

# Fall Risk Reduction Program Assessment

**Instructions** This assessment serves as a comprehensive gap analysis of your hospital's current fall risk reduction program for the inpatient setting which includes patients in acute, swing, observation, and hospice beds. It may help your hospital identify its strengths and weaknesses for fall risk reduction.

We recommend that you have the following information available as you begin the survey:

- A copy of any existing fall risk reduction/fall prevention policies and procedures
- The definition of a fall used by your hospital (if one is in use)
- A list of the interventions used to reduce patient fall risk
- The total number of falls, patient days, and observations hours from the years 2018, 2019, and 2020

## FALL RISK REDUCTION TEAM

A fall risk reduction team is an inter-professional team responsible for managing and implementing the facility's fall risk reduction program.

Please answer the following questions about the personnel involved in the fall risk reduction program in your hospital.

Does your hospital have an individual or team who is accountable for implementing your fall risk reduction program?

- No, neither an individual or a team  
 Yes, an individual  
 Yes, a team \_\_\_\_\_  
 Unknown

Identify all of the ROLES represented by the individual or team members responsible for your fall risk reduction program. Mark all that apply.

- Medical Director/Chief of Medical Staff  
 Administrator/CEO  
 Director of Nursing/Chief Nurse Executive  
 Quality Improvement Professional/Specialist  
 Risk Manager  
 Patient Safety Officer  
 Physician  
 Physician Assistant  
 Advanced Practice Registered Nurse (Nurse Practitioner)  
 Registered Nurse  
 Licensed Practical Nurse  
 Certified Nursing Assistant  
 Occupational Therapist  
 Certified Occupational Therapy Assistant  
 Physical Therapist  
 Physical Therapist Assistant  
 Pharmacist  
 Medical Laboratory Technician  
 Radiology Technician  
 Medical Nutrition  
 Facilities Management  
 Environmental Services  
 Patient Transportation Services  
 Other \_\_\_\_\_  
 Unknown

## GAP ANALYSIS

A gap analysis is an assessment of the current state of practices in your facility as compared to evidence-based best practices.

When did your hospital last conduct a gap analysis for your fall risk reduction program?

- Never  
 Within the past year  
 Within the past 1-2 years  
 Over 2 years ago  
 Unknown

## ACTION PLAN

An action plan is used to document and monitor the steps needed to reach your fall risk reduction program goals.

Does your hospital have a current action plan for your fall risk reduction program?

- No  
 Yes  
 Unknown

## FALL RISK REDUCTION POLICIES and PROCEDURES

Policies and procedures help to set expectations and influence decisions, actions, and activities involved in a fall risk reduction program.

Please indicate whether or not your hospital performs the following fall risk reduction activities:

	No, our hospital does not do this activity	Yes, but our hospital could do this activity better	Yes, and our hospital does this activity well	Unknown
Develop fall risk reduction policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Update fall risk reduction policies and procedures as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate staff about fall risk reduction policies and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Staff Education on Fall Risk Reduction Policies and Procedures

Which staff are required to attend this education? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

## FALL DEFINITION

A fall definition specifies what "counts" as a fall, and differentiates various types of falls (e.g. assisted vs. unassisted) as well as injuries.

Please indicate whether or not your hospital performs the following fall risk reduction activities:

	No, our hospital does not do this activity	Yes, but our hospital could do this activity better	Yes, and our hospital does this activity well	Unknown
Adopt a standardized definition of a fall for use in your hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate staff on the definition of a fall, including fall types (assisted/unassisted) and outcomes (injurious/non-injurious)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions about the definition of a fall used in your hospital.

Does your hospital use the following definition of a fall, from the Agency for Healthcare Research and Quality Common Formats?

"For the purposes of patient safety, a fall is a sudden, unintended, uncontrolled downward displacement of a patient's body to the ground or other object. This definition includes unassisted falls and assisted falls (i.e., when a patient begins to fall and is assisted to the ground by another person)."

- No  
 Yes  
 Unknown

Provide the specific definition of a fall used in your hospital

The source of this definition is: \_\_\_\_\_

If you do not know the source of the definition, please state 'source unknown'.

## Staff Education on the Definition of a Fall

Which staff are required to attend this education? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

## FALL RISK ASSESSMENT

A fall risk assessment is used to identify patients who are at risk for falls and recognize their respective risk factors.

Please indicate whether or not your hospital performs the following fall risk reduction activities:

	No, our hospital does not do this activity	Yes, but our hospital could do this activity better	Yes, and our hospital does this activity well	Unknown
Adopt a fall risk assessment tool(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate staff on how to use fall risk assessment tool(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilize fall risk assessment tool(s) to screen patients for fall risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions about fall risk assessment tool(s) in your hospital.

Indicate which populations are assessed for fall risk. Mark all that apply.

- All adult inpatients
- A specific subset of adult inpatients \_\_\_\_\_
- Other \_\_\_\_\_
- Unknown

How often does your hospital assess fall risk for the respective populations indicated in the question above? Mark all that apply.

- On admission
- Daily
- Every shift
- As needed according to change in patient's medical status
- After a fall
- Other \_\_\_\_\_
- Unknown

Indicate the tool(s) currently used to assess fall risk of inpatients in your hospital. Mark all that apply.

- Conley Scale
- Fall Risk Assessment Scoring System (FRASS)
- Hendrich II Fall Risk Model
- Hester Davis Scale
- Johns Hopkins Fall Risk Assessment Tool
- Morse Fall Scale
- St. Thomas Risk Assessment Tool in Falling Elderly Inpatients (STRATIFY)
- Other tool not listed above \_\_\_\_\_
- Modification of an established tool \_\_\_\_\_
- Unknown

Why did your hospital choose the fall risk assessment tool(s) used to assess fall risk for inpatients? Mark all factors that apply.

- Assessment of predictive validity using our own data
- Dictated by our electronic medical record
- Feasibility for staff
- Review of research literature
- Staff input
- Other reason(s) \_\_\_\_\_
- Unknown

## Staff Education on Fall Risk Assessment Tool(s)

Which staff are required to attend this education? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

## FALL RISK REDUCTION INTERVENTIONS

Fall risk reduction interventions are implemented to reduce the influence of patient risk factors for falls and fall-related injury.

Please indicate which of the following interventions are used to reduce the risk of falls and fall-related injury for patients in your hospital.

	Never used for patients at risk	Used for specific patients at risk	Used for all patients at risk	Used for all patients, regardless of risk	Unknown
Assistive device/equipment for ambulation (e.g., walkers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive device/equipment for transfers (e.g., mechanical lift)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive device/equipment for activities of daily living (e.g., commode)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed and/or chair alarm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed in low position	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside floor mats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call light and belongings in reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Declutter environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delirium prevention or mitigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documentation of mobility/activities of daily living assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floor clean and dry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gait/transfer belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handoff to communicate risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handrails in bathroom, hallways, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip protectors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locked wheels on bed and wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication review by pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night lights/supplemental lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FALL RISK REDUCTION INTERVENTIONS (Continued)

Fall risk reduction interventions are implemented to reduce the influence of patient risk factors for falls and fall-related injury.

Please indicate which of the following interventions are used to reduce the risk of falls and fall-related injury for patients in your hospital.

	Never used for patients at risk	Used for specific patients at risk	Used for all patients at risk	Used for all patients, regardless of risk	Unknown
Non-slip, well-fitting footwear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapy referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthostatic blood pressure monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient/family education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient placed close to nurses station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical therapy referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purposeful hourly rounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seating assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised mobility and/or activities of daily living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Top bed rails up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visible identification of risk (e.g., wristband, signage, colored socks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate whether or not your hospital performs the following fall risk reduction intervention activities.

	No, our hospital does not do this activity	Yes, but our hospital could do this activity better	Yes, and our hospital does this activity well	Unknown
Ensure staff have the resources needed to deliver interventions to reduce fall risk for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Link targeted interventions to identified risk factors to reduce the risk of falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilize interventions to reduce fall risk for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Staff Education on Specific Fall Risk Reduction Interventions

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Does your hospital provide education to your staff on: Linking Specific Interventions to Patient Fall Risk Factors?

- No  
 Yes  
 Unknown

Which staff are required to attend this education on linking specific interventions to patient fall risk factors? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education on linking interventions to patient fall risk factors offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown
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Does your hospital provide education to your staff on: Use of Alarm Systems?

- No  
 Yes  
 Unknown

Which staff are required to attend this education on the use of alarm systems? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education on the use of alarm systems offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown
- 

Does your hospital provide education to staff on: Delivery of Patient/Family Fall Risk Reduction Education?

- No  
 Yes  
 Unknown

Which staff are required to attend this education on the delivery of patient/family fall risk reduction education? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education on the delivery of patient/family fall risk reduction education offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

Does your hospital provide education to staff on: **Safe Transfers and Mobility** (i.e, how to physically assist patients)?

- No  
 Yes  
 Unknown

Which staff are required to attend this education on safe transfers and mobility? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education on safe transfers and mobility offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

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### AUDITING FALL RISK REDUCTION PRACTICES

Auditing is a method to identify if fall risk reduction practices are being implemented as intended in your facility.

Please indicate whether or not your hospital performs the following fall risk reduction activities.

	No, our hospital does not do this activity	Yes, but our hospital could do this activity better	Yes, and our hospital does this activity well	Unknown
Conduct audits to monitor adherence to fall risk reduction practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate results of audits to staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions about the auditing program used to monitor adherence to fall risk reduction practices in your hospital.

What fall risk reduction practices are included in the auditing program in your hospital? Mark all that apply.

- Completion of fall risk assessment tool  
 Delivery of interventions to reduce patient fall risk  
 Equipment and environmental safety  
 Completion of post-fall documentation  
 Other \_\_\_\_\_  
 Unknown

How frequently are audits conducted to monitor adherence to fall risk reduction practices?

- At least monthly  
 Every 1-3 months  
 Every 3-6 months  
 Every 6-12 months  
 Other \_\_\_\_\_  
 Unknown



## POST-FALL CLINICAL ASSESSMENT

A post-fall clinical assessment is a protocol to guide staff in the assessment of patients for potential injury after a fall occurs.

Please indicate whether or not your hospital performs the fall risk reduction activities listed below.

	No, our hospital does not do this activity	Yes, but our hospital could do this activity better	Yes, and our hospital does this activity well	Unknown
Adopt a post-fall clinical assessment protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate staff to use the post-fall clinical assessment protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilize the post-fall clinical assessment protocol after a patient fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Staff Education on Post-Fall Clinical Assessments

Which staff are required to attend this education? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

## POST-FALL HUDDLE

A post-fall huddle creates a safe environment to understand the 'story' behind a fall in order to learn and take action to prevent a future fall.

Please indicate whether or not your hospital performs the following fall risk reduction activities.

	No our hospital does not do this activity	Yes but our hospital could do this activity better	Yes and our hospital does this activity well	Unknown
Adopt post-fall huddle tools and processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate staff to conduct post-fall huddles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct a post-fall huddle after a patient fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Staff Education on Post-Fall Huddles

Which staff are required to attend this education? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education offered to staff? Mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

## FALL EVENT AND RATE REPORTING

Report and monitor falls and fall rates to track progress within your organization and allow for external benchmarking

Please indicate whether or not your hospital performs the following fall risk reduction activities.

	No our hospital does not do this activity	Yes but our hospital could do this activity better	Yes and our hospital does this activity well	Unknown
Adopt a reporting form specific to fall events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate staff on the process to report ALL falls (assisted/unassisted, injurious/non-injurious)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff report unassisted falls that result in injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff report unassisted falls that DO NOT result in injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff report assisted falls that result in injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff report assisted falls that DO NOT result in injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Staff Education on Fall Event Reporting

Which staff are required to attend this education? Mark all that apply.

- Nursing staff only  
 Patient care staff other than nursing \_\_\_\_\_  
 Non-patient care staff \_\_\_\_\_  
 Unknown

When is this education offered to staff? Please mark all that apply.

- Annually  
 When changes are made to this aspect of our fall risk reduction program  
 New employee orientation  
 Other \_\_\_\_\_  
 Unknown

## FALL RATE REPORTING

Complete the table below using data collected from the inpatient setting (i.e., acute, swing, observation, and hospice patients; exclude newborns) for the last three full calendar years. For example, if the current calendar year is 2024, the last calendar year would be 2023; two full calendar years ago would be 2022; and, three full calendar years ago would be 2021.

	3 Calendar Years Ago	2 Calendar Years Ago	Last Calendar Year
<b>Inpatient Days</b> <i>Number of days inpatients received care based on midnight census</i>			
<b>Observation Hours</b> <i>Number of hours patients who received care who are not admitted as inpatients and not counted in the midnight census</i>			
<b>Observation Days</b> <i>= Observation Hours/24</i>			
<b>Total Patient Days</b> <i>= Inpatient Days + Observation Days</i>			
<b>Number of Assisted Falls</b> <i>Number of falls where a patient begins to fall and is assisted to the ground or other object by another person</i>			
<b>Number of Unassisted Falls</b>			
<b>Number of Injurious Patient Falls</b> <i>Include all falls that result in minor, moderate, major harm or death; may be assisted or unassisted</i>			
<b>Number of Total Falls</b> <i>Include all fall types: unassisted, assisted, non-injurious, injurious</i>			
<b>Total Fall Rate</b> <i>= (Number of Total Falls/Total Patient Days) x 1000</i>			
<b>Injurious Fall Rate</b> <i>= (Number of Injurious Falls/Total Patient Days) x 1000</i>			
<b>Unassisted Fall Rate</b> <i>= (Number of Unassisted Falls/Total Patient Days) x 1000</i>			

Please answer the following questions about the event reporting form(s)/system(s) used in your hospital.

Does your hospital report falls to any external organizations? Mark all that apply.

- No, we do not report falls to any external organization  
 Yes, to the Joint Commission  
 Yes, to the National Database of Nursing Quality Indicators (NDNQI)  
 Yes, to the CAPTURE Falls Program  
 Yes, to the Nebraska Coalition for Patient Safety (NCPS)  
 Yes, to the Hospital Quality Improvement Contracts (HQIC) Program  
 Yes, other \_\_\_\_\_  
 Unknown

## Learning from Data

Use data (e.g., fall event reports, audit results, discussions with staff, etc.) to understand how well your fall risk reduction program is working to reduce fall risk in your hospital.

Please indicate whether or not your hospital performs the following fall risk reduction activities.

	No our hospital does not do this activity	Yes but our hospital could do this activity better	Yes and our hospital does this activity well	Unknown
Analyze and/or discuss data regarding fall risk reduction program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct or participate in a root cause analysis for patient falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make changes to your fall risk reduction program based on fall-related data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate to staff about changes made to your fall risk reduction program based on fall-related data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share anything else you want us to know about the fall risk reduction program in your hospital.