# Falls Program Interventions Self-Assessment

| **Interventions to Reduce Injury** | **Not Yet** | **SOME of the time** | **MOST or all of the time** | **Need assistance to implement** |
| --- | --- | --- | --- | --- |
| **Eliminate sharp edges**- can use foam guard, bubble wrap, or bevel edges; consider removal of sharp shelves, furniture if possible |  |  |  |  |
| Use of **floor mats** for patients while resting in bed, who are at risk for getting up out of bed, are unable to be full partners in their fall prevention program due to memory/cognitive problems. |  |  |  |  |
| Use **hip protectors** for reduction of hip fractures |  |  |  |  |
| **Intervention- Falls Prevention** | **Not Yet** | **SOME of the time** | **MOST or all of the time** |  |
| **Environmental Changes** | | | | |
| Install **toilet versa frames/grab bars** for toilet safety |  |  |  |  |
| Install **raised toilet seats** |  |  |  |  |
| **Flooring**: non-slip surfaces, prompt cleaning of wet surfaces |  |  |  |  |
| Reduce **slip and trip hazards** |  |  |  |  |
| **Clinical Practice Changes** | | | | |
| Increase **interdisciplinary team involvement** in fall program management and evaluation (individualizing plans of care, offer pain management, toileting, call light and possessions within reach, comfortable positioning). |  |  |  |  |
| Increase **interdisciplinary** team involvement in **post fall huddles** |  |  |  |  |
| Integrate injury risk into intentional rounding (i.e. make sure floor mat is on floor when pt. resting in bed; make sure patient wearing hip protectors if prescribed) |  |  |  |  |
| Integrate assessment of orthostatic hypotension into patient admission assessment (for those >65 years old and with cardiac risk factors) and post fall vital signs |  |  |  |  |
| **Patient Engagement Changes** | | | | |
| Conduct post **fall huddles** that includes the **patient (and family if present at time of the fall)** |  |  |  |  |
| Redesigned patient education that includes **teach-back strategies** |  |  |  |  |
| **Teach patients** about fall and injury risk factors |  |  |  |  |
| **Population-based Approach to Fall and Injury Prevention** | | | | |
| Implement practices specific to Elderly/Frailty, over the age **of 85 (A: Age)** |  |  |  |  |
| Implement practices specific to fracture risk, fracture history **(B: Bones)** |  |  |  |  |
| Implement practices specific to patients on chronic anticoagulation or coagulopathy **(C: Anti-Coagulation)** |  |  |  |  |
| Implement practices specific to Post Surgical/Post Procedure Population **(S: Surgical)** |  |  |  |  |
| Implement practices specific to **hospice/palliative** care patients (address fall and injury risk) |  |  |  |  |
| Implement practices specific to **behavioral health** units (medication review to reduce fall risks) |  |  |  |  |
| Implement practices specific to other populations (list:..) |  |  |  |  |