



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT: FALL PREVENTION AND MANAGEMENT**

**POLICY NO. 443**

<b>CATEGORY:</b> Safety	<b>EFFECTIVE DATE:</b> 10/95
<b>POLICY CONTACT:</b> Sarah Lopez, MD, MBA, Jose Garcia, RN, BSN	<b>UPDATE/REVISION DATE:</b> 9/21
<b>REVIEWED BY COMMITTEE(S):</b> Patient Safety Committee	

**PURPOSE:**

To provide guidelines for:

1. The identification of patients at risk for falls;
2. Implementation of fall reduction strategies; and
3. Post-fall evaluation and management.

**DEFINITION:**

**Fall:** A patient fall is a witnessed or un-witnessed unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment). All types of falls are to be included whether they result from physiological reasons (fainting) or environment reasons (slippery floor). This would include assisted falls, such as when a staff member attempts to minimize the impact of the fall by easing the patient's descent to the floor or by breaking the patient's fall.

**POLICY:**

Staff shall screen hospitalized inpatients, patients in the Emergency Department, and patients in Outpatient Clinics for their risk of falls according to DHS policy. Inpatients will be assessed for fall risk on admission with reassessment daily, upon transfer to another unit, with changes in condition, and after falls. This assessment shall be documented in the medical record. Based on the assessment, the following steps shall be taken:

1. Staff shall notify the patient's provider.
2. The provider shall assess the patient and determine if additional tests or treatment are needed.
3. Report all patient falls, with or without injury, within 4 hours after event using the hospital Safety Intelligence (SI) system.

**PROCEDURE:**

**A. SCREENING AND RISK STRATIFICATION**


- I. **OUTPATIENT CLINICS** (Hospital-Based and Ambulatory Care Network) shall screen patients and mitigate risks for falls and harm, based on the patient population, setting, and environment according to DHS policy 311.101.

**REVISED:** 2/99, 2/05, 7/06, 11/06, 12/11, 2/12, 4/15, 9/18, 1/19, 9/21

**REVIEWED:** 2/96, 2/99, 2/02, 7/06, 11/06, 12/11, 1/12, 2/12, 4/15, 9/18, 1/19, 2/21, 9/21

**APPROVED BY:**   
Anish Mahajan, MD  
Chief Executive Officer

  
Anish Mahajan, MD  
Chief Medical Officer

  
Joy LaGrone, RN, MSN  
Interim Chief Nursing Officer



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- a. Screening for fall risk may be applied across a clinic or based on patient-specific factors. Each adult and pediatric patient (over 1 year of age) shall be screened based on the age-appropriate screening tool and determined for risks of falls as low, moderate, or high.
- b. Patients identified as high-risk during screening shall have a licensed professional further determine, implement, and document appropriate prevention measures including patient/family education.
- c. Outpatient fall prevention measures shall be implemented.

**II. HOSPITALIZED INPATIENTS:** (1 year of age and older) shall be assessed on admission, and reassessed daily, on transfer to another unit, with condition change, and post fall. The staff shall use the appropriate Fall Risk Assessment Tool (Refer to DHS Policy 311.101), and document the assessment in the medical record.

- a. Adult inpatients shall be determined to be low, moderate, or high-risk for falls. Pediatric inpatients shall be assessed as low or high-risk.
- b. When a patient is identified as moderate or high-risk for falls, the RN shall initiate a plan of care related to the patient's identified risk factors. Injury and/or fall prevention strategies, including patient/family education shall be incorporated into the plan of care for at-risk patients.
- c. When a patient is identified as moderate or high-risk for falls either on admission or during his/her hospitalization, the RN shall implement fall prevention measures including:
  1. Identifying the patient by placing a colored "fall risk" armband on the patient;
  2. Placing a sign at the entrance to the patient's room and/or head of the patient's bed.

**III. EMERGENCY DEPARTMENT:** Patients shall be screened for fall risk using specific screening elements for adult and pediatric patients according to DHS Policy 311.101. Patients who meet any one of the criteria shall be identified and have a fall risk armband placed. Additional interventions shall be implemented as applicable for the individual patient. The staff shall document all fall reduction interventions and patient/family education in the medical record.

**B. POST-FALL MANAGEMENT:** After a patient fall, initiate the DHS Post-Fall Evaluation and Management Algorithm (Refer to DHS Policy 311.101), and complete post-fall documentation in the electronic health record. This includes notification of the patient's physician. A Safety Intelligence (SI) Report will also be completed by nursing staff (refer to hospital policy 612B "Critical Clinical and Never Events [Including Sentinel Events] Reporting and Follow-up").

- I. The notified physician shall assess the patient in person. For patients that are coagulopathic or have been on therapeutic doses of anticoagulant therapy, and who are believed to have struck their head on a hard surface, a CT scan of the head should be ordered. The physician shall complete the Post-Fall Assessment Ad-hoc form (see Appendix A), indicating the fall, treatment plan, and related communications in the medical record.

Revised and Approved by:  
Medical Executive Committee – 9/2021

Beverley A. Petrie, M.D.  
President, Professional Staff Association



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**REFERENCE:** DHS Policy # 311.101 "DHS System-Wide Fall Prevention Program"  
Policy 612B "Critical Clinical and Never Events [Including Sentinel Events] Reporting and Follow-up"



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**APPENDIX A**

# Provider Post-Fall Documentation Job Aid v07.02.21

The below Job Aid is an explanation of the processes and steps required for documentation following a patient fall. This documentation is required by both Nursing and Providers, and is intended to be in addition to the necessary processes outlined in facility-specific hospital policies. Additionally, this Job Aid covers the documentation aspects following a fall, and does not address the bedside care and immediate clinical management.

Following a patient fall, the nurse is directed to complete the “Post Fall Evaluation” in iView & I/O as displayed below. Nursing must also contact the assigned physician per hospital policy.

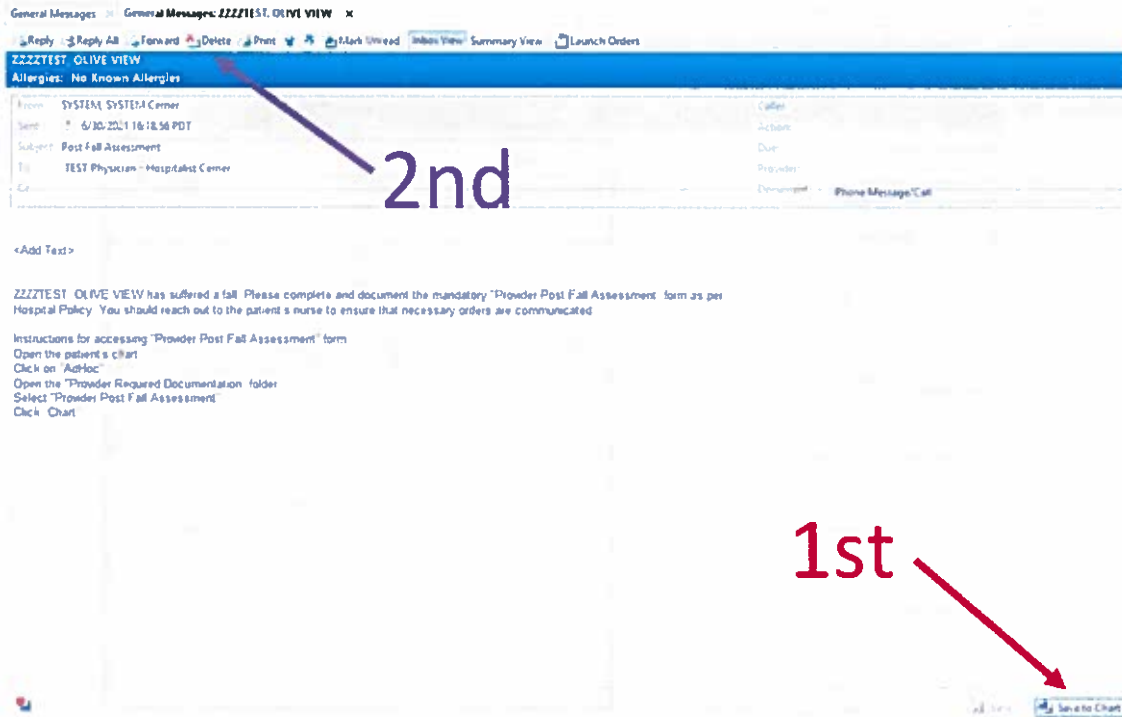
Post Fall Evaluation	
Date, Time of Fall	6/30/2021 14:42
Fall Witness	Unwitnessed
Fall Assist	Unassisted
Fall Location	Bathroom
Activity at Time of Fall	Toileting
Special Conditions at Time of Fall	First time out of bed
Fall Risk Alert System in Place	Yes
Fall Related Injury	Minor: dressing, ice, cleansing, limb el...
Patient Statement of Injury	Testing
Post Fall Status	No change from baseline
Post Fall Comment	Testing
Fall Protocol Implemented	Yes
<b>Provider Notification</b>	
Notification Reason	Fall
Notification Details	Testing
Patient/Family Notified	No
Provider Informed	TEST Physician - Hospitalist Corne...
Provider Notification Time Responded	
Provider Requested Interventions	

Upon documentation, a scripted message will be sent to the message center Inbox of the “Provider Informed.” This message will serve as an alert, and direct the Provider on how to access the required Post-Fall Documentation pperform within the AdHoc folder.

The screenshot shows a 'Message Center' window with an 'Inbox Summary' on the left and a list of messages on the right. The selected message is from 'SYSTEM, SYSTEM' with the subject 'Post Fall Assessment'.

Priority	Return Name	From	Subject	Due Date	Create Date	To	Status	Assigned	Update Time
High	SYSTEM, SYSTEM	SYSTEM, SYSTEM	Post Fall Assessment		6/30/2021 14:42	TEST Physician...	Pending		6/30/2021 16:16:16 PDT

The Provider should **first** "Save to Chart," and then may proceed to "delete" the message from their inbox.



From within the patient chart, Providers are then instructed to complete the "Provider Post Fall Assessment" form located in the Provider Required Documentation folder within Ad Hoc.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Provider Required Documentation</li> <li><input type="checkbox"/> Prior Authorization</li> <li><input type="checkbox"/> Provider Misc</li> <li><input type="checkbox"/> Ambulatory</li> <li><input type="checkbox"/> Behavioral Health Provider Forms</li> <li><input type="checkbox"/> OB Outpatient Forms</li> <li><input type="checkbox"/> Oncology</li> <li><input type="checkbox"/> ED Forms</li> <li><input type="checkbox"/> Quality Measure</li> <li><input type="checkbox"/> All Items</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Central Line Insertion (CLIP)</li> <li><input type="checkbox"/> Face to Face Evaluation</li> <li><input type="checkbox"/> Adult ICU Progress Note Required Details</li> <li><input type="checkbox"/> NICU/PICU Progress Note Required Details</li> <li><input type="checkbox"/> Patient Language and Interpreter Needs</li> <li><input type="checkbox"/> Pre Sedation Note Information</li> <li><input type="checkbox"/> Post Sedation Note Information</li> <li><input type="checkbox"/> Progress Note Required Details</li> <li><input type="checkbox"/> Procedure Note Required Details</li> <li><input type="checkbox"/> Face-to-Face Medical Justification Wheelchair</li> <li><input type="checkbox"/> Primary Impairment Group Codes IRF</li> <li><input type="checkbox"/> Stroke Required Documentation</li> <li><input type="checkbox"/> Advance Care Planning (ACP)</li> <li><input type="checkbox"/> NIH Stroke Scale</li> <li><input type="checkbox"/> Homeless Discharge</li> <li><input type="checkbox"/> Newborn/Pediatric Progress Note Required Details</li> <li><input type="checkbox"/> SOFA Score (Sequential Organ Failure Assessment)</li> <li><input type="checkbox"/> Penicillin Allergy Testing Documentation</li> <li><input checked="" type="checkbox"/> Provider Post Fall Assessment</li> <li><input type="checkbox"/> COVID-19 Vaccine Screen</li> </ul> |
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# LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER

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The Post Fall Provider Evaluation powerform consists of 2 parts. The section on the right (marked by the red box) is an import of the Nursing documentation that was placed in iView & I/O. This will allow the Provider to review certain details of the fall. The remainder of the form is to be completed by the Provider. Documentation of this information is required per Policy. Certain fields are required, while others are only necessary based on what has been charted.

Post Fall Provider Evaluation

**Post Fall Provider Evaluation**

**Fall event description:**  
Patient falling

**Medication list reviewed?**  
 Yes  No

**Does the patient have a high risk condition for bleeding?**  
 Yes  No

**Is the patient coagulopathic or receiving anticoagulation/antiplatelet medications?**  
 Yes  No

**Did patient strike head on a hard surface?**  
 Yes  No  Unknown

**Signs of trauma on assessment?**  
(i.e. bruise, swelling, lacerations, fractures, neurologic changes)  
 Yes  No

**Trauma description:**

**Is CT Head or other imaging of the brain indicated/ordered?**  
Order imaging if patient struck their head on a hard surface and is receiving chemical anticoagulation and/or a coagulopathic. Consider imaging if patient struck their head on a hard surface and is NOT on chemical anticoagulation or coagulopathic.  
 Yes  No

**Is the patient being transferred to a higher level of care?**  
 Yes  No

**Level of care:**  
 Private  ICU  
 Med Surg  ED  
 Step Down  Other: Testing

**Are fall precautions ordered for the patient?**  
 Yes  No

**Does the patient currently have capacity?**  
 Yes  No

**Was the plan discussed with the patient?**  
 Yes  No

**Was a representative for the patient contacted with the fall event disclosed and discussed?**  
 Yes  No

**Patient Representative name and relationship:**  
Daqing

**Post Fall Evaluation**

Event Name	Event Result	Date/Time
Activity of Time of Fall	Typical	06/30/21
Date/Time of Fall		14:42:00
Date/Time of Fall	06/30/21 14:42:00	06/30/21
Fall Report	Entered	06/30/21
Fall Location	Restroom	06/30/21
Fall Prevention Implemented	Yes	06/30/21
Fall Related Injury	Minor abrasion on forearm, limb embolism, stroke	06/30/21 14:42:00
Fall Risk Assessment in Place	Yes	06/30/21
Fall Witness	Low Witness	06/30/21
Fall Witness	Low Witness	06/30/21
Patient Statement of Injury	Falling	06/30/21
Post Fall Comment	Falling	06/30/21
Post Fall Status	No change from baseline	06/30/21
Special Conditions at Time of Fall	Left time out of bed	06/30/21
		14:42:00

Following completion of the Post Fall Provider Evaluation form, the finalized document can be viewed in the "Documents" section or the "Form Browser" section in ORCHID. These documents can still be modified and edited by right clicking on the document and selecting "modify." Edits are saved as a new document, with the prior version still available for review.