

# CONNECTICUT VALLEY HOSPITAL

## OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	PATIENT FOCUSED FUNCTIONS
<b>CHAPTER 2:</b>	Assessment
<b>PROCEDURE 2.1:</b>	<b>Assessment of Fall Risk and Falls</b>
<b>REVISED:</b>	07/21/08; 08/25/08; 08/22/11; 03/12/12; 6/13/16; Reviewed 02/18
<b>Governing Body Approval:</b>	03/22/12; 6/23/16; 04/18

**PURPOSE:** To minimize patient falls through screening, assessment and treatment.

**SCOPE:** All CVH staff

### ***Definitions:***

*Falls:* An uncontrolled, **unintentional**, downward displacement of the body to the ground or other object. This includes witnessed and unwitnessed falls, but excludes falls resulting from aggressive acts, medical conditions, sports-related activities or other purposeful actions.

*Frequent Falls:* three or more falls in a thirty (30) day period.

*Serious Fall:* a fall with sustained injuries requiring medical intervention beyond first aid.

*Near Fall:* a sudden loss of balance that does not result in a fall. This can include a person who slips, stumbles or trips, but is able to regain control prior to falling. This also applies to the individual who is assisted to the floor by staff regardless of whether or not the patient sustained injury.

*Unwitnessed Fall:* A reported fall with no witnesses.

### **PROCEDURE:**

#### **I. Screening for Fall Risk**

- A. All patients are screened for fall risk at admission, annually, and when there is a change in physical condition. This screening is performed by the assigned Registered Nurse (RN) utilizing the [CVH-574](#).
- B. The RN files the Fall Risk Screening form in the Progress Note section of the medical record.
  1. At admission and annually, Fall Risk Screening forms are filed following the latest History and Physical form.
  2. With a change in physical condition, the Fall Risk Screening form is filed in chronological order.
- C. The RN completing the screening derives a score indicating level of risk for falls. Any patient scoring 11 or greater will be considered “at risk”. For “at risk” patients:

1. The RN places a “fall risk” sticker on the patient’s chart.
  2. The RN notifies the Attending Psychiatrist and Ambulatory Care Services (ACS) Clinician of any “at risk” patients.
  3. Once the ACS Clinician or attending psychiatrist completes the bottom portion of CVH-574, nursing will fax the completed CVH-574 to physical therapy. This serves as notification for a Physical Therapy Fall Risk Assessment.
- D. When alerted to a “fall risk” patient by the nurse, the Attending Psychiatrist, Ambulatory Care Services (ACS) Clinician or on-call physician:
1. Assesses the patient and completes the bottom portion of CVH-574.
  2. Orders a Physical Therapy consultation (and any additional consultations as clinically warranted) for the patient.
  3. The Attending Psychiatrist and the ACS clinician meet to collaboratively evaluate the case including a review of medication.
- E. The Ambulatory Care Clinician completes the medical risk assessment in the Risk Management and Notification System (RMANS) for newly admitted patients, and as indicated for significant changes in condition. This is the mechanism for alerting the treatment team to medical risks, including the risk for falls, and ensure that interventions are put in place to mitigate the risk. (Refer to [Operational Procedure 5.6 Risk Management](#))
- F. The Physical Therapist will:
1. Assess and complete the Physical Therapy Fall Screening (CVH-334a) within 48 hours of receiving a faxed copy of form CVH-574 and review pertinent findings with physician and treatment team. Physical Therapy Fax Number is 262-7012.
  2. File the completed CVH-334a in the Progress Note section of the medical record in chronological order.

## II. Assessing Falls

- A. In the event that a patient falls, the RN immediately assesses the patient’s condition. He/She then notifies the ACS clinician and psychiatrist, or the on-call physician, initiates an Incident Report, and completes the Nursing Portion (top half) of the Post Fall Assessment form [CVH-575](#). The Incident Report will ensure that the episode is properly tracked to the Risk Management System.
- B. Upon notification by the RN, the ACS clinician, psychiatrist or on-call physician evaluates the patient for injuries and completes the Incident Report and Medical Portion (bottom half) of the Post Fall Assessment form CVH-575. The completed Fall Assessment (CVH-575) is faxed to Physical Therapy Services. A copy is forwarded to the Divisional Performance Improvement (PI) Manager. The original is filed in the Progress Note section of the medical record.
- C. Physical Therapy completes CVH-334a (Physical Therapy Screening Assessment) within 24 hours of receiving a faxed copy of form CVH-575 and reviews pertinent findings with the attending psychiatrist, ACS clinician and treatment team. This form

is filed in the Progress Note section of the medical record in chronological order following the corresponding CVH-575.

- D. In the event that the fall is classified either as frequent and/or serious based on the definitions provided, a Focused Treatment Plan Review is conducted (Refer to [\*Operational Procedure 2.6 Integrated Treatment Plan Process\*](#)) and the Medical Director is notified. The recommendations of the Focused Treatment Plan are incorporated into the Treatment Plan incorporating specific treatment interventions.

### III. Performance Improvement

- A. Falls will be analyzed by the PI Manager quarterly and presented to the Governing Body.
- B. At least yearly, there will be a hospital wide discussion concerning overall fall trends, fall prevention measures and staff education to assess the effectiveness of the program.

### Forms:

CVH-334a Physical Therapy Screening Assessment  
[CVH-574](#) Fall Risk Screening  
[CVH-575](#) Post Fall Assessment