



Post-Fall Documentation

January 31, 2018

**Mary Kirsch, BSN, RN, CCRN-K, HACCP
Accreditation and Patient Safety Coordinator
Cleveland Clinic Avon Hospital**

Opportunity for Improvement

- Identified opportunity during routine analysis of SERS fall events
- Review of cases involving patient falls
 - No current guidelines regarding post-fall provider documentation (Enterprise-wide)
 - Inconsistent documentation recognized as potential risk
 - Patient Safety
 - Quality and Continuity of Care
 - Medical Legal and Reimbursement

Why is this important?

- Reduce the risk of patient harm resulting from falls
- Encourages hospitals to develop fall prevention programs
- Incentive to ensure prompt evaluation and treatment of any post-fall complications
- Communication failure is a significant cause of unnecessary patient harm after fall

Significance

- Between 700,000 -1,000,000 falls in US Hospitals annually
 - 30-50% of these falls result in injury
 - Increased cost of patient care
 - Added days to hospital stay
 - Additional testing
 - Medical-legal risk

How can we improve the process?

Development of Project Team

- Multidisciplinary Approach
- Invited representatives from all involved departments
- Initial meeting – review previous cases
- Subsequent meetings – input from all departments regarding best practices

Project Team

- **Director Quality Management**
 - Karen Weisman
- **Patient Safety Coordinator**
 - Mary Kirsch
- **Risk Management**
 - Joann Palmer
- **Nursing Quality Assurance**
 - Beth Poltorek
- **Pharmacy Consultant**
 - Brian Rose
- **Clinical Systems Physician Specialist**
 - Diana Nikolic
- **Provider Consultants**
 - Dr. Brent Burkey
 - Peter Hakos
 - Dr. Aman Pande
 - Leah Schmitz
 - Cindy Stives

Goals

- To provide a systematic workflow and guidelines for post-fall assessment
 - 1. Develop FLOWCHART to outline roles
 - Clear and concise workflow
 - Checklist- prevent omission of important steps
 - 2. Create DOCUMENTATION TEMPLATE
 - Tool for providers- thorough, consistent
 - Decision aid
 - Includes all necessary information to decrease risk

Rationale

- Increase consistency of care and documentation (high-reliability)
- Prompts providers to include necessary components of assessment or treatment
- Provides checklist and decision aid
- Aligns with current fall-prevention initiatives
- Identification of high-risk conditions
 - Anticoagulation
 - Medications
 - osteoporosis
- Increase communication between caregivers

Process

- Evaluate content of existing post-fall documentation
- Obtain Administrative support
- Determine essential information to include
 - Input from multiple disciplines
- Create Flowchart
 - Align with nursing and current fall-prevention initiatives
- Design provider documentation template
- Educate providers about template and encourage use

Understanding Workflows



Documentation Template

POST FALL ASSESSMENT

PATIENT NAME: John Doe
MRN: 123456789

ASSESSMENT DATE:
ASSESSMENT TIME:

Subjective:

Brief description of event: ***

Fall witnessed: { :4997104}

How did fall occur: { :4997105}

Location of fall: { :4997108}

Contributing factors: { :4997109}

Medication List:

{MEDS REVIEWED:237001::"Reviewed"}

No current facility-administered medications for this encounter.

Recent Lab Results:

{LAB CHOICE 1 DAY:4994414}

Physical Exam

BP 131/63 | Pulse 93 | Temp 37 °C (98.6 °F) (Oral) | Resp 20 | SpO2 98%

Is the Patient Experiencing Pain: {PAIN NO YES:418003::"No: 0 on a scale of 0 to 10"}

{AV FALL PE:130772}

.POSTFALLPROVIDER

Sample View

PATIENT NAME: John Doe
MRN: 123456789

ASSESSMENT DATE:
ASSESSMENT TIME:

Yes
No

Subjective:
Brief description of event: ***

Fall witnessed: {:4997104}

How did fall occur: {:4997105}

Location of fall: {:4997108}

Contributing factors: {:4997109}

Medication List:

{MEDS REVIEWED:237001::"Reviewed"}
No current facility-administered medications for this encounter.

Recent Lab Results:

{LAB CHOICE 1 DAY:4994414}

Physical Exam

BP 131/63 | Pulse 93 | Temp 37 °C (98.6 °F) (Oral) | Resp 20 | SpO2 98%

Is the Patient Experiencing Pain: {PAIN NO YES:419003::"No: 0 on a scale of 0 to 10"}
{AV FALL PE:130772}

Ambulating {:4997106}
During a transfer {:4997107}
Getting out of bed / chair
Sitting on the side of the bed
Tripped on equipment / object
Unknown

Patient room
Bathroom
Hallway

aggressive
agitated
c/o dizziness
confused / disoriented
lost balance
failure to call
seizure
sudden weakness
urinary / fecal urgency
none reported

Free Text Field

POST FALL ASSESSMENT

PATIENT NAME: John Doe

MRN: 123456789

ASSESSMENT DATE:

ASSESSMENT TIME:

Subjective:

Brief description of event: ***

Fall witnessed: { :4997104}

How did fall occur: { :4997105}

Location of fall: { :4997108}

Contributing factors: { :4997109}

Medication List:

{MEDS REVIEWED:237001::"Reviewed"}

No current facility-administered medications for this encounter.

Recent Lab Results:

{LAB CHOICE 1 DAY:4994414}

Physical Exam

BP 131/63 | Pulse 93 | Temp 37 °C (98.6 °F) (Oral) | Resp 20 | SpO2 98%

Is the Patient Experiencing Pain: {PAIN NO YES:419003::"No: 0 on a scale of 0 to 10"}

{AV FALL PE:130772}

GENERAL: {PE GENERAL:84321}
HEAD/SINUSES: {INFD PE HEAD/SINUSES:23871}
EYES: {WHIM EXAM EYES:2185}
EARS: {EAR EXAM:322}
NOSE: {NOSE/SINUS EXAM:2280}
OROPHARYNX: {INFD PE OROPHARYNX EXAM:9420}
CARDIAC: {CARD HEART EXAM:4936}
LUNGS: {LUNG EXAM:4943}
ABDOMEN: {ABDOMEN EXAM:4947}
GLASCOW SCALE: {GLASCOW SCALE:70508}

Assessment Plan

Post-Fall Assessment/Plan:

Fall Injury: {AV FALL ASSESS:130825} →

Imaging: {IMAGING RESULTS:206012} →

Labs: {AV FALL LABS:130829} →

Fall precautions

Other interventions: {AV FALL OTHER:130834} →

VTE Prophylaxis: {DVT PROPHYAXIS:51295}

Consults: {AV FALL CONSULTS:130836} →

Family notified by: {AV NOTIFICATION:130838} →

Signature: Nurse Provider (if injury)
N/A per patient

Patient Name:

Date:

MRN:

Time:

Pager #: ***

X-ray of ***
Ultrasound of ***
CT Scan of ***
MRI of ***

CBC
BMP
Coags
Ammonia level
UA
Drug level

PT
OT
Ortho
Neurology
Cardiology
Pharmacy fall consult

Abrasion ***
Laceration ***
Skin tear ***
Bruise ***
Swelling ***
Head ***
Neck ***
Extremity ***
Other injury ***

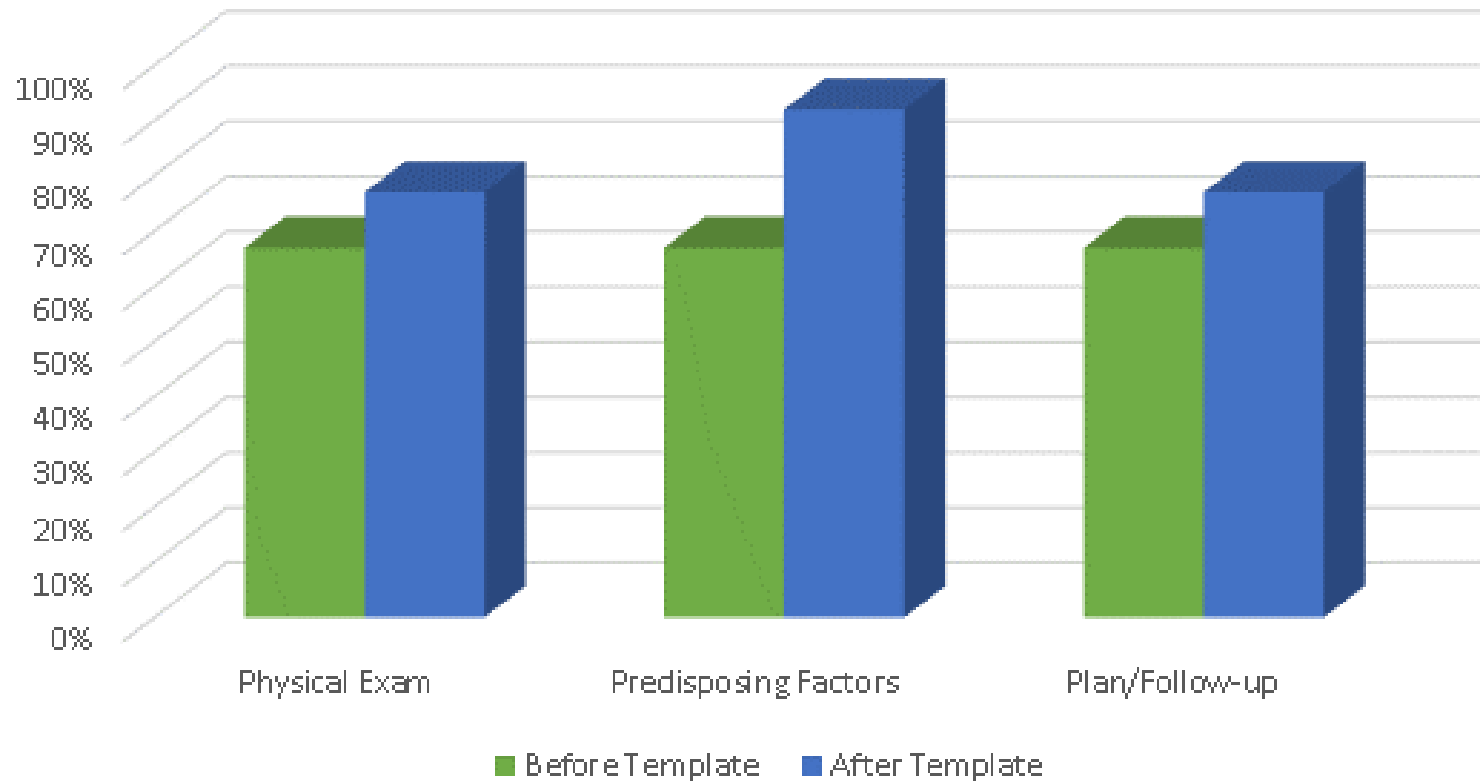
EKG
Telemetry
Pain control
Ice to affected area
Neuro checks
Sitter

Implementation

- Phase 1
 - Flow charts distributed to each area
 - Notification sent to all providers at Avon Hospital regarding the new template (dot phrase)
 - Educate nurses regarding workflow chart
 - encourage provider use of template as part of check-list
- Phase 2
 - Continue to improve based on feedback
 - Expand to enterprise

Post-implementation Audit

Post-Fall Documentation Criteria- Frequency of Inclusion



Next Steps

- Communicate- encourage use of template
- Create “smart phrase” that can be used system-wide
- Create Order Set
 - Imaging
 - Labs
 - Additional fall precautions
 - Consults
 - PT/OT, Pharmacy

References

- Brown, C., & Doyle, A. (2014). Patient management following an inpatient fall; and audit. *Age & Ageing*, 43(suppl), i2. Retrieved from <http://p.atsu.edu/login?url=http://search.ebscohost.com.p.atsu.edu/login.aspx?direct=true&db=rzh&AN=103961810&site=eds-live>
- Gordon, B.M., Wnek, T.F., Glorius, N., Hasdorff, C., Shiverski, J., & Ginn, J. (2010). Post-fall decision tree development and implementation. *Journal of Nursing Care Quality*, 25(4), 358-365. doi:10.1097/NCQ.0b013e3181e35da2
- Joint Commission Center for Transforming Healthcare. (2017). *Targeted solutions tool for preventing falls*. Retrieved from http://www.centerfortransforminghealthcare.org/tst_pfi.aspx
- MCN Healthcare. (2016, Aug). Patient falls top TJC's 2Q 2016 list of reported sentinel events. Retrieved from <http://www.mcnhealthcare.com/patient-falls-top-tjcs-2q-2016-list-of-reported-sentinel-events-2/>
- Sartin, R., Kim, C., & Dissanaikie, S. (2017, March). Is routine head CT indicated in awake stable older patients after a ground level fall? *The American Journal of Surgery*. Doi:10.1016/j.amjsurg2017.07.038



Cleveland Clinic

Every life deserves world class care.