

**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.

**Remember:** Patients fall because their center of mass is outside their base of support.

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

1. Establish facts:
- 1.a. Did we know this patient was at risk?  YES  NO
  - 1.b. Has this patient fallen previously during this stay?  YES  NO
  - 1.c. Is this patient at high risk of injury from a fall? (ABCS)  
 Age 85+  Brittle Bones  Coagulation  Surgical Post-Op Patient

| 2. Establish what patient and staff were doing and why.   | HAND WRITTEN NOTES |
|---|--------------------|
| 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.  |                    |
| ASK: What were staff caring for this patient doing when the patient fell? Ask why multiple times.   |                    |
| 3. Determine underlying root causes of the fall.  | HAND WRITTEN NOTES |
| 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.  |                    |
| 4. Make changes to decrease the risk that this patient will fall or be injured again.   | HAND WRITTEN NOTES |
| ASK: How could we have prevented this fall?<br><input type="checkbox"/> Need to consult with physical/occupational therapy about mobility/positioning/seating<br><input type="checkbox"/> Need to consult with pharmacy about medications |                    |
| ASK: What changes will we make in this patient’s plan of care to decrease the risk of future falls?   |                    |
| Ask: What patient or system problems need to be communicated to other departments, units or disciplines?  |                    |

**Post-Fall Huddle Documentation**

**Directions:** Items 1 - 3 should be completed by the huddle facilitator. Item 4 should be completed by the 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. Please identify the proximal cause(s) of the fall by checking ALL appropriate boxes 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"/> <b>Environmental (Extrinsic) Risk Factors</b><br>Examples: Liquid on floor; Trip over tubing, equipment, or furniture; Equipment malfunction   | Accidental →<br>Possibly could have been prevented                |  |
| <input type="checkbox"/> <b>Known Patient-Related (Intrinsic) Risk Factors</b><br>Examples: Confusion /Agitation, Lower extremity weakness, Impaired gait, Poor balance/postural control, Postural hypotension, Centrally acting medication | Anticipated Physiological →<br>Possibly could have been prevented |  |
| <input type="checkbox"/> <b>Unknown, Unpredictable Sudden Condition</b><br>Examples: Heart Attack, Seizure, Drop attack   | Unanticipated Physiological<br>Unpreventable                      |  |
| <input type="checkbox"/> Unsure – Please describe fall cause and your assessment of preventability, : _____   |   |  |

**4. If preventable, determine error type and describe actions taken to decrease risk of recurrence at the system level.**

| ERROR TYPE  | ACTIONS TAKEN TO DECREASE RISK OF REOCCURENCE AT THE <u>SYSTEM LEVEL</u> |
|---|--|
| <input type="checkbox"/> <b>Task</b><br>An individual did NOT ensure planned interventions were in place as intended (e.g. bed alarm not activated)   |  |
| <input type="checkbox"/> <b>Judgement</b><br>An individual made a decision about an uncertain process (e.g. patient at high risk for falls left alone while toileting in the absence of a policy not to do so)              |  |
| <input type="checkbox"/> <b>Care Coordination</b><br>Communication among multiple staff members was Incomplete, inconsistent, or misunderstood (e.g. fall risk status not communicated to all parties)                      |  |
| <input type="checkbox"/> <b>System</b><br>Communication and multiple elements (tasks, knowledge, equipment) combine to make the system unreliable (e.g. unreliable process for monitoring orthostatic BP across the system) |  |

**Thank you for contributing to patient safety and quality of care.**

**Facilitator:** Please return this completed form to your quality improvement coordinator.

**Quality Improvement Coordinator,** please scan and email via encryption to [askinner@unmc.edu](mailto:askinner@unmc.edu).

Quality Improvement: Not part of the medical record. Not discoverable by Nebraska Rev. Stat. Section 71-7904 to 71-7913.