**CAPTURE Falls Fall Risk Reduction Team Worksheet**

**Hospital Name**:

*Instructions:*

**The purpose of this worksheet is two-fold:**

1. To help us (the CAPTURE Falls team at UNMC) understand the personnel and expertise available to you at your critical access hospital and other community partners and resources to support your fall risk reduction improvement efforts.
2. To help you identify the key stakeholders and team members who should or could be involved in your fall risk reduction team. These individuals may participate as standing team members for the entire duration of the project, or may be individuals you consult with on an as-needed basis to support specific aspects of your improvement efforts.

**What do we mean by fall risk reduction team?** A fall risk reduction team is responsible for managing and implementing your hospital’s fall risk reduction program.

**Personnel and Expertise Available to Support Your Fall Risk Reduction Efforts**

**Your Critical Access Hospital**

Please list all of the individuals you might consider for your fall risk reduction team who work at your critical access hospital, their role(s)/credentials, and indicate to what capacity (standing vs. as-needed team member) they might participate on the team. Consider both patient care, non-clinical, and administrative staff. Please add additional rows to this table if you need more space.

|  |  |  |
| --- | --- | --- |
| Name | Role(s)/Credentials | Member of your fall prevention team?  |
|  |  | [ ]  Standing team member [ ]  As-needed team member[ ]  No, will not be involved in the team  |
|  |  | [ ]  Standing team member [ ]  As-needed team member[ ]  No, will not be involved in the team  |
|  |  | [ ]  Standing team member [ ]  As-needed team member[ ]  No, will not be involved in the team  |
|  |  | [ ]  Standing team member [ ]  As-needed team member[ ]  No, will not be involved in the team  |
|  |  | [ ]  Standing team member [ ]  As-needed team member[ ]  No, will not be involved in the team  |
|  |  | [ ]  Standing team member [ ]  As-needed team member[ ]  No, will not be involved in the team  |

Please provide any additional context to help us understand your responses above.

**Community Partners and Resources**

Are there individuals who work at other community partner organizations and resources (e.g., private practice rehabilitation professionals, community pharmacists, physicians at local clinics, etc.) who may need to be involved to some capacity in your fall risk reduction team and/or improvement efforts? If so, please list their names, their role(s)/credentials, and indicate if this individual will be a member of your fall risk reduction team on a standing or an as-needed capacity. Please add additional rows to this table if you need more space.

|  |  |  |
| --- | --- | --- |
| Name | Role(s)/Credentials | Member of your fall prevention team?  |
|  |  | [ ]  Standing team member [ ]  As-needed team member |
|  |  | [ ]  Standing team member [ ]  As-needed team member |
|  |  | [ ]  Standing team member [ ]  As-needed team member |
|  |  | [ ]  Standing team member [ ]  As-needed team member |
|  |  | [ ]  Standing team member [ ]  As-needed team member |
|  |  | [ ]  Standing team member [ ]  As-needed team member |

Please provide any additional context to help us understand your responses above.

What do you anticipate will work well with forming and/or working with your fall risk reduction team?

What barriers do you anticipate with forming and/or working with your fall risk reduction team?