

## Appendix J: Post-Fall Assessment Resources and Example

A range of post-fall assessments have been developed. Various resources are available to support such assessments that can be used to identify factors that contribute to falls at the individual, organizational, or systems level. Three of these resources are described in **Table 20** below, followed by an example of post-fall assessment documentation from St. Joseph's Healthcare Hamilton (Ontario, Canada).

**Table 20: Resources to Support Post-Fall Assessments**

RESOURCE	DESCRIPTION	ACCESS	ACCESS
<b>Alberta Health Services (AHS)</b>	<i>AHS Falls Risk Management Post-Falls Review</i>	Alberta Health Services has developed a falls risk management tool, called <i>AHS Falls Risk Management Post-Falls Review</i> . This resource outlines four key steps in a post-falls review: <ol style="list-style-type: none"> <li>1. Assess for injury and provide immediate care,</li> <li>2. Monitor for 24–48 hours,</li> <li>3. Conduct a post-fall huddle and reassess falls risk factors, and</li> <li>4. Modify the care plan/ interventions.</li> </ol>	Accessible on the Fall Prevention Month Toolkit, Practitioner Resources: <a href="http://fallpreventionmonth.ca/toolkit/practitioner-resources">http://fallpreventionmonth.ca/toolkit/practitioner-resources</a>
<b>Canadian Patient Safety Institute (CPSI)</b>	<i>Canadian Incident Analysis Framework</i>	CPSI developed the <i>Canadian Incident Analysis Framework</i> to support those responsible for, or involved in, managing, analyzing, and/or learning from patient safety incidents in any health-care setting, with the goal of increasing the effectiveness of analysis in enhancing the safety and quality of patient care.	<a href="http://www.patientsafetyinstitute.ca/en/toolsResources/IncidentAnalysis/Documents/Canadian%20Incident%20Analysis%20Framework.PDF">http://www.patientsafetyinstitute.ca/en/toolsResources/IncidentAnalysis/Documents/Canadian%20Incident%20Analysis%20Framework.PDF</a>

ORGANIZATION	RESOURCE	DESCRIPTION	ACCESS
		<p>The framework provides methods and tools to assist in answering the following questions:</p> <ul style="list-style-type: none"> <li>■ What happened?</li> <li>■ How and why did it happen?</li> <li>■ What can be done to reduce the likelihood of recurrence and make care safer?</li> <li>■ What was learned?</li> </ul>	
<p><b>Public Health Agency of Canada (PHAC)</b></p>	<p><i>What to Do After a Fall</i></p>	<p>PHAC has developed an illustrated poster that provides information about what to do if you have fallen (if you can or cannot get up) and what to do if you witness someone fall. The target audience for this resource is all adults (it is not directed specifically to health-care providers).</p>	<p><a href="http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/falls/poster-chutes_affiche/poster-affiche-eng.php">http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/falls/poster-chutes_affiche/poster-affiche-eng.php</a></p>



**Example: Falls Debriefing and Action Plan from St. Joseph's Healthcare Hamilton (Ontario, Canada)**

**St. Joseph's**  
Healthcare  Hamilton

- Charlton Campus
- King Campus
- West 5<sup>th</sup> Campus

**FALLS DEBRIEFING  
AND ACTION PLAN**

 **Initial all boxes and entries**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient Identifier: \_\_\_\_\_ Team: \_\_\_\_\_  
(yyyy/mm/dd) (hh:mm)

**Environmental Contributors** (eg. Lighting, footwear, slippery surfaces, furniture, patient action, etc.)

Contributors	Action Plan	Comments	Initials

**Contributing age related changes** (eg. Gait, balance, vision, postural sway, muscle strength, reaction time, cognitive impairment, poor judgement)

Contributors	Action Plan	Comments	Initials

**Medical Contributors** (eg. Seizure activity, Parkinson's, stroke, dementia, recent surgery, postural hypotension)

Contributors	Action Plan	Comments	Initials

**Medication Contributors** (eg. Sedatives, hypnotics, benzodiazepines, neuroleptics, antidepressants, diuretics, antihypertensives)

Contributors	Action Plan	Comments	Initials

Does the patient have a history of unsteady gait?  Yes  No  
 Was the level of supervision required marked clearly on the gait aid?  Yes  No  
 If No, indicate future action:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Discipline: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Discipline: \_\_\_\_\_

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## FALLS DEBRIEFING AND ACTION PLAN

**Initial all boxes and entries**

Is the appropriate transfer technique identified on the patient's whiteboard? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate future action: _____ _____ _____
Does the patient experience urinary urgency or incontinence? <input type="checkbox"/> Yes <input type="checkbox"/> No If this is a contributor, how will it be addressed/monitored? _____ _____
What has Pharmacy done? _____ _____
What has PT done? _____ _____
What has MD done? _____ _____
What has Nursing done? _____ _____
What has OT done? _____ _____
Changes to plan of care? _____ _____

**Completed By:** \_\_\_\_\_

**Staff Present for debrief:** \_\_\_\_\_  
 \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Discipline: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Discipline: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Discipline: \_\_\_\_\_

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