

## FALLS SELF-ASSESSMENT TOOL ACTION PLAN

This action plan\* is designed to be used in conjunction with the Pennsylvania Hospital Engagement Network Falls Reduction and Prevention Collaboration Self-Assessment Tool (SAT). After completing the self-assessment, your falls prevention team is encouraged to create an action plan targeted to any best-practice elements that were identified on the SAT as missing or incompletely implemented in your facility's current falls prevention program.

This tool was adapted with permission from ECRI Institute, Plymouth Meeting, Pennsylvania.†

An example of how to use and complete the action plan is illustrated below:

COMPLETE	PROGRAM ELEMENT	IMPROVEMENT STRATEGY			MEASURE OF SUCCESS	
	Element No. / Description	Action Required	Responsible Person(s)	Target Date to Complete	Measure	Date Completed
	Policies & Protocols 6.h. Does your facility's falls prevention policy include a description of appropriate responses to falls, including protocols for postfall investigation?	1) Develop a protocol for postfall investigation, including creation of a tool or adoption of an existing tool. 2) Pilot the use of the tool on select unit(s), and revise it as necessary as part of a rapid-cycle improvement process. 3) Submit the revised protocol and tool to the hospital practice committee. 4) Educate staff nurses, managers, and supervisors on the postfall investigation protocol and use of the tool. 5) Implement the postfall investigation protocol and tool hospital-wide. 6) Audit for compliance with use of the new tool and postfall investigation protocol.	1) Falls team, led by patient safety officer 2) Falls team, in collaboration with unit nurse manager(s) and staff 3) Patient safety officer or designee 4) Falls team, in collaboration with director of education 5) Falls team, in collaboration with unit nurse managers 6) Patient safety officer or designee	1) 6/12/15 2) 7/17/15 3) 7/24/15 4) 8/1 - 8/31/15 5) 9/1 - 9/30/15 6) 10/1 - 10/31/15	1) Postfall investigation protocol and tool prepared for pilot. 2) Protocol and tool revised and finalized based on pilot. 3) Protocol and tool approved by practice committee. 4) In-service records indicate education provided to all staff. 5) Protocol and tool implemented hospital-wide. 6) Audits indicate 100% compliance with the new postfall investigation protocol and use of tool.	6/10/2015 7/17/2015 7/24/2015 8/31/2015 9/30/2015 10/31/2015

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† ECRI Institute. Falls [self-assessment questionnaire]. *Healthc Risk Control* 2012 May;1:Self-assessment questionnaires 1.

Hospital Name: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

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