



NYS PARTNERSHIP FOR PATIENTS GUIDING PRINCIPLES

FOR REDUCING INJURIES RELATED TO FALLS AND IMMOBILITY



INNOVATE

Test new strategies, processes, protocols, and organizational or team approaches to prevent patient falls and fall-related injuries.

- Align efficiency and reduction of cost and waste with strategies for preventing falls and fall-related injuries.
- Focus on measurable improvement by assigning unit-based ownership of falls data monitoring, and then post results on units.
- Design and test programs to:
 - Maintain assistive and adaptive devices connected to the patient, such as walkers, canes, eye glasses, and hearing aids.
 - Target interventions to reduce the side effects of medication, such as providing personal care and toileting assistance prior to administering a sedative.
 - Ensure a safe environment of care for all patients.
- Introduce advanced interventions to reduce risk of injury to those people who do fall, or are at risk for falls or injury.
- Employ an immediate intervention team to assist with patient care, staff support, and to conduct root cause analyses on falls to gain information for improvement.



ENGAGE

Engage an interdisciplinary team for fall-related injury prevention that includes patients and their families, hospital leadership, nursing staff, rehabilitative therapists, pharmacists, physicians, quality improvement professionals, and others.

- Engage team members to continuously assess the patient for risk of falls at admission, daily during hospitalization, as changes in condition occur, and at care transitions.
- Educate patients and caregivers on the risk of falls, environmental hazards, and prevention strategies.
- Encourage families and caregivers to stay with the patient.
- Ensure that patients and families understand the risk for falls and potential harm by using the “teach back” method.
- Engage leaders and staff at all levels of the organization to:
 - Improve the safety of patient care on all inpatient units.
 - Engage and improve patient and family member care experience.
- Sponsor the redesign of processes to reduce the risk of injury associated with falls and immobility.
- Involve all staff in fall and harm precautions including, but not limited to, unit clerks, environmental services, residents, and ancillary staff.
- Ensure that staff expectations include active participation in fall-reduction efforts and the care delivery model promotes patient and family involvement in care.
- Administer a “fear of falling” questionnaire to address falling fears with elderly patients in particular.
- Use visual cues, such as colored socks or wrist bands, that communicate to staff and families a patient is at risk for falling.



INTEGRATE

Establish processes that promote the integration of reducing falls and fall-related injuries into the patient care delivery system.

- Communicate information about patients who are at risk of falling and at risk of sustaining a fall-related injury to all staff through bedside reports, multidisciplinary rounds, whiteboards, and interdepartmental handoffs.
- Use basic preventive and universal falls precautions for all patients.
- Review a list of a patient’s current medications and collaborate with pharmacy staff and providers to identify medications that increase the risk of falling or the risk of fall-related injuries.
- Implement situation awareness protocols and rounding for interdisciplinary staff, including housekeeping, biomedical engineering, physicians and nurses, physical and occupational therapy, dietary, and pharmacy.
- Identify opportunities for coordinating and integrating care by employing overarching patient-centered care practices to address fall prevention.



HARDWARE

Hardwire best practices and measurement systems that support efforts to reduce falls and fall-related injuries.

- Standardize interventions for patients at risk for falling.
 - Conduct a standard risk assessment for falls on admission using a validated tool and re-assess at least daily.
 - Implement both hospital-wide and patient-level improvements to the patient care environment to prevent falls and reduce severity of injury from falls, including bathroom safety interventions.
 - Implement purposeful rounding to assess and address patient needs for pain relief, toileting, and positioning.
 - Screen for fall-related injury risk factors and history.
 - Assess multifactorial risk of anticipated physiological falling and risk for a serious or major injury from a fall.
- Implement daily safety huddles to identify patients at risk for falls and injury.
- Customize interventions for patients at highest risk of a serious or major fall-related injury.
 - Increase the intensity and frequency of observation.
 - Make environmental adaptations and provide personal devices to reduce risk of fall-related injury.
- Capture data for performance improvement.
 - Select measures that will allow for tracking of process and outcome changes and establish a process to consistently share results.