

## Falls Action Team Meeting

Date:	Time Begin: Time End:	Team Members Present:				
<b>Resident Name</b>	<b>Action Items</b>			<b>Due Date</b>	<b>Date Done</b>	<b>Person Responsible</b>
<b>System Review of FMP</b> <small>(Culture, staff education, family, data analysis, documentation)</small>	<b>Action Items</b>			<b>Due Date</b>	<b>Date Done</b>	<b>Person Responsible</b>

Signature: \_\_\_\_\_

# Falls Management Plan

Resident: Room:		Dates of Falls: Signature(s):		
Identified Risk Factors (List specifics)	Date	Interventions	Date	Monitoring/Revisions
1. High risk med(s)				
2. Gait, mobility, transfer				
3. Unsafe behavior(s)				
4. Impaired vision				
5. Orthostatic hypotension				
6. Acute condition(s)				

## Sample Falls Action Team Meeting

Date: 8/3/10	Time Begin: 9 a.m. Time End: 10:15 a.m.	Team Members Present: Jo, Karen, Kellie, Maria, Crystal			
Resident Name	Action Items	Due Date	Date Done	Person Responsible	
1. John Brown	Ask pharmacist to review APs for dose reduction and possible D/C	8/8		Jo	
	Obtain OT/PT referral; Develop behavior management plan with frontline staff Obtain U/A	8/9		Kellie, Karen Jo	
2. Sarah Smith	Obtain OT/PT referral; Get order for chemistry panel	8/8		Kellie, Jo	
3. Mae Jones	Work with frontline staff to increase involvement in activities and supervision by station	8/9		Karen	
	Obtain OT/PT referral for new w/c and seating evaluation	8/8		Kellie	
4. Steve Tucker	Obtain order for eye exam; get orthostatic blood pressures	8/8		Jo	
5. Don Taylor	Work with frontline staff to increase toileting to every hour during daytime and every 2 hours during evening hours	8/8		Karen	
	Begin restorative	7/8		Karen	
6.					
7.					
System Review of FMP (Culture, staff education, family, data analysis, documentation)	Action Items	Due Date	Date Done	Person Responsible	
4 falls associated with unsafe self toileting	<ul style="list-style-type: none"> <li>Update care cards to reflect increased toileting frequency for 4 residents</li> <li>Bring record of toileting previous 24 hrs to morning huddle and hold frontline staff accountable for frequency</li> <li>Supervisors to require LPNs to provide evidence of CNA toileting</li> </ul>	8/10		Jo	
4 falls with new admits and readmits	<ul style="list-style-type: none"> <li>Begin education with frontline staff on rounding with 4 Ps - to be done by Karen and Jo during stand up huddles with first and second shifts. Jo will do night shift training.</li> </ul>	8/10		Karen, Jo	

Signature: \_\_\_\_\_

## Sample Falls Management Plan

Resident: John Brown Room: 101-B		Dates of Falls: 10/1/10; 10/5/10 Signature(s):		
Identified Risk Factors (List specifics)	Date	Interventions	Date	Monitoring/Revisions
1. High risk meds ➤ Celexa ➤ Risperdal ➤ BuSpar ➤ Ativan PRN ➤ Haldol PRN	10/2/10	Review with pharmacist and get recommendations for dose titration and discontinuation		
2. Gait, mobility, transfer In wheelchair Lower extremity weakness Poor balance	10/2/10	Keep on restorative Evaluate w/c seating for improvement in posture, comfort, and to slow attempts to stand		
3. Unsafe behavior Attempts to get out of w/c when alone in room Not sure about resident's personal agenda...toileting? boredom? pain?	10/2/10	Talk with frontline staff to keep resident by station, in activities, restorative, with daughter, or in dining room Ask frontline staff about personal agenda, speak with daughter about personal interests and past experiences, work to increase activity participation		
4. Impaired vision Checked on admission 3/1/10	10/2/10	Wears glasses, no intervention needed at this time		
5. Orthostatic hypotension Checked 9/5/10 is OK	10/2/10	No new meds so no intervention needed at this time.		
6. Acute condition(s) Urinary frequency	10/2/10	Check for possible UTI		