



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

## Office of Health Care Quality Fall Short Form and Action Plan 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  Not Applicable

If so, list participants by title (if possible):

Please list immediate impressions of root causes:

Was fall risk assessment in place and/or updated?: <i>Check all that apply.</i>	<input type="checkbox"/> In Place	<input type="checkbox"/> Updated after Event	<input type="checkbox"/> Both
Indicate the patient's assessed fall risk level prior to the fall. If Other, please explain:	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low <input type="checkbox"/> Other
Were tailored interventions in place prior to the fall event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was a tele sitter/remote video monitoring in use prior to event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Were supplemental/agency personnel assigned to care of the patient? If yes, indicate RN, CNA, or Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was the response to the fall event timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Additional Comments:			
<b>Contributing Factors- Patient Related:</b> Please indicate whether each factor contributed to the event.			
Sedation/pain medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Recent change in medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Gait/mobility imbalances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Cognition/confusion/memory deficits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Toileting needs/urgency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Inadequate footwear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Hypotension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Additional Comments:			
<b>Contributing Factors- Environmental:</b> Please indicate whether each factor contributed to the event.			
Did poor lighting contribute to the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did wet floor surfaces contribute to the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Did clutter contribute to the event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was the call light/bell within reach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was the patient tethered to device(s)? E.g., SCDs, Infusion pump, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Were restraints in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Was bed/chair locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Were bed side rails up? (If yes, indicate the number of rails)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
	Number of rails:		
Was bed/chair alarm in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable/Unknown
Additional Comments:			

**Contributing Factors- Organizational/Process:**

- |  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| Did patient rounding occur per policy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |
| Was staffing adequate?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |
| Were bed/chair alarms available?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |
| Were bed/chair alarms fully operational? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |
| Was fall risk sign posted?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |
| Was fall risk tool consistently used?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |

Additional Comments:

**Contributing Factors- Staff/Communication:**

- |  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| Did RN-to-RN handoff failures contribute?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |
| Did RN-to-CNA handoff failures contribute?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |
| Did staff to/from patient communication failures contribute? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/Unknown |

If yes, please explain:

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Did a lack of fall policy awareness contribute? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable/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 #1

**Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.**

**Hierarchy of Action Category:** Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training

**Hierarchy of Action Level:** Defined as strong, intermediate, or weak.

**Outcome Measures - COMAR 10.07.06.05A 5:** *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.*

**Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:**

**Title of Person Responsible for Implementation - COMAR 10.07.06.02B:**

**Status:**

## Item #2

**Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.**

**Hierarchy of Action Category:** *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

**Hierarchy of Action Level:** *Defined as strong, intermediate, or weak.*

**Outcome Measures - COMAR 10.07.06.05A 5:** *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.*

**Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:**

**Title of Person Responsible for Implementation - COMAR 10.07.06.02B**

**Status:**

**Item #3**

**Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.**

**Hierarchy of Action Category:** *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

**Hierarchy of Action Level:** *Defined as strong, intermediate, or weak.*

**Outcome Measures - COMAR 10.07.06.05A 5:** *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.*

**Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:**

**Title of Person Responsible for Implementation - COMAR 10.07.06.02B:**

**Status:**

**Item #4**

**Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.**

**Hierarchy of Action Category:** *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

**Hierarchy of Action Level:** *Defined as strong, intermediate, or weak.*

**Outcome Measures - COMAR 10.07.06.05A 5:** *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.*

**Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:**

**Title of Person Responsible for Implementation - COMAR 10.07.06.02B:**

**Status:**

**Item #5**

**Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.**

**Hierarchy of Action Category:** *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

**Hierarchy of Action Level:** *Defined as strong, intermediate, or weak.*

**Outcome Measures - COMAR 10.07.06.05A 5:** *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.*

**Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:**

**Title of Person Responsible for Implementation - COMAR 10.07.06.02B:**

**Status:**

**Item #6**

**Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.**

**Hierarchy of Action Category:** *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

**Hierarchy of Action Level:** *Defined as strong, intermediate, or weak.*

**Outcome Measures - COMAR 10.07.06.05A 5:** *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.*

**Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:**

**Title of Person Responsible for Implementation - COMAR 10.07.06.02B:**

**Status:**

**Item #7**

**Specific measures to correct problems of areas of concern and specific measures to address areas of system improvement.**

**Hierarchy of Action Category:** *Choose from the following categories: 1. Architectural/Physical plant changes; 2. Engineered control (forcing functions); 3. Standardize on equipment or process; 4. Increase in staffing/decrease in workload; 5. Software enhancements, modification; 6. Checklist/Cognitive aids; 7. Enhanced documentation, communication; 8. Double checks; 9. New procedures/memorandum/policy; 10. Education using simulation-based training, with periodic refresher sessions and observations; 11. New devices with usability testing; Simplify process; 12. Tangible involvement by leadership; 13. Redundancy; 14. Eliminate look-and sounds-alikes; 15. Standardized communication tools; 16. Warnings; 17. Training*

**Hierarchy of Action Level:** *Defined as strong, intermediate, or weak.*

**Outcome Measures - COMAR 10.07.06.05A 5:** *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.*

**Timeframes for Implementing Specific Measures - COMAR 10.07.06.02B:**

**Title of Person Responsible for Implementation - COMAR 10.07.06.02B:**

**Status:**