Laminated Paper Fall T.I.P.S.* Poster Guide

Fall TIPS Workflow
1. Perform the Morse Fall Scale (MFS) assessment with the patient at the bedside.
2. Tailor the fall prevention plan to the patient-specific risk factors with the patient at the bedside. The color links each risk factor to evidence-based interventions. Use clinical judgment to further tailor the fall prevention plan.
4. Use Fall TIPS laminated poster to educate the patient on his/her fall prevention plan. Be sure to hang it at the bedside to communicate the plan to all members of the care team.

Remember to engage the patient throughout the 3-step fall prevention process: 1) conducting the risk assessment, 2) creating the tailored plan and 3) implementing the plan.

Accessing Fall TIPS in Epic
5. Go to: Summary → Flowsheets → Daily Cares/Safety → Morse Fall Scale
6. Do your documentation of fall risks and evidence-based interventions
   - If the patient has a positive score for any of the Morse Fall Scale risk factors, the interventions will cascade out
   - Select the intervention(s) appropriate for the patient

FAQ
1. Do I need to update the Fall TIPS laminated poster every day?
   Yes – the date on the laminated posters must be updated daily. It must also be updated if there is a change in the patient’s risks or interventions, i.e. if the patient had a heparin lock but is now receiving IV fluid and requires a toileting schedule.

2. If the patient is independent, do I need to complete the Fall TIPS laminated poster?
   Yes – if the patient is independent, you can fill in their name and the date, but leave the rest of the poster blank.

3. Can I do the MFS and create the plan in the nurses’ station and complete the Fall TIPS poster without talking to the patient, family member and/or caregiver?
   - No - It is necessary to engage the patient and/or family in all steps of the 3-step fall prevention process:
     1. doing the risk assessment
     2. creating the tailored plan
     3. carrying out the plan consistently
   - Evidence suggests patients are:
     o more likely to believe they are at risk for falls when engaged by their nurses in the risk assessment.
     o more likely to follow the plan if they are involved in developing it.

4. Does my patient need a bed/chair alarm?
   Ask: Can you go to the bathroom by yourself or do you need assistance?
   If patient response corresponds with what you know to be true/the patient will reliably call for help, the patient does NOT need a bed alarm.
   If patient response is inconsistent with what you know to be true/the patient overestimates or forgets limitations, the patient DOES need a bed alarm.

Have questions? Please email us at PHSFallTIPS@partners.org

*Tailoring Interventions for Patient Safety