

Discussion Guide for CAPTURE Falls Post-Fall Huddle “Good” Example Video

Discussion Leader Instructions: This discussion guide is intended to accompany the CAPTURE Falls Post-Fall Huddle [“Good” Example video](#) to support staff education on the conduct of post-fall huddles. A discussion leader can use this guide as a tool to facilitate staff discussion around best practices in facilitating and participating in post-fall huddles.

The discussion guide provides the discussion leader with the following information:

- **Time stamps** for respective sections within the post-fall huddle video that correspond to respective team members in the post-fall huddle, key points illustrating constructive behaviors, and information learned about the fall and proposed actions to keep the patient safe. You may consider pausing the video in accordance with the various time stamps to allow for group discussion of the respective key point(s), what was learned, and/or proposed actions
- **The team member(s) involved** (e.g., facilitator, nurse, patient, etc.)
 - For education sessions specific to training post-fall huddle facilitators, the table rows relevant to huddle facilitators are displayed in a grey color
- **Key points for discussion** about constructive facilitator and staff behaviors in the post-fall huddle
- **What was learned** about the factors that contributed to the patient fall and/or proposed actions to reduce the patient’s risk of another fall (as relevant to the respective segment of the post-fall huddle)

Time Stamp	Team Member	Key Point(s) Illustrating Constructive Behaviors	What Was Learned & Proposed Actions
00:49 – 01:11	Facilitator	The huddle facilitator: <ul style="list-style-type: none"> • Immediately acknowledged the patient as they started the huddle discussion • Introduced the purpose of the huddle and framed the discussion as an opportunity to learn so they can prevent a future fall • Referenced a structured guide the team would use to guide the discussion 	
01:16 – 01:34	Staff Nurse	The staff nurse summarized the reasons why the patient was at risk for falls <ul style="list-style-type: none"> • Established a shared understanding of his initial risk factors prior to the fall 	Patient was at high fall risk: <ul style="list-style-type: none"> • 8am Morse scale score = 75 • Hospitalized for total knee replacement • Ambulating with a walker • Taking medications that increase fall risk
01:35 – 01:54	Physical Therapist	The PT directly asked the patient about his memory of his fall risk status <ul style="list-style-type: none"> • Helped the team understand the patient’s frame of reference about his risk of falls 	Patient reported: <ul style="list-style-type: none"> • Had been feeling well • Distance to the bathroom wasn’t very far • Thought he could make it to the bathroom easily • Underestimated how ‘wobbly’ he was

Time Stamp	Team Member	Key Point(s) Illustrating Constructive Behaviors	What Was Learned & Proposed Actions
01:55 – 03:20	Pharmacist, Huddle Facilitator, Staff Nurse, Physical Therapist	The team engaged in an effective discussion about the possible role of medications in the patient's fall	<ul style="list-style-type: none"> • Pharmacist shared that the patient's blood pressure medication had increased from 25mg to 50mg that morning after several elevated systolic pressures • Patient was unaware of the change in his blood pressure medication and how it might affect him upon standing • The patient's supine blood pressure was back to normal range at 10am • The patient's orthostatic blood pressure had not been measured; PT offered to check these during therapy sessions • Pharmacist provided the patient with education about blood pressure medication effects on dizziness and fall risk, and how to get up safely
03:22 – 03:32, and, 03:47 – 03:50	Facilitator	The huddle facilitator: <ul style="list-style-type: none"> • Summarized the factors discussed thus far in the huddle that could have contributed to the patient fall • Asked the team what else could have contributed to the fall • Recognized the CNA has been quiet throughout the huddle and invited the CNA to participate 	
03:33 – 04:50	CNA, Patient, Staff Nurse, Physical Therapist	Team engaged in a constructive discussion about how a lack of handoff between the PT and the CNA may have contributed to the fall	<ul style="list-style-type: none"> • CNA had last rounded on the patient at 11am before lunch, got busy, and hadn't returned to the patient's room • PT left the patient upright in his chair after therapy and assumed staff would be in to round shortly after • PT did not conduct a handoff with CNA before leaving the patient's room post-therapy • Patient had last toileted 3.5 hours prior to the fall, did not call for staff help before he got up to use the bathroom • PT offered to ask patients if they need to use the restroom, set call light, and wait until nursing staff arrive to conduct a proper handoff

Time Stamp	Team Member	Key Point(s) Illustrating Constructive Behaviors	What Was Learned & Proposed Actions
04:52 – 04:56	Facilitator	The huddle facilitator: <ul style="list-style-type: none"> • Framed the prior discussion about the need for a handoff as one way the team could have prevented the fall • Asked about other things the team could have done to prevent the fall 	
04:57 – 05:04	Pharmacist		<ul style="list-style-type: none"> • Pharmacist acknowledged need for patient education when blood pressure medication is changed
05:05 – 05:10, and, 05:22 – 05:26	Facilitator	The huddle facilitator: <ul style="list-style-type: none"> • Directly asked the patient if there was anything he thought the team could have done to prevent his fall • Asked about what else the team could do to change the patient's plan of care to help keep the patient safe 	<ul style="list-style-type: none"> • Patient acknowledged he didn't realize that his risk of falls was affected by things other than just the state of his replaced knee
05:27 – 06:22	PT, Pharmacist, Staff Nurse	Team engaged in a constructive discussion about how to manage patient medication changes and communication around these changes	<ul style="list-style-type: none"> • Pharmacist recommends the team treat the standing blood pressure • PT offers to help collect the standing blood pressure • Pharmacist offers to have conversation about changes to patient medications with medical staff during morning rounding
06:23 – 06:28	Facilitator	The huddle facilitator: <ul style="list-style-type: none"> • Asked if there are any problems or concerns that were discussed that need to be shared with other departments or units 	
06:29 – 07:20	PT, Pharmacist, Staff Nurse, Patient	Team engaged in a constructive discussion about sharing information with the pharmacy and physical therapy departments	<ul style="list-style-type: none"> • PT will let others in department know that nursing staff may ask for help with collecting standing blood pressures • Pharmacist will let others in department know that blood pressure medication changes should be made with verification of standing blood pressures • PT will let others in the department know that they should ask patients if the need to use the restroom at the end of therapy, and if so, assist patients, turn the call light on and wait until nursing staff

			<p>arrive to conduct a proper handoff</p> <ul style="list-style-type: none"> • Patient acknowledges he needs to ask for what he needs and ask questions about his medical treatments
08:00 – 08:41	Facilitator	<p>The huddle facilitator:</p> <ul style="list-style-type: none"> • Summarized key factors from the huddle discussion • Asked team if anything was missed in this summary of the discussion • Thanked the team members for participating in the huddle • Reinforced the team’s focus on learning to keep the patient safe 	