Sentinel Event Alert #55: Preventing falls and fall-related injuries in health care facilities

Joint Commission requirements relevant to falls

HOSPITALS

Human Resources (HR)
HR.01.04.01 EP 1: The hospital determines the key safety content of orientation provided to staff.
EP 2: The hospital orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented.
EP 3: The hospital orients staff on the following: Relevant hospitalwide and unit-specific policies and procedures. Completion of this orientation is documented.
EP 4: The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented.

HR.01.05.03 EP 1: Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.

Leadership (LD)
LD.04.01.07: The hospital has policies and procedures that guide and support patient care, treatment, and services.

LD.04.04.01: Leaders establish priorities for performance improvement.

LD.04.04.05 EP 1: The leaders implemented a hospitalwide patient safety program.
EP 2: One or more qualified individuals or an interdisciplinary group manages the safety program.
EP 3: The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
EP 4: All departments, programs, and services within the hospital participate in the safety program.
EP 5: As part of the safety program, the leaders create procedures for responding to system or process failures.
EP 13: At least once a year, the leaders provide governance with written reports on the following:
- All system or process failures
- The number and type of sentinel events
- Whether the patients and the families were informed of the events
- All actions taken to improve safety, both proactively and in response to actual occurrences
- For hospitals that use Joint Commission accreditation for deemed status purposes: The determined number of distinct improvement projects to be conducted annually
- All results of the analyses related to the adequacy of staffing

Provision of Care, Treatment, and Services (PC)
PC.01.02.08: The hospital assesses and manages the patient’s risk for falls.
EP 1: The hospital assesses the patient’s risk for falls based on the patient population and setting.
EP 2: The hospital implements interventions to reduce falls based on the patient’s assessed risk.
Sentinel Event Alert #55: Preventing falls and fall-related injuries in health care facilities

AMBULATORY CARE

Human Resources (HR)

HR.01.04.01 EP 1: The organization determines the key safety content of orientation provided to staff.

EP 2: The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.

EP 3: The organization orients staff on the following: Relevant policies and procedures. Completion of this orientation is documented.

EP 4: The organization orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented.

HR.01.05.03 EP 1: Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented. For ambulatory surgical centers that elect to use The Joint Commission deemed status option: Staff participate in ongoing education and training with respect to their roles in the fire response plan.

EP 5: Staff participate in education and training that is specific to the needs of the population(s) served by the organization. Staff participation is documented.

EP 7: Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented.

Leadership (LD)

LD.04.01.07: The organization has policies and procedures that guide and support patient care, treatment, or services.

LD.04.04.01: Leaders establish priorities for performance improvement.

LD.04.04.05 EP 1: The leaders implement an organizationwide patient safety program.

EP 2: One or more qualified individuals manage the safety program.

EP 3: The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.

EP 4: All departments, programs, and services within the organization participate in the safety program.

EP 5: As part of the safety program, the leaders create procedures for responding to system or process failures.

EP 13: At least once a year, the leaders provide governance with written reports on the following:

– All system or process failures
– The number and type of sentinel events
– Whether the patients and the families were informed of the event
– All actions taken to improve safety, both proactively and in response to actual occurrences

Provision of Care, Treatment, and Services (PC)

PC.02.03.01 EP 1: The organization assesses the patient’s learning needs.

EP 4: The organization provides education and training to the patient based on his or her assessed needs.

EP 5: The organization coordinates the patient education and training provided by all disciplines involved in the patient’s care, treatment, or services.

EP 10: Based on the patient’s condition and assessed needs, the education and training provided to the patient by the organization include the following:

– An explanation of the plan for care, treatment, or services
Sentinel Event Alert #55: Preventing falls and fall-related injuries in health care facilities

- Basic health practices and safety
- Information on the safe and effective use of medications
- Nutrition interventions (for example, supplements) and modified diets
- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
- Information on oral health
- Information on the safe and effective use of medical equipment or supplies provided by the organization
- Habilitation or rehabilitation techniques to help the patient reach maximum independence

EP 25: The organization evaluates the patient’s understanding of the education and training it provided.
EP 27: The organization provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.
EP 28: For organizations that elect The Joint Commission Primary Care Medical Home option: The primary care clinician and the interdisciplinary team educate the patient on self-management tools and techniques based on the patient’s individual needs.
EP 30: For organizations that elect The Joint Commission Primary Care Medical Home option: The interdisciplinary team identifies the patient’s health literacy needs.
EP 31: For organizations that elect The Joint Commission Primary Care Medical Home option: Patient education is consistent with the patient’s health literacy needs.

HOME CARE

Human Resources (HR)
HR.01.04.01 EP 1: The organization determines the key safety content of orientation provided to staff.
EP 2: The organization orients its staff to the key safety content before staff provides care, treatment, or services. Completion of this orientation is documented.
EP 3: The organization orients staff on the following: Relevant policies and procedures. Completion of this orientation is documented.
EP 4: The organization orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented.

HR.01.05.03 EP 1: Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
EP 5: Staff participate in education and training that is specific to the needs of the patient population served by the organization. Staff participation is documented.
EP 7: Staff participate in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented.

Leadership (LD)
LD.04.01.05 EP 1: Leaders of the program, service, site, or department oversee operations.
EP 4: Leaders provide for the coordination of care, treatment, or services among the organization’s different programs, services, sites, or departments.
LD.04.01.07: Leaders provide for the coordination of care, treatment, or services among the organization's different programs, services, sites, or departments.
LD.04.04.01: Leaders provide for the coordination of care, treatment, or services among the organization's different programs, services, sites, or departments.
**Sentinel Event Alert #55: Preventing falls and fall-related injuries in health care facilities**

**LD.04.04.03:** Leaders provide for the coordination of care, treatment, or services among the organization’s different programs, services, sites, or departments.

**LD.04.04.05 EP 1:** The leaders implement an organizationwide patient safety program.
**EP 2:** One or more qualified individuals manage the safety program.
**EP 3:** The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
**EP 4:** All departments, programs, and services within the organization participate in the safety program.
**EP 5:** As part of the safety program, the leaders create procedures for responding to system or process failures.
**EP 13:** At least once a year, the leaders provide governance with written reports on the following:
- All system or process failures
- The number and type of sentinel events
- Whether the patients and the families were informed of the event
- All actions taken to improve safety, both proactively and in response to actual occurrences

**National Patient Safety Goal (NPSG)**
**NPSG.09.02.01: Reduce the risk of falls.**
**EP 1:** Assess the patient’s risk for falls.
**EP 2:** Implement interventions to reduce falls based on the patient’s assessed risk.
**EP 3:** Educate staff on the fall reduction program in time frames determined by the organization.
**EP 4:** Educate the patient and, as needed, the family on any individualized fall reduction strategies.
**EP 5:** Evaluate the effectiveness of all fall reduction activities including assessment, interventions, and education.

**Performance Improvement (PI)**
**PI.01.01.01 EP 1:** The leaders or managers delegated by leaders set priorities for data collection, including data related to high-risk, problem-prone processes.

**Provision of Care, Treatment, and Services (PC)**
**PC.02.03.01 EP 4:** The organization provides education and training to the patient based on his or her assessed needs. For hospices that elect to use The Joint Commission deemed status option: The hospice also provides education and training to the primary caregiver as appropriate to the responsibilities assigned to him or her in the plan of care.
**EP 5:** The organization coordinates the patient education and training provided by all disciplines involved in the patient’s care, treatment, or services.
**EP 10:** Based on the patient’s condition and assessed needs, the education and training provided to the patient by the organization include the following:
- An explanation of the plan for care, treatment, or services
- Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
- Basic health practices and safety
- Information on the safe and effective use of medications.
- Nutrition interventions (for example, supplements) and modified diets
- Infection prevention and control
- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
- Information on personal hygiene and grooming
- Information on oral health
- Basic physical and structural home safety
- Information on the safe and effective use of medical equipment or supplies provided by the organization
Sentinel Event Alert #55: Preventing falls and fall-related injuries in health care facilities

- Information on the storage, handling, and access to medical gases and supplies
- Information on the identification, handling, and safe disposal of hazardous medications and infectious wastes
- Habilitation or rehabilitation techniques to help the patient reach maximum independence
- Information on the use of restraint

EP 25: The organization evaluates the patient’s understanding of the education and training it provided.

EP 27: The organization provides the patient education on how to communicate concerns about patient safety issues that occur before, during, and after care is received.

NURSING CARE CENTERS

Human Resources (HR)

HR.01.04.01 EP 1: The organization determines the key safety content of orientation provided to staff.

EP 2: The organization orients its staff to the key safety content before staff provides care, treatment, and services. Completion of this orientation is documented.

EP 3: The organization orients staff on the following: Organizationwide and unit-specific policies and procedures related to job duties and responsibilities. Completion of this orientation is documented.

EP 4: The organization orients staff on the following: Their specific job duties and responsibilities, including those related to infection prevention and control and, if applicable to their role, assessing and managing pain. Completion of this orientation is documented.

HR.01.05.03 EP 5: Staff participate in education and training that is specific to the needs of the patients and residents served by the organization. Staff participation is documented.

Leadership (LD)

LD.04.01.05 EP 1: Leaders of the program, service, site, or department oversee operations.

EP 4: Staff are held accountable for their responsibilities.

LD.04.01.07: The organization has policies and procedures that guide and support patient and resident care, treatment, and services.

LD.04.04.01: Leaders establish priorities for performance improvement.

LD.04.04.03: New or modified services or processes are well designed.

LD.04.04.05 EP 1: The organization has an organizationwide, integrated patient and resident safety program.

EP 2: One or more qualified individuals or an interdisciplinary group manages the safety program.

EP 3: The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.

EP 4: All departments, programs, and services within the organization participate in the safety program.

EP 5: As part of the safety program, the leaders create procedures for responding to system or process failures.

EP 13: At least once a year, the leaders provide governance with written reports on the following:

- All system or process failures
- The number and type of sentinel events
- Whether the patients, residents, and families were informed of the event
- All actions taken to improve safety, both proactively and in response to actual occurrences
Sentinel Event Alert #55: Preventing falls and fall-related injuries in health care facilities

- All results of the analyses related to the adequacy of staffing

National Patient Safety Goal (NPSG)
NPSG.09.02.01: Reduce the risk of falls.
EP 1: Assess the resident’s risk for falls.
EP 2: Implement interventions to reduce falls based on the resident’s assessed risk.
EP 3: Educate staff on the fall reduction program in time frames determined by the organization.
EP 4: Educate the resident and, as needed, the family on any individualized fall reduction strategies.
EP 5: Evaluate the effectiveness of all fall reduction activities including assessment, interventions, and education.

Performance Improvement (PI)
P.I.01.01.01 EP 1: The leaders set priorities for data collection.

Provision of Care, Treatment, and Services (PC)
PC.02.03.01 EP 4: The organization provides education and training to the patient or resident based on his or her assessed needs.
EP 5: The organization coordinates the patient's or resident's education and training provided by all disciplines involved in the patient's or resident's care, treatment, and services.
EP 10: Based on the patient's or resident's assessed needs, the education and training provided to the patient or resident by the organization include, but are not limited to, the following:
- Education regarding his or her illness
- An explanation of the plan for care, treatment, and services
- Basic health practices and safety
- Information on the safe and effective use of medications
- Nutrition interventions (for example, supplements) and modified diets
- Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
- Information on oral health
- Information on the safe and effective use of medical and nonmedical equipment or supplies provided by the organization
- Habilitation or rehabilitation techniques to help the patient or resident reach maximum independence
- Physical risks within the environment of care
EP 25: The organization evaluates the patient's or resident's understanding of the education and training it provided.
EP 27: The organization provides the patient or resident education on how to communicate concerns about patient or resident safety issues that occur before, during, and after care is received.

For nursing care centers that elect The Joint Commission Memory Care Certification option:
Environment of Care (EC)
EC.02.06.01 EP 43: To minimize distress for patients and residents with dementia, the organization provides an environment for walking and exploring that is free of obstructions and barriers that may cause falls.