Evidenced-based Fall Prevention Program Gap Analysis

Hospital Name: Date:

Evidence-based Fall Prevention Strategy P		mance	Comments
1. Leadership support: Hospital/unit/champion levels	YES	NO	
Patient falls/injury important quality metric reported at hospital-wide quality meeting.	etings		
Chief nurse supportive (verbally and through actions) fall prevention efforts			
Fall prevention committee (can be part of quality committee)			
Nurse managers focused on improving fall prevention practices			
Fall prevention nurse champions on each unit			
Consistent, timely measurement and feedback related to fall prevention processes.	s/outcomes		
2. Patient and family engagement	YES	NO	
Patient and family are involved in completing fall risk assessment			
Patient and family are involved in developing a tailored/personalized fall preventi	on plan		
Patient and family are involved in executing the plan (they know their role)			
3. Fall risk assessment	YES	NO	
A valid and reliable fall risk assessment/screening scale is used (and not modified)			
4. Tailored fall prevention care planning	YES	NO	
Interventions are selected to address each area of risk identified in the risk assess	ment		
5. Consistent implementation of the tailored care plan	YES	NO	
Each patient's personalized plan is available at the bedside			
6. Post fall management	YES	NO	
Post fall physical assessment completed			
Fall-related details are documented			
Fall risk assessment updated			
Fall prevention plan updated			
Provider notified			
Family notified			
Team communication of changes in risk factors and tailored plan			