

AHRQ's Safety Program for Nursing Homes: On-Time Falls Prevention

Falls Prevention Self-Assessment Worksheet

Purpose

The Self-Assessment Worksheet is a worksheet designed to help staff review how they currently identify residents who have experienced a change in falls risk, how they determine if new clinical interventions are needed, and how they determine what those interventions are. The self-assessment tool is intended to help identify the current processes and structures the nursing home uses to prevent falls and identify gaps and places for improvement. It is intended to help staff think about ways to transform these processes and how to begin to use the falls risk report in clinical discussions.

The self-assessment tool is an important first step in implementing the reports into current workflow. The team is expected to use the Self-Assessment Worksheet to help understand current fall prevention practices. This is the first step to help them determine how to transform their current practices and to identify ways to incorporate the On-Time Reports into current practice.

It is expected that the Facilitator will work with the Change Team to identify gaps in current falls prevention practices and help them see ways to incorporate the reports to improve these practices and improve clinical interventions. The Self-Assessment Worksheet assists the Change Team to identify how they:

- Determine which residents are at high risk for falls,
- Develop interventions to prevent falls,
- Discuss at-risk residents and formulate changes in care plans, and
- Carry out investigations, including root cause analysis, when an injurious fall occurs.

Description

The assessment has four sections:

- Section 1: Screening for Falls Risk
- Section 2: Falls Prevention Plan
- Section 3: Investigations/Root Cause Analysis of Resident Falls
- Section 4: Communication Practices

Users and Uses

The main users are members of the Falls Prevention Change Team. The worksheet is designed so that the team answers a series of questions that guide them through an assessment of how they currently prevent injurious falls. Once they fill out the self-assessment and discuss it as a team, they will be better able to summarize gaps in current practices and consider ways the reports can help fill in the gaps.

The use of On-Time Falls Prevention not only helps improve risk identification and communication of risk with use of the reports, but also helps enhance the interdisciplinary nature of clinical decision making. An On-Time Facilitator will help guide the Change Team through this process.

[Link to worksheet](#)

Self-Assessment Worksheet for Falls Prevention

This self-assessment tool is aimed at two types of nursing homes:

- Nursing homes that are currently not using an electronic medical record (EMR) for falls prevention but have access to On-Time Falls Prevention from their health information technology (IT) vendor and have decided to use these reports to create electronic risk information to help prevent resident falls. The self-assessment tool is an important first step in implementing the reports into current workflow.
- Nursing homes without access to On-Time Falls Prevention in an EMR to enhance their understanding of current practices and to help them identify opportunities for process improvement.

This self-assessment will help either type of nursing home better understand how effectively they:

- Identify falls risk factors using information from multiple sources.
- Develop interventions specific to the risk factors to mitigate falls risk.
- Communicate the intervention to all staff using multiple processes.

This assessment will cover the following:

- Section 1: Screening for Falls Risk
- Section 2: Falls Prevention Plan
- Section 3: Investigations/Root Cause Analysis of Resident Falls
- Section 4: Communication Practices

Section 1: Screening for Falls Risk

The Falls Prevention Self-Assessment begins with a series of questions that will help the interdisciplinary team identify strengths and areas for potential enhancement related to falls risk assessment and prevention protocols.

1. Does your facility have a falls risk assessment policy? Yes No Not Sure

If no, skip to question 3.

2. If yes, does the policy include the following:

	Yes	No
Examination of clinical risk factors (e.g., high-risk medications, diagnoses, impairments)	<input type="checkbox"/>	<input type="checkbox"/>
Timing or frequency of assessments (e.g., admission, readmission, quarterly)	<input type="checkbox"/>	<input type="checkbox"/>
Use of a falls risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
Interdisciplinary input regarding resident falls risk	<input type="checkbox"/>	<input type="checkbox"/>
Communication of falls risk to clinical and care plan teams	<input type="checkbox"/>	<input type="checkbox"/>
Creation of an individualized, interdisciplinary care plan aimed at preventing falls	<input type="checkbox"/>	<input type="checkbox"/>
Communication of falls risk and prevention strategies to direct care staff (e.g., via CNA care cards)	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your facility provide training to nursing staff on how to accurately assess for fall risk?
Yes No

4. Is a standardized assessment tool used to assess resident risk for falls? Yes No

If no, skip to Question 5.

	Yes	No
The Hendrick II Fall Risk Model	<input type="checkbox"/>	<input type="checkbox"/>
Timed Get Up and Go Test	<input type="checkbox"/>	<input type="checkbox"/>
Berg Functional Balance Scale	<input type="checkbox"/>	<input type="checkbox"/>
Fall Efficacy Scale	<input type="checkbox"/>	<input type="checkbox"/>
4 Stage Balance Test	<input type="checkbox"/>	<input type="checkbox"/>
30 Second Chair Stand	<input type="checkbox"/>	<input type="checkbox"/>
Tinetti Performance Oriented Mobility Assessment (POMA)	<input type="checkbox"/>	<input type="checkbox"/>
Fall Risk Assessment Tool (FRAT)	<input type="checkbox"/>	<input type="checkbox"/>
Activities-specific Balance Confidence (ABC) Scale	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic Gait Index	<input type="checkbox"/>	<input type="checkbox"/>
Six-Minute Walk Test	<input type="checkbox"/>	<input type="checkbox"/>
Morse Fall Scale	<input type="checkbox"/>	<input type="checkbox"/>
St. Thomas Risk Assessment Tool (STRATIFY)	<input type="checkbox"/>	<input type="checkbox"/>

5. If not using a standardized tool, does the assessment the facility uses cover the following:

	Yes	No
History of falls	<input type="checkbox"/>	<input type="checkbox"/>
Impaired cognition, including fluctuating mental status or change in cognition	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>
Impaired vision or change in vision	<input type="checkbox"/>	<input type="checkbox"/>
Gait disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Limitations or changes in activities of daily living, including mobility and transfer	<input type="checkbox"/>	<input type="checkbox"/>
Bowel and bladder incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Infection	<input type="checkbox"/>	<input type="checkbox"/>
Underlying medical conditions affecting balance, endurance, strength, judgment, vision	<input type="checkbox"/>	<input type="checkbox"/>
Use of high-risk medications (e.g., antihypertensives, diuretics, hypoglycemic agents, psychotropics, opioids)	<input type="checkbox"/>	<input type="checkbox"/>
Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Use of assistive devices for transfer or ambulation	<input type="checkbox"/>	<input type="checkbox"/>
Attached equipment (e.g., catheters, intravenous lines, oxygen)	<input type="checkbox"/>	<input type="checkbox"/>
Environment (e.g., poor lighting, glare, clutter)	<input type="checkbox"/>	<input type="checkbox"/>
Appliances or devices (e.g., cane, walker, restraints)	<input type="checkbox"/>	<input type="checkbox"/>
Familiarity with the environment (including room change or new admission)	<input type="checkbox"/>	<input type="checkbox"/>
Recent hospitalization or change in condition	<input type="checkbox"/>	<input type="checkbox"/>

6. When is the falls risk assessment conducted? (Check all that apply.)

- On entry/admission
- On reentry/readmission
- Monthly
- Quarterly
- With each MDS assessment
- Annually
- With a change of condition
- Other (specify) _____

7a. Who completes the falls risk assessment **on admission/readmission**? (Check all that apply.)

- Admitting Nurse
- Charge Nurse
- Nurse Manager
- Nursing Supervisor
- Director of Nursing
- Physical Therapist
- Other (specify) _____

7b. Is an RN required (per facility policy) to complete the falls risk assessment? Yes No

8. If subsequent assessments are completed by someone other than staff noted in question 8, check all that apply to indicate who completes these assessments.

- MDS Nurse
- Charge Nurse
- Nurse Manager
- Nursing Supervisor
- Director of Nursing
- Physical Therapist
- Other (specify) _____
- N/A

9. If residents are deemed to not be at risk for falls, are they reassessed at regular intervals?
Yes No

Section 2: Falls Prevention Plan

In this section, a series of questions will help the interdisciplinary team identify strengths and areas for potential enhancement related to care planning to prevent falls.

1. Are care plans developed for all residents determined to be **at risk** of falling?
Yes No

If no, skip to Section 3.

2. Are interventions for **primary prevention*** included in a falls prevention care plan?
Yes No

* Primary prevention means taking measures to prevent falls in people who have not fallen (e.g., strength and balance training).

3. Are interventions for **secondary prevention*** included in a falls prevention care plan?
Yes No

* Secondary prevention means taking measures to prevent further falls in those who have had a previous fall/falls (with or without injury).

4. Do falls prevention care plans include interventions addressing the following falls risk factors?

	Yes	No
Cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment/perceptual deficits	<input type="checkbox"/>	<input type="checkbox"/>
Polypharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Use of high-risk medications (e.g., antihypertensives, diuretics, hypoglycemic agents, psychotropics, opioids)	<input type="checkbox"/>	<input type="checkbox"/>
Recent medication change	<input type="checkbox"/>	<input type="checkbox"/>
Orthostatic hypotension	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>
Gait disorder/balance problem	<input type="checkbox"/>	<input type="checkbox"/>
Bowel and bladder incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Neuromuscular disorders	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic/joint disorders	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>	<input type="checkbox"/>
Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Infection	<input type="checkbox"/>	<input type="checkbox"/>
History of falls	<input type="checkbox"/>	<input type="checkbox"/>
Attached equipment (e.g., oxygen tubing, catheter)	<input type="checkbox"/>	<input type="checkbox"/>
Appliances or devices (e.g., cane, walker, restraints)	<input type="checkbox"/>	<input type="checkbox"/>
Lack of familiarity with environment	<input type="checkbox"/>	<input type="checkbox"/>
Recent hospitalization or change in condition	<input type="checkbox"/>	<input type="checkbox"/>
Environmental factors (e.g., glare, poor lighting, uneven surfaces, new environment, patterned carpet or floor)	<input type="checkbox"/>	<input type="checkbox"/>
Situational factors (e.g., recent transfer, time of day, responding to toileting urgency, time since last meal)	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Investigations/Root Cause Analysis of Resident Falls

1. Does your facility have a policy to assess residents after falling? Yes No

If no, skip to question 3.

2. If yes, does the policy address the following:

	Yes	No
Who is responsible for the assessment	<input type="checkbox"/>	<input type="checkbox"/>
Timing of assessment after fall (e.g., immediately, within 2 hours)	<input type="checkbox"/>	<input type="checkbox"/>
Specific components of the physical assessment (e.g., range of motion, neurological evaluation)	<input type="checkbox"/>	<input type="checkbox"/>
Next steps of assessment (e.g., information from assessment used to create/update falls risk care plan)	<input type="checkbox"/>	<input type="checkbox"/>
Interviews of witnesses (resident, family, staff)	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your facility provide training to nursing staff on how to accurately assess residents after a fall? Yes No

4. Does your postfall assessment process include consideration of the following:

	Yes	No
What the resident was doing when he/she fell or when last observed if the fall was unwitnessed	<input type="checkbox"/>	<input type="checkbox"/>
If the activity was unusual for the resident	<input type="checkbox"/>	<input type="checkbox"/>
Interviews with witnesses	<input type="checkbox"/>	<input type="checkbox"/>
Body check for injury and pain	<input type="checkbox"/>	<input type="checkbox"/>
Neurological check for change in mental status	<input type="checkbox"/>	<input type="checkbox"/>
Range of motion evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Vital signs	<input type="checkbox"/>	<input type="checkbox"/>
Surface (floor/ground) that the resident was found on (e.g., wet floor, uneven terrain)	<input type="checkbox"/>	<input type="checkbox"/>
Description of resident gait	<input type="checkbox"/>	<input type="checkbox"/>
Resident footwear	<input type="checkbox"/>	<input type="checkbox"/>
Description of new environmental changes, including new furniture arrangement, new admission, new room	<input type="checkbox"/>	<input type="checkbox"/>
Device or appliance use	<input type="checkbox"/>	<input type="checkbox"/>
Resident ambulation status	<input type="checkbox"/>	<input type="checkbox"/>
Medication regimen	<input type="checkbox"/>	<input type="checkbox"/>
Restraint and alarm status	<input type="checkbox"/>	<input type="checkbox"/>
Toilet use (including last time toileted)	<input type="checkbox"/>	<input type="checkbox"/>
Care plan, including adherence to plan, changes and updates to be made	<input type="checkbox"/>	<input type="checkbox"/>
Suggested interventions for prevention	<input type="checkbox"/>	<input type="checkbox"/>

5. Is the postfall assessment completed immediately after the fall? Yes No

If no, then when? _____

6. Who completes the postfall assessment?

Charge Nurse

Nurse Manager

Nursing Supervisor

Director of Nursing

Physical Therapist

Other _____

7. Do you investigate each fall using a consistent investigative framework, (e.g., root cause analysis)? Yes No

8. Do you investigate why the fall occurred? Yes No

9. Can you determine if the fall was due to clinical factors (e.g., change in resident risk factors, inadequate care plan)? Yes No

10. Are there any particular obstacles or challenges to investigating falls?

Section 4: Communication Practices

1. Review the following list of meetings in which falls risk and prevention is potentially discussed by the interdisciplinary team. For every meeting that occurs at your facility, indicate the type of meeting, the meeting leader, staff invited and in attendance, frequency of the meeting, and whether falls risk and prevention are discussed.

Meeting	Meeting Chair/Leader Name and Discipline	Staff Invited and in Attendance (indicate A – Always, V- Varies, As Needed)	Frequency of Meeting (Weekly, Biweekly, Monthly, Quarterly, Change in Condition, As Needed)	Is Fall Prevention Discussed (Y=Yes, N=No)
Care plan review				
Report or brief with CNAs				
Report or brief with department heads				
Medical staff meeting				
Quality Assurance and Performance Improvement (QAPI) or Performance Improvement Plan meeting				
Falls risk meeting				
MD/Non-physician provider (NPP) rounds				
Report or brief with therapy department				
Report or brief with social services department				
Report or brief with activities/recreation department				
Report or brief with “other”				
Other (please indicate)				

2. Training

Indicate the date of the most recent training provided for the following:

Topic	Participants (Check All That Apply)	Date
Conducting an accurate falls risk assessment	Nurses _____ Therapy _____ CNAs _____	Nurses _____ Therapy _____ CNAs _____
Care planning to prevent falls	Nurses _____ Therapy _____ CNAs _____	Nurses _____ Therapy _____ CNAs _____
Effective restorative/strengthening exercises	Nurses _____ Therapy _____ CNAs _____	Nurses _____ Therapy _____ CNAs _____
Root cause analysis for falls	Nurses _____ Therapy _____ CNAs _____	Nurses _____ Therapy _____ CNAs _____
Documentation regarding risks for and prevention of falls	Nurses _____ Therapy _____ CNAs _____	Nurses _____ Therapy _____ CNAs _____
Documentation - ADLs/mobility, including the importance of noting and reporting changes	Nurses _____ Therapy _____ CNAs _____	Nurses _____ Therapy _____ CNAs _____
Other (indicate)	Nurses _____ Therapy _____ CNAs _____	Nurses _____ Therapy _____ CNAs _____

Resources

- Fall Prevention in Long-Term Care: Practical Advice To Improve Care, http://www.medscape.com/viewarticle/579951_2
- Prevention of Falls in the Elderly, <http://www.patient.co.uk/doctor/prevention-of-falls-in-the-elderly-pro>
- Fall Prevention Task Force, <http://www.fallpreventiontaskforce.org>
- The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities, <http://www.ahrq.gov/professionals/systems/long-term-care/resources/injuries/fallspx/fallspxmanual.pdf>
- Documentation Checklist: Process Guideline for Evaluation of Falls/Fall Risk, http://www.michigan.gov/documents/mdch/bhs_CPG_Falls_Checklist_206281_7.pdf
- Fall Risk Assessment for Older Adults: The Hendrich II Fall Risk Model, <https://consultgeri.org/try-this/general-assessment/issue-8>
- Older Adult Falls Programs, <https://www.cdc.gov/homeandrecreationalafety/falls/programs.html>