

# 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.
3. Document the risk assessment and the tailored intervention in Epic.
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:
  - more likely to believe they are at risk for falls when engaged by their nurses in the risk assessment.
  - 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](mailto:PHSFallTIPS@partners.org)**

**\*Tailoring Interventions for Patient Safety**

# Fall T.I.P.S.\* Electronic 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.
3. Document the risk assessment and the tailored intervention in Epic.
4. Use Fall TIPS (either the printed poster or the bedside screensaver) to educate the patient on his/her fall prevention plan. If using the poster, 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 print the Fall TIPS poster every day?**

No, you do not need to print it every day. Signs need to be printed at admission and then only with a change in risk status or interventions.

### **2. Can I do the MFS and create the plan in the nurses' station and then just give the patient educational material and the printed fall prevention plan 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:
  - more likely to believe they are at risk for falls when engaged by their nurses in the risk assessment.
  - more likely to follow the plan if they are involved in developing it.

### **3. How do I print the Fall TIPS poster?**



Go to Summary Activity or Index Report and search for "Fall TIPS" in the report search bar. This displays the patient's Fall TIPS poster, with patient-friendly language and icons corresponding with their fall risks and personalized interventions.

### **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.

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