

Falls: The Falling Leaf Program

Implementation of a Fall Prevention Program

These are the steps needed to implement a successful fall prevention program. Use this process to identify residents at risk, assess residents and implement a program.

1. Identify all current residents at risk for falls at the beginning of the program using the facility risk assessment form or a chosen form. This could be done by the charge nurse, supervising registered nurse or interdisciplinary care team. Residents with highest risk or residents having multiple falls may be placed in Falling Leaf precaution.
2. Assess all new residents for fall risk on admission using an additional fall assessment screen. The form should be completed within the first 12 hours following admission by the admitting nurse or the oncoming nurse. Develop a short-term care plan using the Falling Leaf Program and individualized interventions if needed.
3. Implement a resident orientation program, making social services and nursing accountable for providing information. Orient all new residents to the facility. Concentrate on areas that are of particular importance for the resident based on assessment and resident interview.
4. Reassess all residents as a part of quarterly assessment and care planning.

Evaluate the Facility Process

The effectiveness of a facility's fall prevention program should be part of continuous quality improvement. Keep a fall log to analyze causes of falls and facility trends or needs. The data in the log may point to variables that are present when falls commonly occur. Review the surveillance fall log to make sure the process is working and falls are being prevented. Include tracking of falls on new admissions as an indicator of the effectiveness of the admission fall risk assessment and orientation to the facility.

Once trends are identified, the following steps may be taken.

1. Review the trend for a potential cause for this group of falls. Do not assume the cause.
2. Implement an action plan based on root cause.
3. Set a re-evaluation date to determine how the solution is working.
4. Perform follow-up and document results.
5. Continue the action, if it is working, or perform additional analysis about why it is not working and decide on a new action plan for implementation.

To support the fall prevention program, the facility fall committee or the safety committee could be responsible for oversight of environmental safety throughout the institution. It is important to evaluate the use of restraints for fall prevention. Restraints have not been proven as an effective prevention for falls. Safety/environmental rounds by members of the safety committee are also beneficial.

The Falling Leaf Program: How It Works

The Falling Leaf Program can be used as part of a fall prevention program to improve ambulation. The program can also help reduce the use of restraints, which are not proven effective for reducing falls. With this program, the facility interdisciplinary team or the fall risk team targets a select set of residents who are at risk for falls. Criteria for inclusion are multiple falls over a one-month period or a high-risk score. All new admissions are included in this select set for 72 hours unless it is obvious that fall risk is low. Residents who have a new acute illness may also be monitored using Falling Leaf interventions. This identified set of residents will have a Falling Leaf decal placed outside their doors and/or on their chart holders (or other sites as determined by the facility) to identify the residents as needing special precautions to avoid falls.

The staff will visually check all residents on the program every 15 to 30 minutes as determined by the team to ensure safety, assist with care needs, and prevent unsafe self-transfers. All staff will check to see if the resident is involved in an unsafe action that could lead to falls. The team will try to determine if the resident has unmet needs (toileting, hunger, pain, loneliness), which cause the unsafe behavior.

Staff will re-evaluate the program at least once a month to determine the residents' needs to remain on the Falling Leaf Program. At this time, residents may also be added to the program. In addition, residents may be added or deleted from the list at a weekly review.

The number of residents identified for the Falling Leaf Program should remain small to ensure frequent observation occurs. The program is just one intervention for an individualized fall reduction plan of care. Other at-risk residents should continue to have individualized fall prevention care plans and interventions.

