



Quality Improvement Initiative (QII) PDSA Worksheet

Facility Name: _____

CCN: _____ Date: _____

Plan/Goal Setting: Describe the Problem to be Solved

State the problem.

ex. who, what when, where, and how long

A review of quality measures indicated opportunities for improvement around decreasing resident falls. The focus will be on repeat falls and residents at risk for falls.

PIP category

Falls prevention and reductions

What exactly will be done?

e.g., initial intervention(s), expected outcome for each intervention, goal(s), and expected overall outcome goal rate in a percentage format

QAPI PIP will be implemented to track data, identify common barriers and provide interventions for at-risk and repeat falls residents.

What audit will be completed to establish baseline education needs and identify ongoing opportunities?

Review of fall rates and trends to falls—check for day/night, Shifts/Weekends= #falls/#residents= fall rate?

Audit/review of residents' charts to identify repeat falls and at-risk falls (pharm review)

Audit/review of psych services to identify repeat falls and at-risk falls (psych review)

Surveillance audit of post falls

Review care plan interventions/need for new interventions

**What do we want to accomplish/
what idea do you want to test?**

Identify the goal and estimated timeframe for resolution

What is our baseline compliance (Note: If a baseline has not been established, will an audit be completed to establish a baseline)?

What is our goal to reach for compliance (% compliance with observed elements)?

Goal for fall rate= %

DO: Intervention/Improvements:			STUDY Results	Act
Action Step	Start Date	Person Responsible	Analyze Impact of Action in Reaching Goal	Outcome Decisions and Date
<p>Within three months, all residents at risk for falls or who have fallen will have a pharmacy review of medications to identify if any medications have fall risks associated with them. If medications are a possible cause for falls, leadership will discuss with the pharmacy, MD and resident on possible options to reduce fall risk with medication changes as appropriate. This will decrease the risk of falls for residents on medications that may lead to falls.</p>				<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Within three months, patients with behavioral health diagnoses will receive a psych services review to assist with interventions for repeat and at-risk residents for falls. This will decrease the risk of falls for residents with behavioral health diagnoses by collaborating with psych services to provide appropriate intervention to residents.</p>				<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Within one month, the QAPI team will review psych and medication recommendations for individualized interventions for residents with repeated falls or at risk for falls. The team will also complete a review of charts for these residents. At the completion of the review, the QAPI team and leadership will implement individualized interventions as appropriate to reduce the risk of resident falls.</p>				<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps
<p>Within two months, all residents at risk for falls or who had falls will have their wheelchair and bed transfer environment reviewed by physical therapy. Appropriate interventions for decreasing fall risks while maintaining the resident's quality of life will be reviewed and implemented as appropriate.</p>				<input type="checkbox"/> Adopt and spread actions to all appropriate work units and or shifts <input type="checkbox"/> Adapt and detail changes in new action steps <input type="checkbox"/> Abandon and develop new action steps

Communication/Notes:

This material was prepared by Alliant Health Solutions, a Quality Innovation Network – Quality Improvement Organization (QIN – QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 12SOW-AHS-QIN-QIO-TO1-NH-3428-03/17/23