PENNSYLVANIA HOSPITAL ENGAGEMENT NETWORK: FALLS REDUCTION AND PREVENTION COLLABORATION POSTFALL INVESTIGATION TOOL

The Postfall Investigation (PFI) Tool is designed to be used to collect information following a patient fall.* This tool can be completed electronically or printed and completed manually. Information collected using the PFI Tool can be aggregated over time to assist falls teams in identifying common intrinsic and extrinsic risk factors for falls and potential root causes. The PFI Tool does not take the place of a comprehensive postfall assessment designed to guide the physical assessment and treatment of an individual patient following a fall, nor does it take the place of any required internal or external incident reporting.

Hospitals are advised to define a protocol and designate individuals responsible for using this tool. Information for the PFI should be collected as soon as possible following a patient fall.

Directions for Completing the PFI Tool

1. Patient Information
    a. Enter information for each blank field.
    b. If completing manually, utilize a patient sticker that contains the required information.

2. Timeline and Assessments
    a. Enter information for each blank field.
    b. Indicate "Y" or "N" for questions that require a yes or no answer.
    c. Utilize check boxes or radio buttons when provided to indicate the time since falls risk assessment, level of falls risk, and risk factors for injury.
    d. Check "N/A" to indicate not applicable if the level of falls risk is not differentiated at your facility, if the patient does not require assistance with toileting or incontinence care, or if there was not a handoff to a transporter or other procedural area prior to the fall.

3. Fall Details
    a. Enter information for each blank field. Indicate "Y" or "N" for questions that require a yes or no answer.
    b. Indicate "Unknown" if it is not known whether there was a change in mental status or physiologic status prior to the fall.
    c. Utilize check boxes to indicate responses to multiple-choice questions.
    d. Check "patient unable to answer" if the patient is not able to answer the questions "what were you doing when you fell?" and "why do you think you fell?"

4. Medications
    a. Utilize check boxes to indicate whether the patient is prescribed a medication associated with increased falls risk and whether they received the medication in the six hours prior to the fall.

5. Fall Prevention Interventions
    a. Utilize check boxes to indicate which interventions were part of the fall prevention plan and if they were in place prior to the fall.

6. Environmental Status at Time of Fall
    a. Circle "Y," "N," or "N/A" to indicate whether the environmental conditions recommended to prevent a fall were in place at the time of the fall.

7. Attachments
    a. Utilize checkboxes to indicate any patient attachments present at the time of the fall.

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* The creation of this tool was in part funded and performed under contract number HHSM-500-2012-00022C, entitled "Hospital Engagement Contractor for Partnership for Patients Initiative."

PATIENT INFORMATION

Place Patient Sticker (or complete fields)	Status: Inpatient Outpatient
Patient name:	Chief diagnosis:
Age: Gender: M F Other	Secondary diagnosis:

TIMELINE AND ASSESSMENTS

PART A

Date of fall: Time of fall: Unit where fall occurred:

Unit census: Staffing ratio: Count of staff physically present on unit at time of the fall:
              # patients per RN: per CNA: RNs: CNAs: Other:

Time elapsed since last rounds or other purposeful interaction of staff with patient (e.g., assessment, rounding, medication)? (hh:mm):

Time elapsed since the patient was last assisted with toileting or provided incontinence care? (hh:mm):   N/A

Was a falls risk assessment completed prior to the fall? (If NO, skip to **Part B**)   Y   N

    If YES, how long since last falls risk assessment?   <12 hours   12 to 24 hours   >24 hours

    If YES, did the patient score at risk to fall?   Y   N   If YES, what level of falls risk?   Low   Moderate   High   N/A

PART B

Was falls risk communicated between staff at change of shift prior to fall?	Y	N	
Was falls risk communicated during other handoff prior to fall (to transporter or other procedural area)?	Y	N	N/A
Does the patient have cognitive impairment at baseline (prior to the fall)?	Y	N	
Was education about falls risk provided to the patient?	Y	N	
If YES, did the patient verbalize understanding of the falls prevention plan?	Y	N	
Was education about falls risk provided to the family?	Y	N	
If YES, did the family verbalize understanding of the falls prevention plan?	Y	N	
Was the patient compliant with the fall prevention plan?	Y	N	
Did the patient have a previous fall during this hospitalization?	Y	N	
Did the patient have a previous fall in the last 12 months?	Y	N	

Does the patient have risk factors for injury? (select all that apply)

    A. Age $\geq$85

    B. Bone fragility—osteoporosis, previous fracture, prolonged steroid use, bone metastases

    C. Coagulation abnormalities—anticoagulants, bleeding disorders, conditions causing coagulopathy

    S. Surgery—recent limb amputation or major abdominal or thoracic surgery

    None of the above

FALL DETAILS

Was the fall witnessed?   Y   N   If the fall was assisted by staff, which role?   Nursing staff
                                                        Physical therapist/occupational therapist   Other staff:
Was the fall assisted by staff?   Y   N

Type of fall (select one):

    Accidental—due to environmental hazard or error of judgment (e.g., slip, trip)

    Anticipated physiologic—due to physiologic cause that is a known risk factor for falling (e.g., weak gait)

    Unanticipated physiologic—due to a physiologic cause that cannot be predicted (e.g., seizure, fainting)

    Suspected intentional—due to attention-seeking behavior, not accidental or physiologic

    Not determined

Continued...

FALL DETAILS (continued)

Location of patient prior to fall (select one):

    Patient lying in bed

    Patient sitting at side of bed

    Patient in chair/wheelchair

    Patient on stretcher

    Patient sitting or lying on exam table

    Patient using toilet/bedside commode

    Patient using shower in bathroom

    Patient using sink in bathroom

    Patient standing

    Unknown

    Other:

Activity at time of fall (select one):

    Ambulating to or from bathroom

    Other ambulation in room

    Ambulating outside room

    Transferring to or from bedside commode

    Transferring to or from chair/wheelchair

    Fall from standing while in shower or by sink

    Other fall from standing position (not while ambulating)

    Unknown

    Other:

Toileting function: Continent   Occasionally incontinent   Always incontinent   Urinary or fecal catheter/drain   Anuric

Toileting assistance: Independent in toileting   Requires assistance with toileting   Incontinence care only

Activity level prior to fall (per MD orders):   Bed rest   To chair with assist   Ambulate with assist   OOB ad lib

Was there a mental status change from baseline prior to the fall (e.g., new disorientation, agitation)?   Y   N   Unknown

Was there a physiologic change prior to the fall (e.g., new onset fever, hypoxia, arrhythmia)?   Y   N   Unknown

Injury resulting from the fall:

    None—no injury as a result of the fall

    Minor—injury requiring simple intervention, including application of steri-strips

    Moderate—injury requiring sutures or splints

    Major—injury requiring surgery, casting, or further examination (e.g., for a neurological injury)

    Death—death resulting from injuries sustained in the fall

Why does the staff think the patient fell? (Describe.):

Ask the patient, "What were you doing when you fell?" (Describe using the patient's words.):

    Patient unable to answer.

Ask the patient, "Why do you think you fell?" (Describe using the patient's words.):

    Patient unable to answer.

MEDICATIONS

Was the patient receiving any of the following medications associated with high risk of falls? (select all that apply)

	Prescribed?	Taken within 6 hours of fall?		Prescribed?	Taken within 6 hours of fall?
Antiarrhythmics			Cardiac medications		
Anticonvulsants			Diuretics		
Antidepressants			Hypnotics		
Antihypertensives			NSAIDs		
Antipsychotics			Opioid analgesics		
Benzodiazepines					

Is the patient taking six or more medications (all drug classes, not just high-falls-risk medications)?   Y   N

FALL PREVENTION INTERVENTIONS

What interventions were part of the fall prevention plan prior to the fall, and were they in place at the time of the fall? (select all that apply)

Visual Communication	Planned	In place	Assistive Devices	Planned	In place
Sign inside room			Cane		
Sign outside room			Walker		
Colored socks			Wheelchair		
Colored blanket			Crutches		
Patient whiteboard			Gait belt		

Specialty Equipment	Planned	In place			
Chair alarm			Prosthesis		
Bed alarm			Other:		
Other alarm:			**Footwear**	**Planned**	**In place**
Low bed			Nonskid slippers or socks		
Floor mat			Rubber-soled shoes		
			Other:		

ENVIRONMENTAL STATUS AT TIME OF FALL

Call bell within reach	Y	N	N/A	Clear path to bathroom or commode	Y	N	N/A
Other items within reach	Y	N	N/A	Bathroom clear	Y	N	N/A
Bed in lowest position	Y	N	N/A	Floor clear and dry	Y	N	N/A
Bed wheels locked	Y	N	N/A	Adequate lighting	Y	N	N/A
Two siderails up	Y	N	N/A	Patient gown length appropriate	Y	N	N/A
Chair/wheelchair wheels locked	Y	N	N/A	Other:	Y	N	N/A

ATTACHMENTS (select all that apply)

Intravenous tubing connected to the patient	Negative-pressure wound therapy
Infusion pump cords plugged into wall	Oxygen tubing/trach collar/ventilator
Urinary catheter attached to drainage bag	Pneumatic compression stockings
Gastrostomy or other drainage tubes in place	Other:

For more information, visit http://www.patientsafetyauthority.org.

MS15085