Purposeful Post-Fall Huddle

RESIDENT
Resident: ☐ Male ☐ Female   Age____   Date of Fall: _____ Time of Fall _____ Day of week _____

HUDDLE INFORMATION
Date of Huddle: _____ Time of Huddle _____   Location of Huddle: ☐ Nurse's Station ☐ Location of Fall ☐ Resident Room ☐ Other _____
Huddle Leader/Facilitator: _____ Number of attendees: _____   ☐ Charge nurse _____   ☐ Social Services_____   ☐ Resident _____   ☐ RN _____   ☐ PT _____   ☐ Family Member_____   ☐ LPN _____   ☐ OT _____   ☐ Visitor_____   ☐ Med Aide _____   ☐ Housekeeping _____   ☐ Other (Name/Title)   ☐ CNA _____   ☐ Dietary _____   _____   ☐ Administrator _____   ☐ Maintenance_____   _____   ☐ DON _____   ☐ Activities_____   _____

FALL INFORMATION
Location of Fall: Resident Room   Resident Bathroom   Hallway   Dining Room   Bathing Room   Outside On Campus   Outside Off Campus   Other

Type of Fall: ☐ Witnessed (observed to fall)
       ☐ Unwitnessed (found on floor/ground)
       ☐ Intercepted (would have fallen if not caught self or by another person)

Injury from Fall: ☐ No injury
        ☐ Injury, except major (skin tears, abrasions, lacerations, superficial bruises, hematomas, sprains, or any related injury causing the resident to complain of pain
        ☐ Major Injury (bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma)

Outside Medical Treatment immediately after fall? ☐ None ☐ Sent to Emergency Room ☐ Sent to Physician Clinic

RESIDENT
What were you trying to do? _____   Was something different this time?_____   Assistive Device being used? ☐ None ☐ Walker ☐ Cane ☐ Crutches ☐ Wheelchair ☐ Other _____   Footwear? ☐ Barefoot ☐ Shoes ☐ Gripper Socks ☐ Socks without grippers ☐ Slippers ☐ Other_____   Clothing? ☐ Fit well ☐ Loose ☐ Tight ☐ Other_____   Wears glasses? ☐ Yes ☐ No   Wearing glasses when fell? ☐ Yes ☐ No   Wears hearing aides? ☐ Yes ☐ No   Wearing hearing aides when fell? ☐ Yes ☐ No

STAFF
Approximate time of last contact or visual of resident before fall _____Who? _____   What was the resident doing? _____   Who was in the area at the time of the fall?_____   Anything about the resident different today than normal?_____

ENVIRONMENT
Floor: Carpet   Tile   Rug   Uneven   Steps   Shiny   Wet: suspected liquid _____   Other   Area where fall occurred: Light ☐ Dark ☐ Noisy ☐ Busy ☐ Cluttered ☐ Other_____   What items were near fallen resident? ☐ Bed ☐ Wheelchair ☐ Walker   Chair /Recliner   Toilet/Commode   ☐ Equipment Used at time of fall: Total Lift   Sit-to-Stand Lift   Bath Chair   Other: _____   ☐ Other Environment Factors: _____

DRAW THE SCENE

Draw the scene of the fall. Be descriptive. Include the resident's position, equipment, assistive devices,

FALL ROOT CAUSE ANALYSIS

Use the 5 Whys to identify the root cause of the fall – Ask why until reach the cause of the fall. Verify this result is the root cause by asking if this reason was removed, would the fall have occurred?

Problem Statement: One sentence description of the event

WHY

WHY

WHY

WHY

WHY

Root Causes

1.
2.
3.

To validate Root Causes, ask the following: If you removed this Root Cause, would this event have been prevented?

ACTION PLAN

What can be done to avoid future falls (intervention)? _____

_____

Care Plan Updated? ☐ Yes   ☐ No

Signature of PPFH Leader/Facilitator: _____ Time Huddle Completed: _____

Fall Committee Review & Action: _____

Fall Committee Signature: _____ Date:_____

QAPI Committee Review & Action: _____

QAPI Committee Signature: _____ Date:_____