Minnesota Hospital Association

SAFE from FALLS

Anti-Thrombotics and Fall and Injury Prevention (Hospital Inpatient Population) Gap Analysis

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(Hospital Inpatient Population)

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Specific Action(s)	Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Screening				
1) Screen patients for anti-thrombotics	1a) Inpatients on anti-thrombotics are identified within 4 hours of admission during the medication reconciliation process.	☐	☐	
	1b) Nursing falls assessment also captures anti-thrombotic use as part of fall injury risk assessment and includes further assessment of any history of injury (head bleed) after a fall while taking anti-thrombotic medication(s).	☐	☐	
Communication/Collaboration				
2) Communicate increased fall injury risk to team members	2a) The organization has a process in place to communicate a patient's increased risk of sustaining a serious injury if a fall occurs due to their coagulation status.	☐	☐	
	2b) Anti-thrombotic usage is flagged within the electronic medical record to increase awareness across providers and nursing staff.	☐	☐	
3) Collaboration between pharmacists and provider re: antithrombotic usage during hospitalization	3a) If patient is identified as currently taking anti-thrombotics, the organization has an order set in place that includes, at minimum:			
	For all patients taking anti-thrombotics:			
	3b) Medical alert to clinician that patient is at risk of falling and sustaining a serious injury if a fall occurs (highest level of risk)	☐	☐	
	3c) Reassess risk/benefit of anticoagulation	☐	☐	
	3d) Evaluate for discontinuing of anti-platelets	☐	☐	
	3e) Assess bleed risk using risk tools such as HASBLED or HEMORR2HAGES	☐	☐	
	If a decision is made to order an anti-thrombotic, the prescribers considers the following:			
	3f) List of possible anti-thrombotics	☐	☐	
	3g) Indication for use	☐	☐	
	3h) INR range for patients on Warfarin	☐	☐	

	3i) Other higher-risk medications the patient is taking, especially medications that increase patient's risk for falling	☐	☐	
	3j) Dosage; renal dose adjustment for medications such as Enoxaparin and Dabigatran	☐	☐	
	3k) Expected duration of the anti-thrombotic for patient	☐	☐	
Fall and Injury Prevention				
4) Implement fall and injury prevention strategies linked to anticoagulation risk factor	Fall and fall injury prevention strategies are in place to keep patients on anti-thrombotics safe from falls and injury. The following strategies should be considered, at a minimum:			
	4a) Signage or visual risk indicator	☐	☐	
	4b) Low beds with floor mats	☐	☐	
	4c) Anti-tipping device on wheelchair	☐	☐	
	4d) Wear shoes during ambulation versus slippers	☐	☐	
	4e) Perform environmental check to make sure any possible environmental hazards are mitigated (no sharp corners, no equipment by bed, obstacles between bed and bathroom)	☐	☐	
	4e) Institute "within arms reach" with toileting and ambulation	☐	☐	
	4f) Purposeful rounding	☐	☐	
	4g) Environmental changes in bathrooms to reduce hazards while in the bathroom	☐	☐	
	4h) Video-monitored bed (if available) if meets following criteria: on anti-thrombotics; impulsive or confused; risk of falling	☐	☐	
	4i) If video-monitoring is not available, evaluate for bed/chair alarms	☐	☐	
	4j) Review care plan to include interventions specific to anti-coagulant risk	☐	☐	
Post-fall Management				
5) Monitoring and intervening post-fall	A post-fall policy and process is in place that includes, at minimum:			
	5a) A fall with suspected injury to the head, or an unwitnessed fall, experienced by a patient taking anti-thrombotics is included as part of a Rapid Response Team or Rapid Response Process.	☐	☐	
	5b) Vital signs and neurological checks are performed immediately post fall at the following intervals, at minimum: • q15 minutes x 2, then • q 30 minutes x2, then • q 1 hour x 4, then • q 4 hours for 24 hours • Re-evaluate the need for frequent monitoring after 24 hours.	☐	☐	

	5c) Changes in patient's status are reported promptly to physician, especially if patient is on anti-thrombotics.	☐	☐	
	5d) Communication between all team members that patient is at risk of bleeding after a fall.	☐	☐	
	5e) Communication with provider to determine treatment plan changes (i.e. medications, diagnostics)	☐	☐	
	5f) Communication with family about fall	☐	☐	
	5g) Standardized charting template post fall	☐	☐	
	5h) Revise falls prevention plan	☐	☐	
	5i) Consider video monitoring, if available	☐	☐	
Patient and Family Engagement				
6) Partner with patients and families	6a) Patient and family education is provided outlining increased risk for injury for patients on blood thinners along with fall and injury prevention strategies and steps to take if the patient does fall.	☐	☐	
	6b) Patient's health literacy, socioeconomic level, cognitive abilities and any signs of depression are assessed as factors that influence person's ability to take any type of medications that impact risk of bleeding.	☐	☐	
	6c) Prior to discharge the patient and family receive education on the following information about their anti-thrombotic medication(s): • Name of medication(s) • Duration (how long patient should be on medication) • Follow-up with primary care provider • When to contact provider	☐	☐	
	6d) Prior to discharge, patient's need for home care or other assistance is assessed to improve transition post discharge.	☐	☐	
Discharge Communication				
7) Communicate anti-thrombotic status to other providers.	7a) The patient's primary care provider receives discharge communication regarding their anti-thrombotic status and related updates from hospital stay.	☐	☐	
	7b) Communicate patient's anti-thrombotic status to next setting of care, e.g., long-term care.	☐	☐	