

Directions:

Step 1. Set your agenda to improve fall risk reduction by prioritizing your needs from your updated CAPTURE Falls Scorecard.

1)	4)
2)	5)
3)	6)

Step 2. Match needs to innovations in the Structure of Fall Risk Reduction (Table 1), the Process of Fall Risk Reduction within Units (Table 2), or the Process of Fall Risk Reduction Across the Organization (Table 3). Definitions for the column headings are on page 4.

Table 1. Structure of Fall Risk Reduction

Match Needs to an Innovation	Desired Outcomes	Barriers to Innovation	Tasks to Reinvent the Innovation to Fit our Hospital	Resources Available/Needed	Measurement / Routinize	Who is Responsible	By When
Interprofessional Fall Risk Reduction Team	Key disciplines of nursing, pharmacy, physical therapy, and quality improvement form a team that is accountable for outcomes of fall risk reduction program						
Use AHRQ definition of a fall to report falls	Increase reporting of assisted falls, learn more about factors contributing to falls, decrease rate of injurious falls						
Nurses use valid fall risk assessment tool	Improve accuracy of fall prediction, direct targeted interventions to patients at highest risk of falls, calculate sensitivity and specificity of the tool in your hospital						
PTs use valid fall risk assessment tools	Improve accuracy of fall prediction, direct targeted interventions to patients at highest risk of falls, calculate sensitivity and specificity of the tool in your hospital						

Table 2. Process of Fall Risk Reduction within Units...Responsibility of Core Teams at Bedside (Accountable to Fall risk Reduction Team & Administration)							
Match Needs to an Innovation	Desired Outcomes	Barriers to Innovation	Tasks to Reinvent the Innovation to Fit our Hospital	Resources Available/Needed	Measurement / Routinize	Who is Responsible	By When
Reliably implement universal interventions to reduce risk of falls for all patients	Increase awareness of risk of falls, decrease rate of all falls		Which interventions?		Audit:		
Reliably implement targeted interventions to reduce risk of falls for specific patients	Increase awareness of risk of falls, decrease rate of all falls		Which interventions?		Audit:		
Improve reliability of unit-based fall risk reduction practices	Increase awareness of risk of falls, decrease rate of all falls		Always... <ul style="list-style-type: none"> • Conduct initial assessment • Reassess according to policy • Implement universal & targeted interventions • Integrate knowledge of fall risk into daily care 		Audit:		
Improve communication and learning about fall risk within and across units	Increase awareness of risk of falls, decrease rate of all falls		Always communicate about fall risk: <ul style="list-style-type: none"> • At shift change using SBAR format • During handoffs across units and departments using a structured format • To patients & families • During post-fall huddles 		Audit:		

Table 3. Process of Fall Risk Reduction Across the Organization...Responsibility of Fall Risk Reduction Team (Accountable to Administration & Core Teams)

Match Needs to an Innovation	Desired Outcomes	Barriers to Innovation	Tasks to Reinvent the Innovation to Fit our Hospital	Resources Available/Needed	Measurement / Routinize	Who is Responsible	By When
Improve coordination and standardization of fall risk reduction activities	Increase awareness of risk of falls, decrease rate of all falls		<ul style="list-style-type: none"> • Create fall risk reduction policies/procedures • Select fall risk assessment tools • Select fall risk interventions • Choose/develop fall event reporting form 				
Standardize and coordinate staff education about fall risk reduction during new employee orientation and annual competency assessment	Increase awareness of risk of falls, decrease rate of all falls		Educate staff about fall risk reduction: <ul style="list-style-type: none"> • multi-team system • policies/procedures • assessment tools • interventions • event reporting • standardized communication tools • program outcomes 				
Determine effectiveness of fall risk reduction program	Continuously improve outcomes		<ul style="list-style-type: none"> • Collect outcome data (total falls and injurious falls) • Analyze outcome data • Modify policies/procedures based on data 				
Learn from previous falls	Continuously improve outcomes		<ul style="list-style-type: none"> • Aggregate and share what is learned from post-fall huddles • Conduct root cause analyses of individual injurious falls • Conduct aggregate root cause analyses of multiple noninjurious falls quarterly • Benchmark fall rates to similar size hospitals that use same definitions 				

Action Plan Definitions

Innovation: The new idea (patient safety practice) that you want to implement to improve fall risk reduction.

Desired Outcomes: The desired end result of the improvement.

Barriers: Problems, attitudes, challenges that are barriers to implementation. Barriers can be thought of using the four A's Framework:

- Awareness—leaders and front line workers lack awareness of risks, hazards, and performance gaps compared to best practices
- Accountability—direct accountability for to close performance gaps and adopt evidence-based patient safety innovations is lacking.
- Ability—Managers and front line workers lack the knowledge, skills, or resources to implement patient safety innovations.
- Action—Structures and systems are lacking to ensure that direct and specific actions are taken to implement patient safety innovations.

Tasks: These are the specific steps and strategies needed to achieve the desired outcomes. It is within specific tasks that organizations “reinvent innovations” to match their environment. The examples provided are not exhaustive.

Resources Available/Needed: The people, time, equipment, knowledge and skills that already exist or that are needed to achieve the desired outcomes.

Measurement / Routinize: How will the team know if the objectives are achieved? These are objective, specific measures that include counts of tasks completed, proportion of time that a task is completed, rates, etc. Routinize refers to making an innovation routine; hardwiring it into an organization by changing policies/procedures, job descriptions, and performance appraisals.

Who is Responsible: The individual or team who is ultimately accountable for the outcomes.

By When: The time frame to achieve an objective.

Step 3. Choose 3 – 5 innovations to begin; not all innovations can be implemented immediately.

1.
2.
3.
4.
5.

Step 4. Create the change team needed to implement these innovations. The Fall Risk Reduction Team may need to recruit others to the change team based on their influence, access to resources, and relevance to the innovations identified.

NAME	ROLE
1.	Senior Leader Champion/Sponsor
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Step 4. Create an overall strategy.

A. Develop elevator speeches to obtain resources from various stakeholders.

We have chosen to focus on _____

to decrease the risk of falls in our hospital/unit.

It is important that we use teamwork to support fall risk reduction because no single discipline has the knowledge and skills needed to reduce the risk of falls.

Working in silos impacts our performance and puts our patients at risk. We need you to support our efforts to improve fall risk reduction by _____.

B. Communicate your overall objectives and obtain support from:

- ✓ Board
- ✓ Senior Leaders
- ✓ Medical Staff
- ✓ Department Managers

C. Determine needs for knowledge and skills and communicate to researchers.

D. Collaborate and communicate with researchers and other project hospitals to share lessons learned as you implement your action plan.