

DEPARTMENT OF THE ARMY HEADQUARTERS, UNITED
STATES ARMY MEDICAL COMMAND
2748 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 40-59

21 June 2011

Medical Services **STANDARDIZATION OF
INPATIENT FALLS RISK ASSESSMENT AND
DOCUMENTATION**

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-Q.

1. History. This issue publishes a new regulation.

2. Purpose

a. Function. This regulation directs standardized implementation of endorsed evidence-based falls risk assessment tools: the Johns Hopkins Fall Risk Assessment Tool[®] (adult) and the Humpty Dumpty Fall Assessment Tool[®] (pediatric). In addition, this regulation requires incorporation of falls assessment documentation into the inpatient electronic medical record (EMR).

b. Scope. This regulation addresses standards for medical treatment facilities (MTFs) that provide inpatient services.

c. Objectives. The objectives of the regulation are to—

(1) Specify procedures for implementing the falls risk assessment tools throughout all MTFs that provide inpatient services.

(2) Implement standardized nursing documentation in the inpatient EMR (that is, in Essentris) of the falls risk assessments addressed in this regulation; and

(3) Implement interventions based on the patient's identified risk.

3. Applicability. This policy applies to all U.S. Army Medical Command (MEDCOM) healthcare professionals and paraprofessionals that provide adult and/or pediatric inpatient services.

4. References. References are listed in appendix A.

5. Explanation of abbreviations and terms. Definitions, abbreviations, and terms used in this regulation are explained in the glossary.

6. Background. All patients--regardless of age--are at increased risk for falling in a hospitalized setting. Fall and injury prevention continues to be a considerable challenge across the care continuum. Falls remain the sixth most commonly reported sentinel event in The Joint Commission's sentinel event database. MEDCOM 2010 data revealed 599 inpatient falls reported; 69 of these resulted in harm, the sixth most commonly reported harmful event.

7. Responsibilities

a. The MEDCOM Patient Safety Center (PSC) will--

(1) In collaboration with the Office of The Surgeon General (OTSG), Office of the Chief Information Officer (OCIO), provide guidance and assist in implementing adult and pediatric falls assessment tools across inpatient facilities.

(2) Act as a conduit and maintain contact with the tools' authors/copyright holders on matters pertaining to author revisions/updates to assessment tools or local facility requests for any modification to assessment tools.

(3) Coordinate with the OTSG OCIO and Army MTFs to ensure changes are appropriately made and maintained within the EMR, according to copyright clearances and corporate licensing agreements.

(4) Provide falls data to MTFs as part of the quarterly patient safety dashboard.

(5) Provide training modules on implementation and use of tools on the Quality Management Office (QMO) Patient Safety website; available at <https://www.gmo.amedd.army.mil/ptsafety/pts.htm> listed under Resources/Tools/Education Tools link.

(6) Coordinate with MTFs to ensure paper versions of the tools are available in the event the EMR is not available for documentation. (See the QMO Web site for the paper version of these tools (www.gmo.amedd.army.mil).

b. The OTSG OCIO will--

(1) Ensure implementation of the approved falls risk assessment tools by 30 September 2011 at all Army MTFs providing inpatient services.

(2) Collaborate--through the OTSG Chief Medical Information Officer (CMIO)--with the Army Nursing Documentation Standardization Work Group to evaluate and synthesize use of information technology to support this initiative.

c. Regional medical commands (RMCs) assigned CMIOs and patient safety managers (PSMs) will monitor implementation of tools within their respective region to include—

(1) Identifying a proponent to implement the falls risk assessment tools for nursing documentation within the EMR, in coordination with local information management/information technology personnel.

(2) Integrating the approved tools into the EMR and removing all versions of falls risk assessment tools previously used.

(3) Ensuring personnel are trained on the use of the tools (as well as appropriate falls risk assessment documentation) prior to implementing such tools locally, and ensuring the use of the tools is included in ongoing departmental orientation programs.

(4) Ensuring the paper format version of the tools is approved and available locally as overprint in the event that Essentris is not available for documentation purposes. (See the QMO Web site for the paper version of these tools (www.qmo.amedd.army.mil).)

(5) Ensuring appropriate “champion” staff members (for example, nurse methods analyst, clinical nurse specialist, and/or hospital education personnel) coordinate the overall training plan for the assigned facility on the use of the tools prior to official local implementation (also see para 8*d* and *g*).

(6) Reporting status of compliance to copyright agreement and validating that no changes have been made locally on tool use in the EMR as directed by this policy.

d. MTF PSMs will—

(1) On an annual basis, collaborate with the local Essentris database administrator and review the tools to ensure (per copyright agreement) that no changes to the tools are made locally as directed by this regulation (see para 8*b*).

(2) Evaluate the effectiveness of the program by periodic evaluation of falls data. Track all falls in the facility, identify trends, and disseminate data.

(3) Collaborate with unit practice councils to participate in performance improvement strategies to improve care, provide education on falls prevention, and prevent future occurrences of falls.

e. MTF responsibilities. Refer to Falls Prevention Clinical Practice Guideline developed by the Patient Care Touch Clinical Inquiry Council (formerly the Army Nurse Corp System of Care Evidence-Based Work Group). Additional information on participants is at <https://www.qmo.amedd.army.mil/NurseCPG/NurseCPG.html>.

f. Nursing responsibilities.

(1) Utilizing the Johns Hopkins Fall Risk Assessment Tool[®] (adult), licensed nursing staff will assess all patients regarding their risk for falling.

(2) Utilizing the Humpty Dumpty Fall Assessment Tool[®] (pediatric), licensed nursing staff will assess all pediatric patients regarding their risk of falling.

(3) The Army Nursing Documentation Standardization Work Group will work with OCIO, Patient Touch System of Care Evidence-Based Practice Imperative Action Team, and the MEDCOM PSC to recommend and implement evidence-based tools should future changes to the falls risk assessment tool(s) become necessary.

(4) Implement other responsibilities as indicated in the CPG template located at <https://www.gmo.amedd.army.mil/NurseCPG/NurseCPG.html>.

8. Policy and procedures

a. By 30 September 2011, all MTF inpatient areas will assess each patient's risk for falling and implement intervention strategies based on a patient's identified risk. To assess risk, the inpatient MTFs will implement the endorsed evidence-based falls risk assessment tools: the Johns Hopkins Fall Risk Assessment Tool[®] (adult) and the Humpty Dumpty Fall Assessment Tool[®] (pediatric). Both the adult and pediatric falls risk assessment and documentation tools are copyrighted for use through corporate licensing agreements.

b. No part of the risk assessment factors, factor scoring, or score ranges for identification and classification of a patient's risk potential for falling can be changed or modified at the local level.

c. Successful standardization of falls risk assessment tools across the MEDCOM, as a corporate initiative, requires the active engagement of leadership. Ultimately, the goal of standardizing falls risk assessment tools will decrease variability of falls reporting and, more importantly, decrease harmful falls experienced by the patient population.

d. MEDCOM PSC personnel will coordinate the training package for the tools and disseminate the training package to RMC points of contact prior to official implementation of tools at the local level (also see para 7a(5) and para 8g, below).

e. Attending staff will visually identify patients assessed at risk for falls per the Fall Prevention Clinical Practice Guideline at <https://www.gmo.amedd.army.mil/NurseCPG/NurseCPG.html>.

f. Patients at risk for falling, and their Families, are an important source of information about the history of previous falls. Patients and Families should receive and

participate in educational programs on strategies and interventions to reduce the risk for falling.

g. Prevention of falls requires a collaborative and multi-disciplinary approach and training for all MTF staff. Refer to the Fall Prevention Clinical Practice Guideline (<https://www.qmo.amedd.army.mil/NurseCPG/NurseCPG.html>) for training and education of fall prevention evidenced based procedures (also see para 7a(5) and *d*, above).

Appendix A References

Section I

Required Publications

This section contains no entries.

Section II

Related Publications

Non-Army Web sites cited below will require keyword searches in order to access relevant inpatient fall prevention topics.

Falls Prevention Clinical Practice Guideline

(For Adult & Pediatric: Inpatients of Military Treatment Facilities) (Available at <https://www.qmo.amedd.army.mil/pguide.htm>.)

Johns Hopkins Hospital

Nursing Practice and Organizational Manual (2007), Volume II, Policy Number 328, Fall Risk Assessment, Prevention and Management, Adult. (Available at MEDCOM, ATTN: MCHO-CL-Q.)

National Quality Forum

Falls Prevention Topics and Updates. (Available at <http://www.qualityforum.org/>.)

The Joint Commission

Falls Reduction Program. (Available at <http://www.jointcommission.org/>.)

U.S. Department of Health and Human Services

Agency for Healthcare Research and Quality. (Available at <http://www.ahrq.gov/>.)

Section III

Prescribed Forms

Prescribed forms have been electronically produced for use in the currently approved electronic medical record (EMR; Essentris). The electronic form is available for viewing at <https://www.qmo.amedd.army.mil/ptsafety/pts.htm> (Resources and Tools/Education Tools link) as part of the training package for documentation of a falls risk assessment. Paper copies of the form are available at the QMO Web site (www.qmo.amedd.army.mil).

Johns Hopkins Fall Risk Assessment Tool[®] (Adult)

[https://www.qmo.amedd.army.mil/ptsafety/fallrisk/JHH Fall Risk Screening Tool A.PDF](https://www.qmo.amedd.army.mil/ptsafety/fallrisk/JHH%20Fall%20Risk%20Screening%20Tool%20A.PDF)

Humpty Dumpty Fall Assessment Tool[®] (Pediatric)

<https://www.qmo.amedd.army.mil/ptsafety/fallrisk/Peds>

Section IV

Referenced Forms

This section contains no entries.

Glossary

Section I Abbreviations

CMIO

Chief Medical Information Officer

EMR

electronic medical record

MEDCOM

United States Army Medical Command

MTF

military treatment facility

OCIO

Office of the Chief Information Officer

OTSG

Office of The Surgeon General

PSC

patient safety center

PSM

patient safety manager

QMO

Quality Management Office

RMC

regional medical command

Section II Terms

Accidental fall

Falls that result from a person slipping, tripping, or having some other mishap. These falls are often caused by environmental factors such as water or urine on the floor.

Additional treatment fall

Fall injury limited to additional intervention during admission or encounter and/or increased length of stay. These falls are considered a harmful event and warrant risk management collaboration for possible compensable event assessment.

Anticipated physiological fall

Falls that occur to patients identified at risk for falls. Factors that may designate a patient at a higher risk for falling include complicated patients such as those with multiple diagnoses, history of a previous fall, weak or impaired gait, IV/saline lock, and an ambulation aid.

Developmental pediatric fall

Non-injurious fall that are common to infants and toddlers as they learn to walk, pivot, and run.

Fall

A sudden unplanned event, witnessed or unwitnessed, that results in the patient descending or coming to rest unintentionally on the ground/floor or extension of the floor (for example, trash can or other equipment) with or without injury. The descent begins from a standing, sitting, or horizontal position to include slipping from a chair to the floor. All types of falls are included, whether they result from physiological reasons or environment reasons.

Near miss fall

An event or situation that could have resulted in an accidental, anticipated, or unanticipated fall, but did not, either by chance or timely intervention; or, where a patient is assisted to floor/lower surface by another individual without injury to the patient.

Reportable pediatric fall

Any unplanned descent, with or without injury, to floor/lower level excluding developmental falls.

Unanticipated physiological fall

Falls that occur to patients identified at risk for falls. Factors including complicated patients such as those with multiple diagnoses, history of a previous fall, weak or impaired gait, IV/saline lock, and an ambulation aid may designate a patient at a higher risk for falling.

The proponent of this publication is the Office of the Deputy Chief of Staff for Health Policy and Services, Quality Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-Q, 2748 Worth Road, Fort Sam Houston, TX 78234-6007.

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