



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.34

September 13, 2024

DAD-MA

SUBJECT: Guidance for Implementing and Integrating Inpatient Fall Risk Assessment and Prevention Across the Defense Health Agency

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (u), establishes the Defense Health Agency (DHA) procedures to:

a. Oversee, standardize, and endorse the implementation of an evidence-based fall prevention program for the adult and pediatric inpatient population throughout all military medical treatment facilities (MTFs) that provide inpatient services.

b. Identify and implement fall prevention strategies that support and improve health outcomes for DHA beneficiaries.

2. APPLICABILITY. This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include assigned, attached, allotted, or detailed personnel.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (c) through (o), to standardize the falls risk assessment and prevention for inpatient health care and services within MTFs.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3. References to non-federal entities do not constitute or imply DHA or Department of Defense endorsement of any company or organization. Likewise, the appearance of any hyperlinks does not constitute endorsement by the DHA or the Department

of Defense of the external Web site, or the information, products or services contained therein. Such links are provided consistent with the stated purpose of this DHA AI.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication, the Activity may request a waiver that must include a justification, including analysis of the risk associated with not granting the waiver. The Activity director or senior leader (Chief Medical Officer (CMO), Chief Nursing Officer (CNO)) will endorse the waiver request and forward the waiver through their supervisory chain to the DAD-MA to determine if the Director, DHA, or their designee may grant the waiver.

7. RELEASABILITY. This DHA-AI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx>

8. EFFECTIVE DATE. This DHA-AI:

- a. Is effective upon signature. Implementation of this DHA-AI is required within 18 months of publication date.
- b. Will expire 5 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference.

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, Assistant Secretary of Defense for Health Affairs (ASD (HA)), September 20, 2013, as amended
- (b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013, as amended.
- (c) DHA-Procedural Instruction 5025.01, Publication System, April 1, 2022.
- (d) DoD Manual 5400.07, "DoD Freedom of Information Act (FOIA) Program, January 25, 2017
- (e) DoD Instruction 5000.72, DoD Standard for Contracting Officer's Representative (COR) Certification November 6, 2020
- (f) DoD Instruction 6025.13, "Medical Quality Assurance and Clinical Quality Management in the Military Health System," July 26, 2023
- (g) DHA Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 1: General Clinical Quality Management, August 29, 2019
- (h) DHA Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 2: Patient Safety," August 29, 2019
- (i) DHA Procedures Manual 6025.13, "Healthcare Risk Management Key Changes, Volume 3, January 13, 2020
- (j) DHA Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System, Volume 5: Accreditation and Compliance," August 29, 2019
- (k) DHA-Procedural Instruction 6025.45, "Ready Reliable Care Safety Communication Bundle," January 3, 2022
- (l) Agency for Healthcare Research and Quality, "A Toolkit for Improving Quality of Care"¹
- (m) Agency for Healthcare Research and Quality, "Preventing Falls in Hospitals: Tool 3H: Morse Fall Scale for Identifying Fall Risk Factors"²
- (n) Agency for Healthcare Research and Quality, "Preventing Falls in Hospitals: Which Fall Prevention Practices Do You Want to Use?"³
- (o) Agency for Healthcare Research and Quality, "3N: Postfall Assessment, Clinical Review"⁴
- (p) Nicklaus Children's Hospital, "Humpty Dumpty Falls Prevention Program"⁵
- (q) Masnoon N, Shakib S, Kalisch-Ellett L, Caughey GE. What is polypharmacy? A systematic review of definitions. BMC Geriatr. 2017 Oct 10;17(1):230⁶

¹ This document is available at: <https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/index.html>

² This document is available at: <https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/morse-fall-scale.html>

³ This resource is available at: <https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/practices.html>

⁴ This resource is available at: <https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/postfall-assessment.html>

⁵ This resource is available at: <https://www.nicklauschildrens.org/humptydumpty>

⁶ This resource is available at: [JCR_HCAW24-2-13-PC.pdf](#) (Please copy and paste URL)

- (r) The Joint Commission, “The Comprehensive Accreditation Manual for Hospitals: Provision of Care (PC), Treatment and Services Chapter”. PC.01.02.08, Eps 1-2, “Assessing and Managing the Patient’s Risks for Falls”⁷
- (s) The Joint Commission. “Preventing Newborn Falls in the Hospitals”, October 4, 2022⁸
- (t) Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN). “Prevention of Newborn Falls/Drops in the Hospital: AWHONN Practice Brief Number 9, September 2020
- (u) Preventing Falls in Hospitals Tool 3L: Patient and Family Education
- (v) Li J, Mao Y, Zhang J. Maintenance and Quality Control of Medical Equipment Based on Information Fusion Technology. *Comput Intell Neurosci.* 2022 Oct 13⁹

⁷ This resource is available at: [This resource is available at: https://www.jointcommission.org/resources/news-and-multimedia/blogs/improvement-insights/2022/10/preventing-newborn-falls-in-hospitals/](https://www.jointcommission.org/resources/news-and-multimedia/blogs/improvement-insights/2022/10/preventing-newborn-falls-in-hospitals/)

⁸ This resource is available at: https://www.mnhospitals.org/Portals/0/Documents/ptsafety/falls/English_Patient_Education_Brochure.pdf

⁹ This resource is available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9584678>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

a. Ensure Directors, Defense Health Networks assign responsibilities to oversee and monitor implementation of and compliance with a uniform Inpatient Fall Risk Assessment and Prevention (IFRAP) Program.

b. Support IFRAP implementation through dedicated and standardized program evaluation and reporting in alignment with this DHA-AI.

c. Assign responsibility for tracking compliance with the standard procedures and criteria outlined in this DHA-AI to the DAD-MA.

2. DAD-MA/CMO. The DAD-MA/CMO will:

a. Direct and oversee the establishment, implementation, and execution of a comprehensive and standardized IFRAP Program and processes within the DHA in accordance with this DHA-AI.

b. Develop and establish DHA strategy and guidance for execution of MTF IFRAP functions within the context of current national standards.

c. Monitor implementation and tracking of the IFRAP and associated reporting as outlined within this DHA-AI.

d. Improve coordination between clinical operations, clinical support services advisory boards, and clinical communities to integrate IFRAP and processes within the direct care system.

e. Advocate for the development of IFRAP integrated strategies that improve the readiness of active duty forces and the health of all beneficiaries.

f. Direct the execution of evidence-based measures to evaluate IFRAP processes and initiatives. Establish the trends of those measures in order to make recommendations for improved active duty medical readiness and health outcomes for DHA beneficiaries.

g. Monitor DHA measures critical to the IFRAP and identify additional process and/or outcome measures as indicated through clinical review, subject matter expert input, emerging DHA priorities and industry trends.

h. Identify opportunities and inform requirements for health information technology (HIT) in support of IFRAP activities and provide subject matter expertise support.

3. CHIEF, INTEGRATED CLINICAL OPERATIONS POLICY SUPPORT (ICOPS), DHA.

The Chief, ICOPS will review falls prevention and treatment interventions available to providers to order through the Electronic Health Record (EHR) to ensure that they meet established standards of care and evidence-based practices and submit modifications to HIT bi-annually via the Military Health System Service Helpdesk option in MHS GENESIS.

4. CHIEF, HEALTH INFORMATICS OFFICER, DHA. The Chief, Health Informatics Officer, DHA, will:

a. Standardize workflows, provide technology management, develop, and sustain appropriate reports for tracking fall prevention data/trends and integrate end user engagement for potential updates to this instruction.

b. Serve as the strategic liaison for HIT efforts related to falls documentation in the EHR and Joint Patient Safety Reporting (JPSR) system.

c. Develop training to be administrated at MTFs to document falls in the EHR, report gaps, and request enhancements in fall-related nursing documentation to the DHA Chief, ICOPS and DHA CNO.

d. Perform clinical informatics research on:

(1) Clinical time-and-motion studies on nursing workflows to measure the amount of time necessary for nursing staff to use communication strategies and devices to prevent falls, care for patients who fell, and calculate the amount of elapsed time nursing staff spends documenting falls prevention and fall-related events in the EHR and JPSR.

(2) Existing falls prevention practices to identify those with the highest potential return on investment of resources.

e. Collaborate with medical equipment maintenance service providers about the awareness and importance of verification of testing new DHA medical devices and patient safety equipment designed to prevent falls and identify safety and usability shortcomings.

f. Ensure the Fall Risk Assessment Tool is maintained within the EHR according to copyright/trademark permission/licensing agreements.

5. CNO, DHA HQ. The CNO, DHA HQ will:

a. Create a communication and change management strategy for implementing this DHA-AI in collaboration with DHA nursing staff.

b. Assist Directors, Defense Health Networks (DHN) with the development and coordination of IFRAP training and roll-out, and ensure the following items will be included in the training:

(1) Evidence-based care practices to prevent falls, care for fall-related injuries, and support professional nursing practice.

(2) Nursing care documentation requirements to include fall-based interdisciplinary plans of care (IPOCs) and sets expectations for staff to complete IPOCs in the EHR.

c. Oversee MTF preparedness for regulatory inspections on inpatient fall prevention.

d. Support research on fall prevention and fall-related patient care to optimize clinical operations and minimize falls.

6. PATIENT SAFETY DIRECTOR, CLINICAL QUALITY MANAGEMENT BRANCH, DHA. The Patient Safety Director, Clinical Quality Management Branch, DHA, will:

a. Collaborate with CNO/ Chief Nursing Informatics Officer/Inpatient Clinical Support Services in evaluation of protocol and tool implementation, modifications, and education and training development.

b. Analyze falls trends across all MTFs using JPSR and Department of Defense (DoD) Reportable Events data.

c. Collaborate with Section Chief, Inpatient Clinical Support Services to identify best practices, prevent future falls, and methods for mitigating fall risks and implementing issue resolution strategies.

7. DIRECTORS, DHN. The Directors, DHN, will:

a. Ensure MTFs establish an interdisciplinary fall injury prevention team to implement the requirements of this AI.

b. Routinely monitor adherence to the IFRAP at the MTF level.

c. Establish a mechanism to intervene and address systemic issues with MTFs incurring a high rate of DoD Reportable Events due to falls.

8. DIRECTORS, MTF. The Directors, MTF will:

a. Ensure MTFs successfully implement and maintain oversight of the MTF IFRAP program.

b. Establish an MTF interdisciplinary fall injury prevention team to ensure organizational infrastructure and capacity to reduce risk from falls and injury.

(1) Evaluate the interdisciplinary falls injury prevention team annually.

(2) Coordinate the overall falls reduction inpatient program within their assigned MTF, in accordance with the MTF Director's established guidance.

c. Ensure implementation of fall risk assessment tools and documentation.

d. Ensure MTF staff is trained and utilizing proper techniques (lifting, positioning, protecting, etc.) so they are not injured while assisting patient's post-fall.

e. Promote a culture that emphasizes communication and cooperation for reducing falls.

f. Advance a heightened vigilance for patients at risk for falls and situations that may increase a patient's risk for falls.

g. Oversee the education and communication to patients and families that fall prevention is an important part of their care.

h. Gather and report outcome/process measurement metrics, collaborate with DHA HQ Clinical Support Decision staff and the Analytics and Evaluation Division.

9. HEALTHCARE RISK MANAGER, MTF. The Healthcare Risk Manager, MTF, will:

a. Review all falls within the facility and determine if they meet Potential Compensable Event criteria.

b. All Potential Compensable Events will be entered in the Centralized Credentials Quality Assurance System.

10. PATIENT SAFETY MANAGERS, MTF. The Patient Safety Managers, MTF, will:

a. Review all falls within the facility reported via the JPSR and to DHA as DoD Reportable Events and update the MTF Directors quarterly.

b. Complete quarterly reporting.

c. Ensure outcome/process measure metrics are reported in accordance with MTF Director's established guidance.

11. PRIVILEGED PROVIDERS, MTF LEVEL. The Privileged Providers at MTFs will:

a. Collaborate with nursing and ancillary personnel to identify patient(s) who are at risk for falls.

b. Document activity orders to support activities that will reduce fall risk or fall occurrence in the EHR. Include EHR templates for risk assessment, order sets, progress notes, etc. that could aid in reducing fall risk or fall occurrence.

c. Document in the EHR progress notes when a patient is identified at risk for falls.

12. NURSING STAFF, MTF LEVEL. Nursing Staff at MTFs will:

a. Complete fall risk assessment (licensed nursing staff only) as delineated in Enclosure 3 of this instruction.

b. Implement fall prevention intervention actions in accordance with the patient's level of fall risk (low, moderate, or high).

c. Educate patients and their family members/authorized representatives on their role(s) in IFRAP (i.e., in accordance with Reference (r)).

d. Include fall risk status as a standard handoff checklist item for inpatient handoffs (include on EHR checklist items, whiteboards, bedside reporting, etc.).

e. Communicate information on patient's fall risk status during transitions of care to the patient's accepting provider in accordance with Reference (i).

13. INPATIENT PHYSICAL THERAPIST, MTF LEVEL. The Inpatient Physical Therapist at MTFs will, upon referral, assess patients at risk for falling and make activity recommendations.

14. CHIEF, PHARMACY DEPARTMENT, MTF LEVEL. The Chief, Pharmacy Department, or designee, at MTFs will, upon consultation, review the patient's medications and make recommendations related to polypharmacy and side effects contributing to fall risks for high risk patients identified by nursing and medical staff.

15. GOVERNMENT HEALTHCARE ENVIRONMENTAL CLEANING PERSONNEL AND CONTRACTING OFFICERS' REPRESENTATIVES OVERSEEING HEALTHCARE ENVIRONMENTAL CLEANING CONTRACTS (HEC CORs), MTF LEVEL

a. Government HEC personnel and supervisors of government HEC personnel will:

(1) Ensure government HEC personnel receive training on fall safety and prevention, to include reporting of potential and actual unsafe conditions, as part of the mandatory on-boarding/orientation and any subsequent training required and that it is documented in their records.

(2) Ensure government HEC personnel perform required cleaning services in conformity with all relevant safety protocols, to include those associated with fall risk assessment and prevention, to include but not limited to:

(a) While performing floorcare, place signs and cones to alert all persons of fall hazards. Mop or wax one side of the floor at a time to allow for safe passage; limit the placement of power cords across flooring; and remove safety signs promptly after completing floor work.

(b) Keep all housekeeping items (carts, signs, mops, etc.) safely out of doorways to reduce a trip hazard. This includes ensuring mats in doorways are secured to floors and inspected for damage and additional trip hazards.

(3) In situations of imminent threat to patient safety, the supervisor of government HEC personnel or other appropriate MTF personnel will direct immediate corrective action to prevent dangerous situations including creation of fall risks, and report to the Patient Safety Manager as soon as practicable thereafter.

b. HEC CORs will:

(1) Report to the Contracting Officer (CO) immediately, if a contractor asserts that the terms of its contract do not require its CSPs to conduct fall risk assessment and prevention training, to give the CO time to engage the contractor to achieve a prompt resolution of the matter, whether through a modification to the contract or other means.

(2) Ensure HEC CSPs perform required cleaning services in conformity with all relevant safety protocols, to include those associated with fall risk assessment and prevention, to include but not limited to:

(3) Communicate any concerns or requests by MTF staff to implement additional or changed safety protocols performed by HEC CSPs to the CO for discussion with the contractor and modification of the contract as necessary.

(4) Take or direct immediate corrective action under circumstances where HEC CSP activities pose an imminent threat to patient safety, including the creation of fall risks, and report to the CO as soon as practicable thereafter.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. Without preventative planning, proper assistance and/or effective treatments, all personnel, patients, visitors, and family members are vulnerable to falls with and without injuries. Falls can delay recovery and prompt considerable suffering above and beyond what patients might have otherwise experienced. For any record released to the public, ensure Freedom of Information Act review is conducted in accordance with Reference (d).

2. IFRAP

a. Adult Inpatient Fall Prevention

(1) A licensed nursing staff member or qualified military clinical staff member within the documented scope of practice must assess each patient's risk for falling using the appropriate tools in the EHR. The Morse Fall Scale (Morse) is available in the EHR.

(2) Fall risk assessments and documentation must be completed by a registered nurse (RN), a licensed practical nurse or qualified military clinical staff member within the documented scope of practice and must be verified by an RN and documented in the EHR when any of the following occurs:

(a) Upon admission to the inpatient unit and then once each and every nursing shift.

(b) After transfer from one inpatient unit to another.

(c) When there is a risk-related change in the patient's condition, including but not limited to sensory impairment (eyesight, hearing loss, etc.), gait and balance disorders, altered mental state, and medication.

(d) When there is a change in patient's status (e.g., surgery, an invasive procedure, after a fall (including assisted falls), changes in mental status, and significant changes in therapeutic regimens or medication).

(e) When otherwise clinically indicated.

(f) When reviewing IPOCs for sustainability of fall prevention efforts as recommended by the Agency for Healthcare Research and Quality (AHRQ).

(3) Nursing staff must implement fall prevention interventions in accordance with the patient's Morse fall risk score provided in the EHR. Fall prevention interventions are in the falls prevention strategies embedded in the IPOC within the EHR. All interventions appropriate to the patient's Morse risk profile should be implemented unless an intervention is

contraindicated for that patient. Contraindications shall be documented in the EHR. Interventions appropriate for a risk profile greater than that reflected in the patient's Morse score may be implemented at the discretion of nursing staff.

(4) Universal Fall Precautions will be provided to all adult inpatients by clinical staff regardless of risk assessment score, to maintain a safe unit environment.

(5) Clinical staff will conduct purposeful rounding and check patients for the 4-Ps: Pain, Positioning, Potty, Possessions, and environmental hazards.

b. Pediatric (under 18 years of age) Inpatient Fall Prevention

(1) A licensed nursing staff member or qualified military clinical staff member within the documented scope of practice must assess each pediatric patient's risk for falling using the Humpty Dumpty Falls Scale (HDFS) risk assessment tool and documented in the EHR.

(2) Fall risk assessments and documentation must be completed by an RN, licensed practical nurse or a qualified military clinical staff member within the documented scope of practice and must be verified by an RN and documented in the EHR when any of the following occurs:

(a) Upon admission.

(b) Once per shift, for every shift.

(c) After transfer from one inpatient unit to another.

(d) When there is a change in patient's status (e.g., surgery, an invasive procedure, actual fall, changes in mental status, and significant changes in therapeutic regimens or medication).

(e) When otherwise clinically indicated.

(3) Nursing staff must implement fall prevention interventions in accordance with the patient's HDFS risk profile for high risk (a HDFS score of 12 and above) patients.

(a) Developmental considerations: normal developmental falls in infants, toddlers, and preschoolers are related to learning to stand, walk, and pivot. A nurse will consider the infant/child's development, family involvement, and environment regarding fall risk.

(b) Interventions appropriate for a risk profile greater than that reflected in the patient's HDFS score may be implemented at the discretion of nursing staff. However, a lower level of intervention than the patient's risk profile may not be implemented.

(4) Low risk standard protocol. Low fall risk (HDFS score below 12) prevention interventions will be provided to all pediatric patients by clinical staff regardless of their risk

assessment score as developmentally appropriate and information will be presented to parents or caregivers. These minimum fall risk precautions will comply with EHR algorithms, as captured in the fall prevention strategies embedded in IPOC in the EHR.

c. Newborn (a child under 28 days of age) Inpatient Fall and Drop Prevention

(1) Risk Identification:

(a) All newborns should be considered at risk for inpatient falls and drops.

(b) While there are currently no validated newborn fall/drop risk assessment tools, prevalent maternal risk factors associated with newborn falls or drops include:

1. Cesarean birth.
2. Use of pain or sedating medication.
3. Second or third postpartum night.
4. Breastfeeding.

(2) Prevention:

(a) Signage will be displayed in all newborn care/couplet care rooms, or in the crib/bassinet, to reinforce the importance of placing the infant in the bassinet when the mother is sleepy or after receiving pain medication.

(b) Nursing Staff will educate parents and caregivers upon admission to the postpartum unit, or early in the postpartum period, on risk factors for newborn falls and drops and prevention strategies.

(c) Intentional rounds by staff so mothers or caregivers noted to be drowsy can be assisted to place their newborn in the bassinet. Nursing staff will conduct assessments of the bed rail position, clear walkways of hazards, provide support if seeing parental fatigue, provide assistance in moving the newborn to the bassinet, and reinforce education about newborn fall prevention.

(d) All interventions and education will be documented in the EHR.

d. Post Fall Protocol. After a patient fall:

(1) Nursing staff will immediately perform an initial assessment for patient injury, followed by a head-to-toe assessment and stabilize as necessary.

(a) Assess whether the patient can be moved or returned to a bed/chair.

- (b) Assess need to transport the patient by stretcher.
 - (c) As soon as practical, obtain a full set of vital signs (include pulse oximetry and orthostatic/neurological assessment).
 - (d) Notify the patient's provider and inform them of any injuries and if the patient is on anticoagulants, or is at risk for bleeding due to diagnoses, labs, medications, etc.
 - (e) Initiate orders as written.
 - (f) Review safety precautions with the patient and family post physician notification to the family.
 - (g) EHR documentation will focus on the observed facts of the fall. Document the fall, circumstances, description of any injury, and fall-related interventions.
 - (h) Assess and observe for injury immediately, then continue observations at least every 4 hours for 24 hours for high risk patients or as required in accordance with Reference (s).
 - (i) Perform and document a Post Fall evaluation from iView in the EHR.
 - (j) Nursing staff will complete a JPSR (this process will notify the MTF's Risk Manager and Patient Safety).
- (2) The responding provider must:
- (a) Assess the patient as clinically indicated for any injuries and status change from previous assessment.
 - (b) Determine probable cause of the fall (history, physical factors, medications, laboratory values), initiate diagnostic and treatment interventions, and consult other services as appropriate. Information will be documented into the EHR.
 - (c) Notify the patient's family, caretaker, or patient's designee of the fall in accordance with MTF policy. Only discuss the facts of the fall. Document the notification appropriately in the patient's EHR. Notification should occur no later than 24 hours from the time of the fall, with expedited notification in cases of significant harm.
 - (d) Coordinate with the post-fall huddle team and determine who will complete and submit a JPSR with a full description of the fall event. The JPSR (or a copy thereof) will not be kept or become a part of the EHR. The JPSR will not be mentioned or addressed in the EHR.
 - (e) Reassess for injury to include physical evaluation.

- (f) Communicate information of the patient's fall to the next provider of care.
 - (g) Communicate information when the patient is transferred to another facility.
- (3) The responding provider or designated RN will conduct a post fall huddle as soon as possible after the fall that will:
- (a) Involve staff, including medical team and leadership and, if appropriate, the patient.
 - (b) Recommend ensuring all staff (clinical and non-clinical) are informed of increased patient fall risks (i.e., housekeeping, maintenance, food delivery service, phlebotomist, occupational therapist, transport staff, any staff who enters the patient's environment).
 - (c) Discuss the fall, such as what happened, how it happened, and why (e.g., physiological factors due to medication or medical condition).
 - (d) Investigate whether appropriate interventions were in place.
 - (e) Explore specific consideration as to why the fall might have occurred, including but not limited to location of call light, response time to call light activation, staffing at the time of the fall, and environment of care factors in play (e.g., toilet height and design, slip and trip hazards).
 - (f) Identify how similar outcomes can be avoided.
 - (g) Specify whether and what changes should be made to the care plan.
 - (h) All falls require the submission of a JPSR. The JPSR will not be mentioned or addressed in the EHR.
 - (i) Inform the staff of the increased fall risk for the patient and communicate the incident at the nursing shift report.
 - (j) Conduct a follow-up assessment of patient's post-fall condition and document in the EHR.
 - (k) Consult with charge nurse on unit to determine additional staffing needs.
- (4) All factors contributing to patient falls (e.g., environment of care, provision of care, or change of patient status) will be documented in the JPSR.

3. MEASUREMENT AND REPORTING PROCEDURES

- a. Falls will be measured and reported as the number of falls per 1000 bed days calculated as $(\# \text{ of local falls} / \# \text{ of local bed days}) * 1000$.
- b. Patient Safety managers at the local facility will support the collection and reporting of data at their facilities.
- c. It is recommended that MTF Patient Safety will track trends in falls and report this information monthly to key stakeholders.
- d. As quality metrics get developed, they will be disseminated to MTFs and Networks for reporting to the DHA headquarters level.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AI	Administrative Instruction
CMO	Chief Medical Officer
CNIO	Chief Nursing Information Officer
CNO	Chief Nursing Officer
CO	Contracting Officer (see definition below and Reference (e))
COR	Contracting Officer Representative
CSP	Contract Service Providers
DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHN	Defense Health Networks
DoD	Department of Defense
EHR	Electronic Health Record
HDFS	Humpty Dumpty Falls Scale
HEC	Housekeeping Environmental Cleaning
HIT	Health Information Technology
ICOPS	Integrated Clinical Operations Policy Support
IFRAP	Inpatient Fall Risk Assessment and Prevention
IPOC	Interdisciplinary Plan of Care
JPSR	Joint Patient Safety Reporting
MA	Medical Affairs
MTF	Military Medical Treatment Facility
RN	Registered Nurse

PART II. DEFINITIONS

Assisted fall: A fall is classified as assisted if a staff member is present to ease the patient's descent or break the fall.

Contracting Officer: May be abbreviated "KO" in accordance with www.acquisition.gov and Reference (e).

Fall: A patient fall is an unplanned descent to the floor with or without injury to the patient. This includes falls when a patient lands on a surface where you would not expect to find a patient. All unassisted and assisted falls are considered falls, including those that result from physiological reasons (fainting) or environmental reasons (slippery floor), as well as those that result from a patient rolling off a low bed onto a mat. Falls resulting from a purposeful action or violent blow are NOT included in this definition.

Fall risk assessment: An activity using clinical judgment and a fall risk assessment tool that lists risk factors with associated scores.

Fall risk score: Fall risk is based on the Morse Fall Risk Assessment Tool. A patient's fall risk is a numerical score based on a fall risk assessment tool. A patient's fall risk score is categorized as low, medium, or high based on scored criteria identified in the assessment tool.

JPSR System: The system through which all DHA Direct Care facilities must report qualifying patient safety events: <https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Joint-Patient-Safety-Reporting>.

Medical equipment maintenance: Also known as Biomedical or Medical Maintenance, is the department that verifies warranties and reviews equipment literature prior to purchase and manages it throughout the equipment's lifecycle. The department employs specialized technicians who provide advice for equipment acquisition and conduct preventive maintenance or repair services on authorized equipment. Also, they ensure medical device safety and equipment readiness to enable and support the organization, staff, and patients (in accordance with Reference (u)).

Polypharmacy: Patient taking five or more medications.