Appropriate positioning	☐	☐		☐
Appropriate fitting (seat height, depth, foot placement)	☐	☐		☐
Medications				
Time of last dose:	☐	☐		☐
New medication	☐	☐		☐
Med. change in the last 24 hours (dose, time, etc.)	☐	☐		☐
Med error in the last 24 hours	☐	☐		☐
Drug side effect	☐	☐		☐

Additional Notes:

Identify Contributing Factors (cont.)

Qsource

Use table below to help determine what factors may have contributed to fall.

Possible Contributing Factors	Applies to Situation	CF to Fall	If "CF To Fall," explain:	Part of CP
Points of Communication Exchange				
Handoffs/shift reports	☐	☐		☐
Between departments	☐	☐		☐
Involving patient/resident transfers	☐	☐		☐
Between staff & resident/family	☐	☐		☐
Among staff	☐	☐		☐
With other organizations/providers	☐	☐		☐
Care communication tools (i.e., care plan, documentation, 24-hour report, alert charting, etc.	☐	☐		☐
General Communication Factors				
Lack of information	☐	☐		☐
Language barriers	☐	☐		☐
Hard to read handwriting/fax	☐	☐		☐
Adequate communication (accurate, complete, understood)	☐	☐		☐
Environmental/Work Area				
Distractions and interruptions	☐	☐		☐
Work area design	☐	☐		☐
Work allocation/work load	☐	☐		☐
Stress levels	☐	☐		☐
Resident Factors				
Language/culture	☐	☐		☐
Sensory impairment	☐	☐		☐
Family dynamics/relationships	☐	☐		☐
Cognition	☐	☐		☐
Resident assumption of risk	☐	☐		☐
Behavioral problems/issues	☐	☐		☐
Organization Factors				
Resident status info. shared/ used in a timely manner	☐	☐		☐
Resident/Family involved in Care planning process	☐	☐		☐
Culture encourages reporting safety issues	☐	☐		☐

Falls History

Has the resident had a fall in the last 30 days? Yes ☐ No ☐

If yes, date

If yes (to above), was there an injury as a result of the fall? Yes ☐ No ☐

If yes, explain:

Conclusions – Root Cause(s)

Use 5-whys to determine root cause(s) of fall (likely multiple root causes). Continue to ask "why" until you can't ask "why" any longer. What do you believe to be the root cause(s) of this fall?

Signature: _____ **Date:** _____

Name, Title: _____

Investigation, Review, Follow-Up & Action Planning

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Review initial investigation & complete following section. Once complete, pass this form to IDT (per facility protocol) who will complete final review.

Use table below to help determine medication related factors that may have contributed to fall.

Possible Contributing Factors	Applies to Resident	CF to Fall	If "CF To Fall," explain:	Part of CP
Medications				
Time of last dose:	☐	☐		☐
New medication	☐	☐		☐
Med. change in the last 24 hours (dose, time, etc.)	☐	☐		☐
Med error in the last 24 hours	☐	☐		☐
Drug side effects	☐	☐		☐
Diuretics				
Edema (lower extremity)	☐	☐		☐
Lung status (CHF)	☐	☐		☐
Change in urgency & void	☐	☐		☐
Change in fluid intake (last 72 hours)	☐	☐		☐
Laxatives				
Prescribed	☐	☐		☐
Given	☐	☐		☐
Anti-psychotics				
Most recent AIM	☐	☐		☐
EPS (involuntary movement)	☐	☐		☐
Narcotics/Analgesics				
Pain level at last dose:	☐	☐		☐
Pain level at time of fall:	☐	☐		☐
Anti-Hypertensives /Cardiovascular				
Baseline BP:	☐	☐		☐
Postural BP:	☐	☐		☐
Vital Signs	☐	☐		☐
P: R:	☐	☐		☐
BP: O_2 sats:				
Skin (cold/clammy)	☐	☐		☐
Hypo-/Hyperglycemics				
Time of last insulin/oral agent dose:	☐	☐		☐
Last p.o. intake time:	☐	☐		☐
Skin (cold/clammy)	☐	☐		☐
CBG Results	☐	☐		☐

Additional Notes:

Investigation, Review, Follow-Up & Action Planning

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Conclusions – Root Cause(s)

Use 5-whys to determine root cause(s) of fall (likely multiple root causes). Continue to ask "why" until you can't ask "why" any longer. What do you believe to be root cause(s) of fall?

Develop an Action Plan

that (1) addresses identified root cause(s), (2) uses SMARTS framework (Specific, Measurable, Attainable, Realistic, Timely, Supported), (3) & answers question,"What can we do to keep similar events from happening again?" (Describe below)

☐ Resident and/or responsible party included in the process (consider goals and preferences)

☐ Effectiveness of previous plans considered (interventions tried, both successful and unsuccessful) List previous interventions:

☐ Yes ☐ No

Communicate Action Plan

Care/Service plan revised to reflect action plan? If no, explain why:

The following were notified of the new action plan:

☐ Resident ☐ Nursing staff ☐ CNA/care staff ☐ DNS/RN Health Service Dir. **Date:**_____

Other staff notified (as needed):

☐ Dietary ☐ Maintenance ☐ Housekeeping ☐ Social Services **Date:**_____

Activities Others (list):

Monitor Effectiveness of Action Plan

Action plan monitored as follows:

Timeframe (how long?):

Signature: _____ **Date:** _____

Name, Title: _____

Final Review

Additional comments, questions, or changes related to fall investigation and action plan:

☐ Yes ☐ No Has abuse been ruled out?

☐ Yes ☐ No If no (above), has Adult Protective Services been notified?
If no, explain why:

☐ Yes ☐ No If fall resulted in hospitalization or death, was adverse event report submitted to SA?
If no, explain why:

Signature: _____ **Date:**_____

Name, Title (Please Print): _____

Administrator Signature: _____ **Date:**_____

Name, Title (Please print): _____

SBAR Communication Worksheet

PREP	**Have the following available before calling the Physician, Nurse Practitioner, etc.** • Assessment of the resident • Resident's chart including most recent progress notes & notes from previous shift List of current meds, allergies, labs (provide date/time of test(s) done & results of previous test(s) for comparison) • Most recent vital signs • Code status **Use the following modalities to contact the Physician, N.P., etc.:** • Direct page • Call/answering service • Office (during weekdays) • Home or cell phone **Before assuming Physician, N.P., etc., is not responding, utilize all modalities. Use appropriate protocol as needed to ensure safe resident care.**
S	**Situation** **I am calling about** <resident name, facility, unit> **The problem I am calling about is** <fall, med error, code, etc.> **Vital signs are:** Blood pressure _____/___; Pulse:___; Respiration:____; Temp:____ **I have just assessed the resident personally and am concerned about the** • Blood pressure, pulse, respiration and/or temp because it is not within normal limits • Other <state your concern>
B	**Background** **The resident's current mental status is** <confused, agitated, combative, lethargic, etc.> • This is different than baseline <state how> **The skin is** <pale, mottled, diaphoretic, extremities cold or warm, etc.> • This is different than baseline <state how> **The resident is on oxygen.** • The resident has been on (l/min) or (%) oxygen for (min or hr) • The oximeter is reading_____% • The oximeter does not detect a good pulse & is giving erratic readings. • This is different than baseline <state how> **The resident's current medications include** <state current, relevant medications> **The resident's current treatments include** <state current, relevant treatments>
A	**Assessment** **This is what I think the problem is** <say what you think the problem is> **The problem seems to be** <cardiac, infection, neurologic, respiratory, etc.> **I am not sure what the problem is, but the resident is deteriorating.** **The resident seems to be unstable & may get worse; we need to do something.**
R	**Recommendation** **I suggest or request that you** <state what you want or would like to see done> • Transfer the resident to the ED • Come see the resident or schedule an appointment Order a consult, medication, treatment, etc. • Talk to the resident and/or representative about the code status **If a change in medication or treatment is ordered, then ask:** • When do you want to start the new order? • Do you want to discontinue other medications or treatments? How often do you want vital signs? • How long do you expect this problem to last? • If the resident does not get better, when do you want us to call again? **Document the change in the resident's condition and physician notification.**

PDSA Worksheet for Testing Change

Achieving your goal will require multiple small tests of change to reach and efficient process and the desired results.

3 Fundamental Questions for Improvement

1. What are we trying to accomplish (AIM)?
2. How will we know that a change is an improvement (MEASURE)?
3. What changes can we make that will lead to improvement (CHANGE)?

Plan

What is your first (or next) test of change?	Test population?	When to be done?
List the tasks needed to set up this test of change: 1. 2. 3. 4.	Who is responsible?	When to be done?
Predict what will happen when test is carried out:	Measures to determine whether prediction succeeds:	

Do

Describe what happened when you ran the test (i.e., what was done, measured results, observations).

Study

Describe how measured results and observations compared with the predictions.

Act

Determine next steps (i.e., modify idea and retest {Adapt}, spread idea {Adopt}, test a new idea {Abandon this idea}).

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