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# Post-Fall Huddle Form

## POST-FALL HUDDLE / AFTER ACTION REVIEW (AAR)

Nurse Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name/ID: \_\_\_\_\_

### Instructions

1. Hold AAR as soon as possible after the patient fall occurred.
2. Keep the AAR meetings brief – 15 minutes.
3. Involve the patient if possible.
4. Forward completed review to Nurse Manager, then to Patient Safety Manager.

QUESTIONS	LESSONS LEARNED
<p><b>Why did this patient fall? (Root Cause)</b>            Prompt with drug names if patient/family member is unsure.  <i>Ask three times:</i> What was different this time you were doing this activity compared to all the other times you did this activity and did not fall?  <i>For a patient who sustains an injury:</i>            What was the source/cause of injury?</p>	
<p><b>Was patient at correct fall/injury risk level? Were the appropriate interventions in place?</b></p>	
<p><b>What accounted for the difference?</b></p>	

# Post-Fall Huddle Form

continued

QUESTIONS	LESSONS LEARNED
<p>How could the same outcome be avoided the next time? How could that injury have been prevented?</p>	
<p>What is the follow-up plan to prevent a repeat fall based on the same root cause and protect the patient from injury?</p>	
<p>Patient's account (if able to share)</p>	
<p>Agreement with the patient for safety (promise to use call bell; return demo how to use call bell)</p>	
<p>Who attended the huddle:</p> <hr/> <hr/>	
<p>Type of Fall: _____</p>	
<p>Nurse Manager Review: Signature _____ Date _____</p>	
<p><b>“These documents or records, or information contained herein which resulted from QM activities, are confidential and privileged under the provisions of 38 U.S.C. 5705 and its implementing regulations. This material shall not be disclosed to anyone without authorization as provided for by that law or its regulations. The statute provides for fines up to \$20,000 for unauthorized disclosures.”</b></p>	