Post-Fall Huddle Facilitation Guide Section 1

Purpose: To lead front line staff and the patient/family in a conversation to determine why a patient fell and what can be done to prevent future falls.

Directions: Complete after ALL (assisted and unassisted) patient falls as soon as possible after patient care is provided but prior to leaving the shift.

Participants: Designated post-fall huddle facilitator for the shift, healthcare professionals who directly care for the patient, member of your fall risk reduction team as available (i.e. PT, OT, pharmacy, quality improvement), the patient and family members as appropriate.

Remember: Patients fall because their center of mass is outside their base of support.

*****During the huddle look for specific answers and continue asking "*why?*" until the root cause is identified*****

1. Establish facts:

1.a. Did we know this patient was at risk? **___ YES** **___ NO**

1.b. Has this patient fallen previously during this stay? **___ YES** **___ NO**

1.c. Is this patient at high risk of injury from a fall? (ABCS)

___ Age 85+ **___ Brittle Bones** **___ Coagulation** **___ Surgical Post-Op Patient**

2. Establish what patient and staff were doing and why.	**NOTES**
ASK: What was the patient doing when he/she fell? Be specific…e.g. transferring sit—stand from the bedside chair without her walker). **Ask why multiple times.**	
ASK: What were staff caring for this patient doing when the patient fell? Ask why multiple times.	
3. Determine underlying root causes of the fall.	**NOTES**
ASK: What was different this time as compared to other times the patient was engaged in the same activity for the same reason? Ask why multiple times.	
4. Make changes to decrease the risk that this patient will fall or be injured again.	**NOTES**
ASK: How could we have prevented this fall?	
ASK: What changes will we make in this patient's plan of care to decrease the risk of future falls?	
Ask: What patient or system problems need to be communicated to other departments, units or disciplines?	

DATE _____ **TIME** _____ **Name of Facilitator**_____

Post-Fall Huddle Facilitation Guide Section 2

Purposes: (1) Track who attends post-fall huddles, (2) Categorize the type of fall, and (3) Categorize the type of error that may have contributed to the fall.

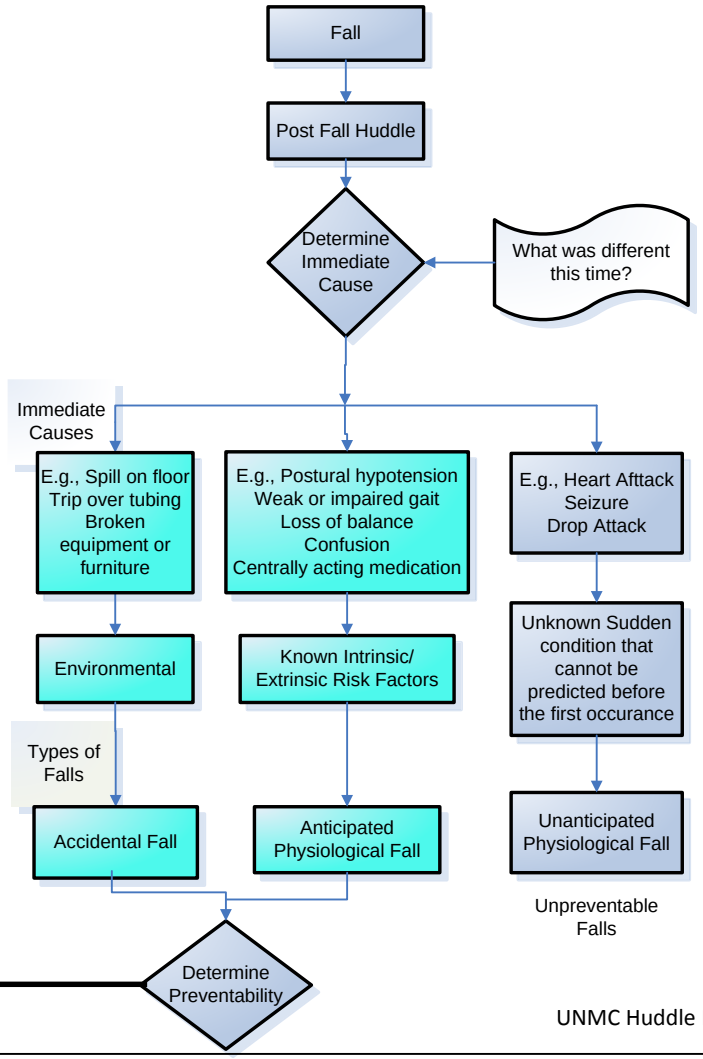
Directions: To be completed by the huddle facilitator after the post-fall huddle.

1. Who was included in the huddle? CHECK ALL THAT APPLY

- ☐ Patient
- ☐ Family/Caregiver
- ☐ Charge Nurse
- ☐ Other: _____
- ☐ Primary Nurse
- ☐ CNA
- ☐ Occupational Therapist
- ☐ COTA
- ☐ Pharmacist
- ☐ Pharmacy Tech
- ☐ Physical Therapist
- ☐ Physical Therapy Assistant
- ☐ Quality Improvement Coordinator

Decision Tree for Types of Falls

Source: http://www.patientsafety.va.gov/professionals/onthejob/falls.asp



2. What type of fall occurred? CHECK ONE

- ☐ Accidental fall due to environment
- ☐ Anticipated physiological fall due to known risk factors
- ☐ Unanticipated physiological fall due to unpredictable factors
- ☐ Unsure: _____

UNMC Huddle Form 1.0

3. What type of error(s) occurred? CHECK ALL THAT APPLY

- ☐ Were there task errors? *(e.g. planned interventions were not in place as intended)*
  Please describe: _____
- ☐ Were there judgment errors? *(e.g. decisions had to be made about uncertain processes)*
  Please describe: _____
- ☐ Were there care coordination errors? (*e.g. fall risk status not communicated to all parties*)
  Please describe: _____
- ☐ Were there system interaction errors? *(e.g. lack of coordination between multiple people and equipment)*
  Please describe: _____