1. Does your facility use a standard definition of a fall? YES □ NO □ DK □

For patient safety purposes, a fall is a sudden, unintended, uncontrolled downward displacement of a patient’s or resident’s body to the ground or other object. This includes situations where a patient or resident falls while being assisted by another person, but excludes falls resulting from a purposeful action or violent blow. - Agency for Healthcare Research and Quality, Common Formats

2. Is an interprofessional coordinating team accountable for implementing and evaluating your facility fall risk reduction program? YES □ NO □ DK □

3. If you have an interprofessional team, who is on the team?

|  |  |
| --- | --- |
| Team Members | Participate? |
| Charge nurse | YES □ NO □ DK □ |
| Licensed nurse who works days | YES □ NO □ DK □ |
| Licensed nurse who works nights | YES □ NO □ DK □ |
| Certified nursing assistant who works days | YES □ NO □ DK □ |
| Certified nursing assistant who works nights | YES □ NO □ DK □ |
| Physical therapist | YES □ NO □ DK □ |
| Occupational therapist | YES □ NO □ DK □ |
| Pharmacist | YES □ NO □ DK □ |
| Quality improvement coordinator | YES □ NO □ DK □ |
| Risk manager/resident safety officer | YES □ NO □ DK □ |
| Medical Director | YES □ NO □ DK □ |
| Housekeeping/Environmental Services | YES □ NO □ DK □ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES □ NO □ DK □ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES □ NO □ DK □ |

4. Do you collect the following information about fall events?

|  |  |
| --- | --- |
| Fall Event Documentation and Data Collection | Collect? |
| Type of fall (anticipated physiological, unanticipated physiological, environmental/accidental) | YES □ NO □ DK □ |
| Whether the fall was assisted (hands on assist) | YES □ NO □ DK □ |
| Whether a gait belt was in use during assisted falls | YES □ NO □ DK □ |
| Level of harm (none, mild, moderate, severe, death) | YES □ NO □ DK □ |
| Time of fall | YES □ NO □ DK □ |
| Location of the fall | YES □ NO □ DK □ |
| What was the patient doing?  | YES □ NO □ DK □ |
| How was the patient found?  | YES □ NO □ DK □ |

5. Indicate which aspects of training in safe transfers and mobility are conducted for staff on an annual basis and for new employees who provide direct resident care.

|  |  |  |
| --- | --- | --- |
| Topic | AnnualCompetency | New Employee |
| Introduction to the Basics | □ | □ |
| Principles of postural control (e.g. fall occurs when center of mass is outside base of support) | □ | □ |
| Application of gait belts | □ | □ |
| Hand placement on gait belt (e.g. underhand vs. overhand grip) | □ | □ |
| Purpose of gait belt (e.g. means to control patient’s center of mass) | □ | □ |
| Controlling descent during a fall with a gait belt | □ | □ |
| Transfers |  |  |
| Bed Mobility: (e.g. rolling, scooting, supine to sit transfers) | □ | □ |
| Use of draw sheet during bed mobility | □ | □ |
| Caregiver body mechanics during transfers (e.g. lift with the legs, position caregiver center of mass close to patient) | □ | □ |
| Transfer preparation: screening assessments to estimate ability to stand and shift weight | □ | □ |
| Transfer preparation: have all equipment (e.g. chair, commode, gait belt, assistive device) within reach before beginning transfer | □ | □ |
| Transfer preparation: patient positioning (e.g. buttocks to edge of seat, knees flexed, feet flat and shoulder width apart) | □ | □ |
| Transfer preparation: transfer toward the patient’s stronger side | □ | □ |
| Wheelchair management during transfers (e.g. lock wheels, move leg rests) | □ | □ |
| Instructing patient during transfers (e.g. nose over toes, push with your arms) | □ | □ |
| Knee blocking techniques during transfers | □ | □ |
| Strategies for two person assist transfers (e.g. positioning of caregivers, designating a leader) | □ | □ |
| Use of mechanical lift device (e.g. Hoyer Lift, ceiling lift) | □ | □ |
| Assisting Gait |  |  |
| Screening for correct fit of assistive device (including adjustment) | □ | □ |
| Sequencing of steps during gait with assistive device  | □ | □ |
| Assistance during gait (e.g. using a gait belt, guarding on the patient’s weaker side) | □ | □ |
| Other |  |  |
| Safe gait and transfer techniques for specific diagnoses:  | □ | □ |
| Total Hip Precautions | □ | □ |
| Hemiplegia | □ | □ |
| Parkinson’s Disease | □ | □ |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ |
| Any other topics relevant to safe gait and transfers: | □ | □ |
| (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ |
| (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ |

6. Indicate in which format the training was presented. **Please mark ALL that apply.**

|  |  |
| --- | --- |
| Training format | Check  |
| Videos that illustrate specific techniques and skills | □ |
| Online modules (specify):  | □ |
| Lecture  | □ |
| Written competency assessment (e.g. quiz) | □ |
| Demonstration by training provider | □ |
| Practice with return demonstration by learner | □ |
|  Demonstration competency assessment (repetition required until competency achieved; strongest method of learning and competency assessment)  | □ |
| Other training method (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ |

7. Answer the following questions regarding your facility’s use of gait belts.

7a. How often are gait belts used by direct care staff to assist patients during transfers?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □Never | □Rarely | □Sometimes | □Frequently | □Always | □Don‘t Know |

7b. How often are gait belts used by direct care staff to assist patients during ambulation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □Never | □Rarely | □Sometimes | □Frequently | □Always | □Don‘t Know |

8. Answer the following questions regarding reporting of falls in your facility.

8a. How often are UNassisted falls that do not result in harm reported?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □Never | □Rarely | □Sometimes | □Frequently | □Always | □Don‘t Know |

8a. How often are assisted falls that do not result in harm reported?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □Never | □Rarely | □Sometimes | □Frequently | □Always | □Don‘t Know |