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Office of Health Care Quality (OHCQ) Fall Short Form and Actions Tool

CONFIDENTIAL: THIS REPORT IS MADE PURSUANT TO THE EVALUATION AND IMPROVEMENT OF QUALITY HEALTH CARE FUNCTIONS SET FORTH IN SECTION 14-501 (c) OF THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND AND IS INTENDED AS A RECORD OF A MEDICAL REVIEW COMMITTEE AS DEFINED IN THAT STATUTE.

Hospital:

OHCQ Case Number:

Date of Event:

Immediate Huddle / Debrief	Did an immediate huddle/debrief occur after the fall event?	Yes	No	N/A
	If so, list participants by title (if possible)			

Immediate Huddle / Debrief	Please list immediate impressions of root causes	
	Was fall risk assessment in place and/or updated? <i>Check all that apply</i>	<input type="radio"/> In Place <input type="radio"/> Updated after Event <input type="radio"/> Both
	Indicate the patient's assessed fall risk level prior to the fall.	<input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> Other: (please explain)

Immediate Huddle / Debrief	Were tailored interventions in place prior to the fall event?	Yes	No	N/A/Unknown
	Was a tele sitter/remote video monitoring in use prior to event?	Yes	No	N/A/Unknown
	Were supplemental/agency personnel assigned to care of the patient? If yes, indicate RN, CNA, or Other	Yes	No	N/A/Unknown
		RN	CNA	Other
	Was the response to the fall event timely?	Yes	No	N/A/Unknown
Additional Comments:				
Contributing Factors- Patient Related Please indicate whether each factor contributed to the event.	Sedation/pain medications?	Yes	No	N/A/Unknown
	Recent change in medications?	Yes	No	N/A/Unknown
	Gait/mobility imbalances?	Yes	No	N/A/Unknown
	Cognition/confusion/memory deficits?	Yes	No	N/A/Unknown
	Toileting needs/urgency?	Yes	No	N/A/Unknown
	Inadequate footwear?	Yes	No	N/A/Unknown
	Hypotension?	Yes	No	N/A/Unknown

<p>Contributing Factors- Patient Related Please indicate whether each factor contributed to the event.</p>	<p>Additional Comments:</p>			
<p>Contributing Factors- Environmental</p>	<p>Did poor lighting contribute to the event?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Did wet floor surfaces contribute to the event?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Did clutter contribute to the event?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Was the call light/bell within reach?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Was the patient tethered to device(s)? E.g., SCDs, Infusion pump, etc.?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
<p>Contributing Factors- Environmental</p>	<p>Were restraints in use?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Was bed/chair locked?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Were bed side rails up? (If yes, indicate the number of rails)</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Was bed/chair alarm in use?</p>	<p>Yes</p>	<p>No</p>	<p>N/A/Unknown</p>
	<p>Additional Comments:</p>			

Contributing Factor-Organizational/Process	Did patient rounding occur per policy?	Yes	No	N/A/Unknown
	Was staffing adequate?	Yes	No	N/A/Unknown
	Were bed/chair alarms available?	Yes	No	N/A/Unknown
	Were bed/chair alarms fully operational?	Yes	No	N/A/Unknown
	Was fall risk sign posted?	Yes	No	N/A/Unknown
	Was fall risk tool consistently used?	Yes	No	N/A/Unknown
	Additional Comments:			

Contributing Factor- Staff/Communication	Did RN-to-RN handoff failures contribute?	Yes	No	N/A/Unknown
	Did RN-to-CNA handoff failures contribute?	Yes	No	N/A/Unknown
	Did staff to/from patient communication failures contribute? If yes, explain below:	Yes	No	N/A/Unknown
	Did a lack of fall policy awareness contribute?	Yes	No	N/A/Unknown
Additional Comments:				

Action Plan: PS #

RCA #

Identify corrective action COMAR 10.07.06.02B
 Identify mechanisms to compensate for uncontrollable environmental factors. Stronger actions include architectural/physical plant changes, tangible involvement & action by leadership, simplifying the process, standardizing equipment or processes, and/or implementing a new device that has had usability testing performed.

Intermediate actions include checklists, cognitive aids, staffing changes, readbacks, enhanced documentation and communications, software enhancements/modifications, elimination of look- and sound-alikes, and eliminating or reducing distractions.

Weaker actions include redundancy/double checks, warnings and labels, procedures/memos/policies, training, and additional study and analysis.

Wherever possible, develop actions that do not rely on the memories of staff members.

Item #	Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.	Hierarchy of Action Category	Hierarchy of Action Level <i>Defined as strong, intermediate, or weak.</i>	Outcome Measures COMAR 10.07.06.05A 5 <i>When possible, please include quantifiable measures with defined numerators, denominators and thresholds. Set realistic and achievable thresholds for performance. Include any physical/operational changes to be implemented.</i>	Timeframes for Implementing Specific Measures COMAR 10.07.06.02B	Title of Person Responsible for Implementation COMAR 10.07.06.02B	Status
1							

Action Plan: PS #
RCA #

2							
3							

Action Plan: PS #
RCA #

4							
5							

Action Plan: PS #
RCA #

6							
7							