



FALLS

Falls are the number one cause of facility incurred injuries facing LTC facilities today. These injuries can lead to adverse resident outcomes and expensive litigation and liability exposure. At a minimum, injuries from falls increase the care required from staffing resources and strain facility and family relationships.

- Implement a fall prevention program so that every employee knows that they have a role and a responsibility to help identify and prevent resident, staff, and visitor falls.
- Complete a “risk for falls “assessment on all residents upon admit and routinely thereafter, and whenever there is a significant change in condition.
- Implement individualized interventions and document in the resident's plan of care.
- Communicate this information to all direct care staff in verbal or written reports.
- If a fall should occur, a licensed nurse must perform a thorough head-to-toe assessment of the resident before attempting to transfer the resident.
- Nursing staff should promptly notify both the resident's physician and responsible party of all falls or indications that one may have occurred.
- Conduct follow-up assessments within the next 24 (or more) hours to identify any change in resident condition resulting from the fall.
- Document an incident report and all follow-up actions.
- Conduct a fall investigation, analysis, and summary.
- Incorporate this information into care plans, in-service training, monthly safety meetings, and quarterly quality assurance meetings.
- Be sure to revise and document interventions, accordingly.
- Don't forget to include other non-nursing departments in doing facility safety checklists and resident environmental assessments.

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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.

