

CAPTURE Falls Gap Analysis Scorecard

For more information visit www.unmc.edu/patient-safety/capture_falls.htm

Hospital Name: _____

Assessment Date: _____

Context of Fall Risk Reduction

Percent of County Population >= 65 years

Conducted the Hospital Survey on Patient Safety Culture within the past 18 months?

Yes No

Average Daily Census

Participated in TeamSTEPPS Training?

Yes No

Does your hospital use the following definition for a fall?

Yes No

For patient safety purposes, a fall is a sudden, unintended, uncontrolled downward displacement of a patient's body to the ground or other object. This includes situations where a patient 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

If No, please provide your hospital's definition of a fall:

Structure of Fall Risk Reduction

Who is accountable for implementing the fall risk reduction program in your hospital?

2013 2014

If Team or Individual, list job titles:

An individual

A team

Neither an individual nor a team

Note: An interprofessional fall risk reduction team consists of individuals from at least the four following disciplines: Nursing, Pharmacy, Physical Therapy, and Quality Improvement.

Which fall risk assessment tools does your hospital use?

Have you modified the tool?

	2013		2014	
	Use Tool	Modified Tool	Use Tool	Modified Tool
No specific tool--use clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Berg Balance Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conley Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRASS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hendrich Fall Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morse Fall Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schmid Fall Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRATIFY Risk Assessment Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timed Up and Go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Oriented Mobility Assessment (Tinetti)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Tool: _____

Process of Fall Risk Reduction

How often does your hospital assess fall risk?

	2013	2014
On admission	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>
Every shift	<input type="checkbox"/>	<input type="checkbox"/>
As needed according to change in patient's medical status	<input type="checkbox"/>	<input type="checkbox"/>
After a fall	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Process of Fall Risk Reduction

Which of the following activities are performed by your fall risk reduction team or individual?

	2013	2014
Create policies and procedures regarding fall risk reduction	<input type="checkbox"/>	<input type="checkbox"/>
Select fall risk assessment tool(s)	<input type="checkbox"/>	<input type="checkbox"/>
Select interventions to reduce the risk of falls	<input type="checkbox"/>	<input type="checkbox"/>
Select/develop fall reporting form	<input type="checkbox"/>	<input type="checkbox"/>
Conduct audits to monitor adherence to fall risk reduction practices	<input type="checkbox"/>	<input type="checkbox"/>
Collect data regarding fall risk reduction program outcomes	<input type="checkbox"/>	<input type="checkbox"/>
Analyze data regarding fall risk reduction program outcomes	<input type="checkbox"/>	<input type="checkbox"/>
Modify fall risk reduction policies and procedures based on outcome data	<input type="checkbox"/>	<input type="checkbox"/>
Conduct or participate in individual root cause analysis of injurious falls	<input type="checkbox"/>	<input type="checkbox"/>
Conduct or participate in aggregate root cause analysis of multiple falls	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff about fall risk reduction policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff to use fall risk assessment tool(s)	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff to choose appropriate fall risk reduction interventions	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff to report falls	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff about outcomes of your fall risk reduction program	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following methods are used to provide fall reduction education to staff?

	2013	2014
Our team/individual does not educate staff about fall risk reduction	<input type="checkbox"/>	<input type="checkbox"/>
Inservices on fall risk reduction	<input type="checkbox"/>	<input type="checkbox"/>
Staff/department meetings	<input type="checkbox"/>	<input type="checkbox"/>
Annual competency training	<input type="checkbox"/>	<input type="checkbox"/>
New employee orientation	<input type="checkbox"/>	<input type="checkbox"/>
Education Bulletin Board	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter articles	<input type="checkbox"/>	<input type="checkbox"/>
Internet/Intranet Articles	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following interventions are used to reduce the risk of falls?

<i>Evidence-Based Universal</i>	2013	2014	<i>Evidence-Based Targeted</i>	2013	2014	<i>Evidence-Based Targeted</i>	2013	2014
Call light within reach	<input type="checkbox"/>	<input type="checkbox"/>	Alert sign	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Declutter environment	<input type="checkbox"/>	<input type="checkbox"/>	Assistive device for transfers/ambulation	<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Handoff tool to communicate fall risk	<input type="checkbox"/>	<input type="checkbox"/>	Bed/Chair alarm	<input type="checkbox"/>	<input type="checkbox"/>	Sitters	<input type="checkbox"/>	<input type="checkbox"/>
Hourly rounding	<input type="checkbox"/>	<input type="checkbox"/>	Colored wrist band	<input type="checkbox"/>	<input type="checkbox"/>	Supervised ambulation	<input type="checkbox"/>	<input type="checkbox"/>
Increased lighting	<input type="checkbox"/>	<input type="checkbox"/>	Document fall risk in chart	<input type="checkbox"/>	<input type="checkbox"/>	Supervised transfers	<input type="checkbox"/>	<input type="checkbox"/>
Low bed	<input type="checkbox"/>	<input type="checkbox"/>	Elevated toilet seat	<input type="checkbox"/>	<input type="checkbox"/>	Supervised toileting	<input type="checkbox"/>	<input type="checkbox"/>
Nonskid footwear	<input type="checkbox"/>	<input type="checkbox"/>	Gait/Transfer belt	<input type="checkbox"/>	<input type="checkbox"/>	Toileting schedule	<input type="checkbox"/>	<input type="checkbox"/>
Patient/Family education	<input type="checkbox"/>	<input type="checkbox"/>	Hip protectors	<input type="checkbox"/>	<input type="checkbox"/>			
Top bed rails up	<input type="checkbox"/>	<input type="checkbox"/>	Medication review	<input type="checkbox"/>	<input type="checkbox"/>			

Which of the following practices are performed Always or Frequently?

	2013	2014		2013	2014
Conduct initial fall risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	Communicate fall risk status to patients	<input type="checkbox"/>	<input type="checkbox"/>
Reassess fall risk according to policy/procedure	<input type="checkbox"/>	<input type="checkbox"/>	Communicate fall risk status to families	<input type="checkbox"/>	<input type="checkbox"/>
Implement fall risk interventions	<input type="checkbox"/>	<input type="checkbox"/>	Communicate fall risk status across shifts	<input type="checkbox"/>	<input type="checkbox"/>
Discuss fall risk in context of daily care	<input type="checkbox"/>	<input type="checkbox"/>	Integrate evidence from multiple disciplines	<input type="checkbox"/>	<input type="checkbox"/>
Communicate fall risk status when patients handed off across units/departments	<input type="checkbox"/>	<input type="checkbox"/>	Staff receive feedback about actions taken	<input type="checkbox"/>	<input type="checkbox"/>

Outcomes of Fall Risk Reduction

- A NON-INJURIOUS fall is one in which the patient had no injuries (no signs or symptoms) resulting from the fall. An x-ray, CT scan or other post fall evaluation assessments found no injury.
- An INJURIOUS fall is one in which the patient sustained an injury consistent with one of the following categories:
 - *MINOR—resulted in application of a dressing, ice, cleaning of a wound, limb elevation, topical medication; and/or presence of a bruise or abrasion
 - *MODERATE—resulted in suturing, application of steri-strips/skin glue, splinting; and/or presence of a muscle/joint strain
 - *MAJOR—resulted in surgery, casting, traction; required consultation for neurological (basilar skull fracture, small subdural hematoma) or internal injury (rib fracture, small liver laceration); or patients with coagulopathy received blood products as a result of the fall
 - *DEATH—the patient died as a result of injuries sustained from the fall (not from physiologic events causing the fall)
- An ASSISTED fall refers to a situation in which any staff member attempted to minimize the impact of the fall by easing the patient’s descent to the floor or in some manner attempted to break the patient’s fall. “Assisting” the patient back into a bed or chair after a fall is not an assisted fall. A fall that is reported to have been assisted by a family member or visitor counts as a fall, but does not count as an assisted fall.

Does your hospital report injurious falls to any external organizations?

2013	2014
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- No, we do not report injurious falls to any external organization 2013 2014
- Yes, to The Joint Commission 2013 2014
- Yes, to the National Database of Nursing Quality Indicators (NDNQI) 2013 2014
- Yes, to The Nebraska Coalition for Patient Safety 2013 2014
- Yes, Other 2013 2014

Does your hospital analyze and track outcomes of your fall risk reduction program over time?

2013	2014
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- Yes, we do track numbers of falls or fall rates 2013 2014
- No, we do not track numbers of falls or fall rates 2013 2014

FALL RATE DATA - Please complete the table below

	2012 Jan 1 - Dec 31	2013 Jan 1 - Dec 31	2014 Jan 1 - Jun Dec 31
Inpatient Patient Days <small>- Based on midnight census. Include acute and skilled (swing bed) patients. Do not include newborns and acute rehab.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Observation Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Observation Hours / 24 = Obs Patient Days	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Patient Days (Patient Days + Obs Patient Days)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of All Inpatient Falls <small>- Include injurious, non-injurious and assisted falls.</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fall Rate per 1,000 Patient Days <small>- (# of All Inpatient Falls / Total Patient Days) x 1000</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of INJURIOUS Inpatient Falls	<input type="text"/>	<input type="text"/>	<input type="text"/>
INJURIOUS Fall Rate per 1,000 Patient Days <small>- (# of INJURIOUS Falls / Total Patient Days) x 1000</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>