

Post-Fall Huddle Facilitation Guide

Purpose: To lead front line staff and the patient/family in a conversation to determine why a patient fell and what can be done to prevent future falls.

Directions: Complete as soon as possible after ALL (assisted and unassisted) patient falls once patient care is provided but prior to leaving the shift.

Participants: Designated post-fall huddle facilitator for the shift, healthcare professionals who directly care for the patient, member of your fall risk reduction team as available (i.e. PT, OT, pharmacy, quality improvement), the patient and family members as appropriate.

During the huddle look for specific answers and continue asking “why?” until the root cause is identified.

1. Establish facts:

a. Did we know this patient was at risk? YES NO

b. Has this patient fallen previously during this stay? YES NO

c. Is this patient at high risk of injury from a fall? Age 85+ Brittle Bones Coagulation Surgical Post-Op Patient

2. Establish what patient and staff were doing and why.	HAND WRITTEN NOTES
<p>ASK: What was the patient doing when he/she fell? (Be specific...e.g. transferring sit—stand from the bedside chair without her walker). Ask why multiple times.</p>	
<p>ASK: What were staff caring for this patient doing when the patient fell? Ask why multiple times.</p>	
3. Determine underlying root causes of the fall.	HAND WRITTEN NOTES
<p>ASK: What was different this time as compared to other times the patient was engaged in the same activity for the same reason? Ask why multiple times.</p>	
4. Make changes to decrease the risk that this patient will fall or be injured again.	HAND WRITTEN NOTES
<p>ASK: How could we have prevented this fall?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Need to consult with physical/occupational therapy about mobility/positioning/seating <input type="checkbox"/> Need to consult with pharmacy about medications <input type="checkbox"/> Need to consult with other health care professional(s): _____ 	
<p>ASK: What changes will we make in this patient’s plan of care to decrease the risk of future falls?</p>	
<p>ASK: What patient or system problems need to be communicated to other departments, units or disciplines?</p>	

Post-Fall Huddle Documentation

Directions: Items 1 - 3 should be completed by the huddle facilitator. Item 4 should be completed by the organizational fall risk reduction team.

1. Date of Huddle _____ **Time of Huddle** _____ **Huddle Facilitator Initials** _____

2. Who was included in the huddle? CHECK ALL THAT APPLY

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Primary Nurse | <input type="checkbox"/> COTA | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Family/Caregiver | <input type="checkbox"/> CNA | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Physical Therapy Assistant |
| <input type="checkbox"/> Charge Nurse | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Pharmacy Tech | <input type="checkbox"/> Quality Improvement Coordinator |
| <input type="checkbox"/> Other: _____ | | | |

3. Cause of fall – Patient Level: Identify the fall type and preventability by checking the appropriate box below and describe actions taken to prevent a recurrence for this patient.

FALL CAUSE	FALL TYPE	ACTIONS TAKEN TO PREVENT REOCCURENCE FOR <u>THIS PATIENT</u>
	PREVENTABILITY	
<input type="checkbox"/> Environmental (Extrinsic) Risk Factors Examples: Liquid on floor; Trip over tubing, equipment, or furniture; Equipment malfunction	Accidental → Possibly could have been prevented	
<input type="checkbox"/> Known Patient-Related (Intrinsic) Risk Factors Examples: Confusion /Agitation, Lower extremity weakness, Impaired gait, Poor balance/postural control, Postural hypotension, Centrally acting medication	Anticipated Physiological → Possibly could have been prevented	
<input type="checkbox"/> Unknown, Unpredictable Sudden Condition Examples: Heart Attack, Seizure, Drop attack	Unanticipated Physiological Unpreventable	
<input type="checkbox"/> Unsure – Please describe fall cause and your assessment of preventability: _____ _____ _____		
Could this fall have been considered intentional ? If yes, explain why: _____ _____ _____		

4. Cause of Fall – System Level: Discuss the fall with your fall risk reduction team.

Describe/discuss what your team learned about your fall risk reduction system as a result of this fall:	
How will your team communicate the knowledge gained from this fall to the rest of your organization?	

CAPTURE Falls Collaborative Members: Please use the Know Falls System at <https://unmcredcap.unmc.edu> to complete this form electronically. Contact the UNMC CAPTURE Falls Team at capture.falls@unmc.edu for assistance.