

Falls Team



Overview

Interdisciplinary falls teams are a key success factor in falls prevention programs. This section will cover the following information:

- I. Choosing the right people
- II. Responsibilities of the team members
- III. Options for facilities of various sizes
- IV. Functions of the Interdisciplinary Falls Team

I. Choosing the Right People

The Interdisciplinary Falls Team should have people with administrative and direct care functions. We recommend the following people be involved in the Interdisciplinary Falls Team:

A. Clinical Staff

- 1. Falls clinical nurse specialist (or similar position) if available or applicable*
- 2. Nurse managers (one each from Outpatient Care, Acute Care and Extended Care)*
- 3. Nursing assistants/LPNs (one from Acute Care and one from Extended Care; could involve two from each care line and have them rotate attending meetings)*
- 4. Pharmacist (one or two depending on work load and staffing levels)*
- 5. Occupational therapist or physical therapist*
- 6. Physician/nurse practitioner (may be full participant on the team or act as a resource for the team)*

B. Non-clinical Staff

- 1. Patient safety manager/quality management coordinator*
- 2. Facility management manager*
- 3. Supply procurement and distribution (SPD) manager*
- 4. Biotechnology manager (optional)*
- 5. Transportation manager (optional; one facility added this person due to a number of falls occurring while patients were being transported)*

II. Responsibilities of the Team Members

These should be clearly defined in the policy or charter.

A. Clinical Staff

1. Falls Clinical Nurse Specialist

Not all facilities have a falls clinical nurse specialist. Some facilities have a particular nurse manager, generally in the long-term or extended care wards that have an interest in falls and fall-related injuries prevention. This person will generally:

- a. Facilitate team meetings
- b. Ensure fall prevention measures are being used (this is a responsibility of the entire team)
- c. Elicit comments from staff regarding the program and other fall-related activities

2. Nurse Managers From Outpatient, Acute Care and Extended Care Lines

Nurse managers are an important part of the falls interdisciplinary team. Due to their management responsibilities, they can enforce the interventions taken by the interdisciplinary teams, and ensure that interventions become the standard of care for high fall-risk patients.

3. Nursing Assistants and LPNs from Acute Care and Extended Care Lines

Nursing assistants and LPNs are generally the most affected by the interventions implemented by the falls team. They can help educate their peers on the interventions. They can also act as falls prevention advocates and collect data for the aggregate reviews submitted to NCPS, etc.

4. Pharmacist

Pharmacists review medication of all high fall-risk patients when they are identified and following a fall. Pharmacists help to identify issues with medications and notify physicians that medications need to be adjusted. This is very important because many falls are the result of medication errors.

5. Occupational Therapist or Physical Therapist

Occupational and physical therapists provide balance and strength assessments for high fall-risk patients. They can also assess the ability of a patient to use specific interventions taking into account grip strength and other factors.

6. Physician/Nurse Practitioner

The physician looks at the medical history and stability of the high fall-risk patients when admitted and following a fall. He or she should identify aspects of the medical history that could contribute to falls.

B. Non-clinical Staff

1. Patient Safety Manager/Quality Management Coordinator

The patient safety manager can facilitate the team if there is no Falls Clinical Specialist. He or she can also act as a liaison between the team and the management of the facility. He or she can provide data to the team to help determine the impact of the interventions taken.

2. Facility Management Manager

The facility management manager can help to ensure that the environment of care is set up to reduce falls. They can train the janitorial staff to perform environmental assessments to remove clutter from rooms, ensure that spills are cleaned up promptly and other things. The facility management person can also identify fall hazards related to cleaning supplies, such as a particular cleaning agent causing the floor to be sticky. They may assess the environment in common rooms to ensure that furniture is safe for people who are at a high risk for falls.

3. SPD Manager

The SPD manager can help facilities purchase items that reduce the risk of falls and fall-related injuries. They can also ensure that the supply is adequate and ensure that the correct products are purchased.

4. Biotechnology Manager

The biotechnology manager can ensure that all devices used are in working order to prevent patients from falling. They can also look into devices that were involved in falls, such as wheelchairs or walkers.

5. Transportation Manager

One facility added their transportation manager after several falls had occurred on patient transportation vans. Although this may not be useful in your facility, it is a good idea to add people to the team from areas other than patient care if falls are occurring.

III. Options for Facilities of Various Sizes

Smaller facilities can integrate the falls team into their interdisciplinary treatment teams. The treatment teams for high fall-risk patients should include:

- A. Physician or nurse practitioner**
- B. Physical or occupational therapist**
- C. Pharmacist**
- D. Nurse manager for patient's unit**

The other suggested members can serve as resources for the treatment team.

IV. Functions of the Interdisciplinary Team

A. Responsibilities of the Falls Team

Falls teams:

- 1. Develop/review facility fall prevention protocols (see the Falls Policy, p. 27-56)*
- 2. Implement falls prevention strategies across the facility*
- 3. Act as a resource for interdisciplinary treatment teams treating high fall-risk patients*
- 4. Review falls on a case-by-case basis and make recommendations to treatment teams*
- 5. Collect and analyze data on falls to see if there are any common factors and determine if the interventions are working to reduce falls and fall-related injuries*

B. Logistics of the Falls Team

Falls teams operate differently depending on the facility; however, once the team is established they need to decide the following things:

- 1. When and how often they are going to meet (i.e., monthly, biweekly or weekly)*
- 2. Where they are going to meet (i.e., conference room or office)*
- 3. What their relationship is to the treatment teams (i.e., high fall-risk patients are referred to the falls team; or the interdisciplinary treatment teams ask for help with specific patients)*