

**CAPTURE Falls
Gap Analysis Scorecard**

Hospital Name: _____

Date: _____

Instructions: Please complete the following questionnaire with members of your current or newly formed Fall Risk Reduction Team.

I. Interprofessional Fall Risk Reduction Team Members

List the name, credentials, and job title of individuals that participated in your hospital's fall risk reduction team as part of the CAPTURE Falls project.

Name	Credentials	Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Fall Risk Assessment and Tools

Please state the tool you currently use to assess fall risk on admission.

Fall Risk Assessment Tool: _____

Implementation date: _____

III. Fall Risk Reduction Coordination Processes

Maximum Score = 84

Please indicate whether or not each of the activities listed is performed in your hospital by placing a checkmark in the first column. **If the activity is currently being performed**, estimate your Fall Risk Reduction team’s effectiveness (from Not Effective to Very Effective) for each activity by placing a checkmark in the appropriate column.

Fall Risk Reduction Organizational Activities	Activity Performed		Effectiveness			
	No	Yes	Not Effective	Somewhat Effective	Effective	Very Effective
Create policies and procedures regarding fall risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select interventions to reduce risk of falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select fall risk assessment tool(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Link targeted interventions to identified risk factors to reduce the risk of falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct audits to monitor adherence to fall risk reduction interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate results of audits to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select/Develop/Revise Fall Reporting Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collect data regarding fall risk reduction program outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyze data regarding fall risk reduction program outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modify fall risk reduction policies and procedures based on outcome data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct or participate in individual root cause analysis of injurious falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct or participate in aggregate root cause analysis of multiple falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff about fall risk reduction policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff to use fall risk assessment tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff to implement targeted fall risk reduction interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff to report all falls (Unassisted & Assisted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate staff about outcomes of your fall risk reduction program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate fall risk reduction program barriers and successes to senior leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share fall risk reduction program and outcomes with hospital board members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrate evidence from medicine, nursing, pharmacy, and rehabilitation therapies to continually improve fall risk reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform front-line staff about actions taken to improve systems as a result of reported falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Fall Risk Reduction Education/Training

Please consider each of the Fall Risk Reduction training topics below and check the appropriate response to each question/statement.

1. Overall Fall Risk Reduction Program (Purpose, interventions, and outcomes)

Maximum score = 12

- a. Training conducted in past two years: Yes No
- b. Topic included in new employee orientation: Yes No
- c. Policy in place to sustain training: Yes No
- d. Staff required to attend training: All Staff All Clinical Staff Nursing Staff only
 Other: _____
- e. Training includes: Opportunity to practice (i.e. simulation, role play, etc.)
 Online modules Demonstration (live or video)

2. Administration of the fall risk assessment screening tool used by nursing

Maximum score = 15

- a. Training conducted in past two years: Yes No
- b. Topic included in new employee orientation: Yes No
- c. Policy in place to sustain training: Yes No
- d. Staff required to attend training: All Clinical Staff Nursing Staff only
 Other: _____
- e. Training includes: Competency component Opportunity to practice (i.e. simulation, role play, etc.)
 Online modules Demonstration (live or video)

3. Safe transfers and mobility

Maximum score = 15

- a. Training conducted in past two years: Yes No
- b. Topic included in new employee orientation: Yes No
- c. Policy in place to sustain training: Yes No
- d. Staff required to attend training: All Clinical Staff Nursing Staff only
 Other: _____
- e. Training includes: Competency component Opportunity to practice (i.e. simulation, role play, etc.)
 Online modules Demonstration (live or video)

4. Use of mechanical lifts

Maximum score = 15

- a. Training conducted in past two years: Yes No
- b. Topic included in new employee orientation: Yes No
- c. Policy in place to sustain training: Yes No
- d. Staff required to attend training: All Clinical Staff Nursing Staff only
 Other: _____
- e. Training includes: Competency component Opportunity to practice (i.e. simulation, role play, etc.)
 Online modules Demonstration (live or video)

5. Post-fall Huddles

Maximum score = 15

- a. Training conducted in past two years: Yes No
- b. Topic included in new employee orientation: Yes No
- c. Policy in place to sustain training: Yes No
- d. Staff required to attend training: All Clinical Staff Nursing Staff only
 Other: _____
- e. Training includes: Competency component Opportunity to practice (i.e. simulation, role play, etc.)
 Online modules Demonstration (live or video)

V. Fall Risk Reduction Processes

Please indicate whether or not each of the listed processes is used to reduce the risk of falls in your hospital by placing a checkmark in the appropriate column. **If the process is used**, estimate the frequency with which it is used by your hospital staff consistent with policy and procedures and place a checkmark in the appropriate column.

Evidence-Based Bedside Fall Risk Reduction Processes	Process Used		Frequency Used				
	No	Yes	Never	Rarely	Sometimes	Frequently	Always
Universal Maximum Score = 36							
Call light within reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declutter environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handoff tool to communicate fall risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Purposeful</i> hourly rounding (assesses four Ps: position, pain, personal items in reach, potty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonskid footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/family education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top bed rails up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted Maximum Score = 72							
Alert sign indicating patient is at risk for falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive device for transfers/ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed alarms (pads or built into bed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Chair alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tab Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colored wrist band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document fall risk in chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevated toilet seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gait/transfer belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip protectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication review by pharmacist before a fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Organizational Factors Impacting Fall Risk Reduction

Maximum Score = 32

Please indicate whether or not each of the practices listed is performed in your hospital by placing a checkmark in the appropriate column. **If performed**, estimate the frequency with which each practice is performed consistent with policy and procedures and place a checkmark in the appropriate column.

Evidence-Based Organizational Level Fall Risk Reduction Processes	Activity Performed		Frequency Performed				
	No	Yes	Never	Rarely	Sometimes	Frequently	Always
Conduct an initial assessment of fall risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reassess fall risk according to policy/procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Conduct post-fall huddles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Communicate fall risk status to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Communicate fall risk status to families/informal caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Communicate fall risk status when patients are handed off across shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Communicate fall risk status when patients are handed off across units/departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Direct patient care staff from multiple disciplines discuss a patient's risk of falls in the context of daily care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

VII. Outcomes of Fall Risk Reduction

Maximum Score = 16

Please estimate the frequency in which your hospital staff reports the following fall events consistent with policy and procedures. Place a checkmark in the appropriate column. Please note, an assisted fall is defined as when a patient begins to fall and is assisted to the ground or other lower object by staff (not family or other visitor).

Fall Events	Frequency Reported				
	Never	Rarely	Sometimes	Frequently	Always
Unassisted Falls that result in injury	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Unassisted Falls that DO NOT result in injury	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Assisted Falls that result in injury	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Assisted falls that DO NOT result in injury	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4