#### O₱ Falls Investigation **Fall Protocol Components Investigation Components** (Root Cause Analysis) (per facility policy) S C Guide Immediately Ensure Resident is Safe, Assess and Treat for Injury For First Responders **Fall Occurs** Put any preliminary preventative steps into place **Make Required Notifications S**ituation Nurse or CBC Health Services Background • 911 (if applicable) Assessment • Physician (use **SBAR**) Recommendation • Admin and DNS (or leadership team) (See SBAR • Resident's responsible party Communication **Begin Investigation** Admin or DNS Worksheet) Notify Adult Protective Services if #1 - Gather and Document Initial Information abuse/neglect suspected • Interview staff and others closely involved (last to see the resident, first responder, witness, resident, visitors, etc.) **Document Event** What do they think happened (sequence of events) and why • Update care communication tools (contributing factors) o Alert charting • Use open-ended questions (e.g. "Tell me about...") o 24-hr. report • Make a diagram of the scene at time of discovery, attach it to the o Temporary care/service plan down investigation (show position of furniture, door/doorways, Bed • New physician order (note and equipment, other relevant features) implement) o Draw a stick figure to indicate where resident fell/was found • Begin incident report (or other facility Bathroon (label as face-up or face-down) document) #2 - Fill in the Gaps **Review Findings** • Identify gaps and gather any missing information (i.e., review record, fall history, interview/re-interviews, plan of care, etc.) • Outline the sequence of events leading up to the fall • List possible contributing factors #3 - Analyze See Environment and **Identify Contributing Factors** Equipment Drill-Down **Document Analysis Findings** • Possible contributing factors to consider: o Environment and equipment related See Medication Medication related Drill-Down o Communication related o Were identified fall prevention/risk interventions in place? See Communication o Care/service plan appropriate, updated, and followed? Drill-Down • Use the **5-Whys** to uncover root causes Handoff Investigation (per facility policy) See 5-Whys Give to the individual who will review the initial investigation and: • Develop an action plan to prevent recurrence • Monitor the effectiveness of the plan The 5-Whys Resident fell in room WHY Plan: Remove or move She tripped over a chair the chair The 5-whys is a question-WHY asking method used to uncover the underlying She didn't see the chair cause of an event (see WHY example to right). Plan: Put nightlights in all Uncovering the root The room was dark (no nightlight) the rooms causes(s) leads to action WHY plans that are more likely Nightlight not part of plan of care to prevent the event from Plan: Review fall risk happening again. assessment process; update if needed Resident assessed as NOT at risk for falling

# First Responder Drill-Downs for Common Fall Contributing Factors

**Environment and Equipment Drill-Down** 

#### **Environment**

#### **General Contributing Factors**

- Lighting
- 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**

- Footwear/clothing
- Prosthesis/splint
- o Equipment
- o Furniture
- doorways
- o Bathroom fixtures
- (eyesight, hearing)

- Flooring (wet, shiny, contrast, uneven)

### (Keep general contributing factors in mind for each)

Cognition

Behavioral

conditions:

o Pain

• Resident assumption of

problems/issues

Underlying medical

o Neuromuscular

o Cardiovascular

o Neurological

o Recent condition change

o Orthopedic

o Dialysis

- Mobility
- Dominant side re:

  - Doors and
- Sensory impairments

# Necessary

## **START**

**Review Diagram of** the Scene, Revisit as

#### **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)

- Height/position
- Brakes on/off
- Mattress (type) Side-rails
- Full/half/other
- Transfer cane
- Padding

#### Fall mat

Thickness

#### Bathroom equipment

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

Call light (See general contributing factors)

## **Alarms**

- On/attached to resident?
- Functioning/working?
- Sounding?
- When placed?

#### Assistive devices and transfer equipment

- In need of repair?
- Brakes on/off?
- Footrests up/down/off?
- Wheelchair cushion on, with/out nonskid material?
- Resident positioned appropriately?
- Device adjusted/fitted properly?

### Medication **Drill-Down**

#### Important: A more thorough medication review should be completed by nurse manger (including interactions and medication class)

# **START**

### **General Med. Contributing Factors**

- New medications?
- 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 and physician (as appropriate)

#### Communication **Drill-Down**

#### **Points of Communication Exchange**

### 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.)

# **Contributing Factors**

- Lack of information provided and/or available (verbal and written)

#### General

- Forms difficult to use · Communication not adequate
- Language barriers
- Hard to read handwriting/fax

## Resident-Related

- Language/culture
- Sensory impairment
- Family dynamics
- Cognition • Resident assumption of risk
- Behavioral issues
- Underlying medical conditions:

(accurate, complete,

understood)

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

### **Environmental or Work** Area

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

**Return to Falls Investigation Guide For First Responders** (#3 - Analysis: Identify Contributing Factors)



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