

SUBJECT: Fall Reduction Policy

POLICY: Mercy Medical will identify and initiate precautions to minimize patient/resident falls and potential injury; improve supervision of patient safety and mobility while still maintaining patient/resident freedom of movement consistent with our restraint-free facility.

PROCEDURE:

I. FALL PREVENTION

A. Assessment

1. Intake nurse will evaluate risks associated with falls and communicate to family/patient and nursing upon the patient/resident admission.
2. Nursing will complete a fall assessment on all patients.  
(Form # NS310.MR.05/06)
2. If patient fall risk score is greater than 18 the Bee SAFE Program will be initiated and plan of care will be established.
4. LTC patients fall risk will be assessed monthly.  
(Form # NS101.05/06)
5. Patient's names that are flagged by an MDS assessment for fall risk are communicated to the Patient Care Manager (PCM) of each unit and various disciplines on a regular basis.

B. Bee SAFE (Stop All Fall Events) Program

1. Once a patient/resident is determined to be a fall risk or if a fall has occurred, the Bee SAFE Program is initiated. Bee SAFE packet should be pulled and utilized.
  - a. Magnet on door
  - b. Stickers on Kardex
  - c. Educational Brochure to patient and/or family
  - d. Reassessment (Form #NS134.MR.04/06)
2. Fall Reduction strategies may consist of but not limited to:
  - a. Assessments/Evaluations
  - b. Therapy consults
  - c. Alarms
  - d. Positioning
  - e. Wheelchair accessories
  - f. Education
  - g. Sitters
  - h. Behavioral Modification
  - i. Caregiver/Family involvement
  - j. Utilization of equipment/supplies
  - K. See possible assessment/interventions on fall reassessment  
(Form # NS134.MR 04/06)

II. Fall Occurrence

A. Post Fall patient/resident physical assessment

1. Call for assistance

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2. RN must assess patient prior to moving.
3. Physical assessment will include level of consciousness, vital signs, pain, fractures, lacerations and other possible abnormalities.
- B. Interview patient as to what happened. Document patient's explanation in nursing notes and in occurrence report. If patient is too confused to explain then document; patient too confused to state what happened.
- C. Complete an occurrence report. If fall was unwitnessed and there was an injury please see Occurrence Policy (#90-26-07) For investigation and reporting procedures.
- D. Notify patient's family, nursing supervisor, and physician. If emergent care or transport to acute care facility is necessary, notify Administrator and Risk Manager.
- E. Fall events will be communicated by Quality Management to disciplines and PCM's on a regular basis
- F. Complete Reassessment Tool (Form # NS134.MR.04/06)
- G. Initiate Bee SAFE Program (pull Bee SAFE packet)
- H. Place Bee SAFE Magnet on patient door frame, label with Bed A or B.
- I. Document fall on Kardex with Bee SAFE Sticker
- J. Communicate in daily report and interdisciplinary team the patient condition regarding fall risks.
- K. Physical and Occupational Therapies may be consulted.
- L. Review Care plan for effectiveness and make adjustments as necessary.

Effective 05/12/06

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Chief Nursing Officer

Reviewed \_\_\_\_\_

Revised 12/19/07