### 2A: Interdisciplinary Team

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| **Background:** Crucial to a fall prevention initiative is the creation of an interdisciplinary Implementation Team that will oversee the improvement effort. This tool can be used to identify people from different disciplines to take part on the Implementation Team.**Reference:** Developed by Falls Toolkit Research Team.**How to use this tool:** This tool contains three parts:1. Use the first list provided to form your Implementation Team. This tool should be filled out by the Implementation Team leader. List the names of possible team members from each department or discipline and their area of expertise.
2. The second list provides all the tools and resources included in the toolkit and which team roles and disciplines may be responsible for the tool. The team leader or team members can refer to this list to access the tools and ensure that appropriate people are selected for inclusion on the team.
3. The last part, a matrix, provides the team roles and disciplines that may be included on the Implementation Team tools and the related tools and resources. Potential team members can review the tools most relevant to them to gain a better sense of their roles and responsibilities in fall prevention.

The core Implementation Team should be a reasonable size (e.g., 6-12 people) in order to be effective. Additional staff may be included on an “as needed” basis. When you create a new team or invite new members to a team, make sure to set aside time for introductions at the beginning of your team meeting. |

##### Interdisciplinary Team Tool – Part 1: List of Potential Team Members

|  |  |  |
| --- | --- | --- |
| **Position/Discipline** | **Names of Possible Implementation Team Members From Each Area** | **Area of Expertise** |
| Nursing |
| Staff nurses |  |  |
| Nursing assistants |  |  |
| Rehabilitation |
| Physical therapists |  |  |
| Occupational therapists |  |  |
| Prescribing Clinicians |
| Physicians (e.g., hospitalist) |  |  |
| Other providers (e.g., nurse practitioner or physician assistant) |  |  |
| Pharmacy |
| Pharmacists |  |  |
| Facilities and Environment |
| Materials manager |  |  |
| Environmental services staff |  |  |
| Facilities engineer |  |  |
| Managers |
| Senior manager |  |  |
| Quality improvement/safety/risk manager |  |  |
| Other |
| Information systems staff |  |  |
| Administrative assistant |  |  |
| Educator |  |  |
| Registered dietitian |  |  |
| Patient representative |  |  |
| Volunteer |  |  |

##### Interdisciplinary Team Tool – Part 2: List of Tools and Roles of Individuals Who Should Use the Tool

This list provides all the tools and resources included in the toolkit and which team roles and disciplines should use the tool. The team leader or team members can refer to this list to access the tools and ensure that appropriate people are selected for inclusion on the team.

Notes: For some of the tools listed below, the Implementation Team leader may wish to designate an individual to complete the tool on the team’s behalf.

Items marked with an asterisk (\*) can be integrated into your hospital’s electronic health record with the help of information systems staff.

| **Tools and Resources**  | **Who Should Use the Tool** |
| --- | --- |
| ØA – Introductory Executive Summary for Stakeholders | Senior manager (e.g., Chief Executive Officer or Chief Medical/Nursing/Operating Officer) |
| 1A – Hospital Survey on Patient Safety Culture | All interdisciplinary team members and staff on units preparing to implement the fall prevention program |
| 1B – Stakeholder Analysis | Implementation Team leader (e.g., senior manager or quality improvement/safety/risk manager)  |
| 1C – Leadership Support Assessment | Implementation Team leader  |
| 1D – Business Case Form  | Implementation Team leader  |
| 1E – Resource Needs Assessment | Implementation Team leader  |
| 1F – Organizational Readiness Checklist | Implementation Team leader  |
| 2A – Interdisciplinary Team | Implementation Team leader |
| 2B – Quality Improvement Process | Implementation Team leader  |
| 2C – Current Process Analysis | Individuals designated by the Implementation Team leader |
| 2D – Assessing Current Fall Prevention Policies and Practices | Individuals designated by the Implementation Team leader |
| 2E – Falls Knowledge Test  | Staff nurses and nursing assistants |
| 2F – Action Plan | Implementation Team leader with quality improvement/safety/risk manager  |
| 2G - Managing Change Checklist | Implementation Team leader  |
| 3A – Master Clinical Pathway for Inpatient Falls | Quality improvement/safety/risk manager, staff nurses, and nursing assistants |
| 3B – Scheduled Rounding Protocol | Unit manager, staff nurses, and nursing assistants |
| 3C – Tool Covering Environmental Safety at the Bedside | Unit manager and facility engineer |
| 3D – Hazard Report Form | Any hospital employee who enters patient rooms  |
| 3E – Clinical Pathway for Safe Patient Handling | Nurse manager, staff nurses, and nursing assistants  |
| 3H – Morse Fall Scale for Identifying Fall Risk Factors\* | Staff nurses  |
| 3G – STRATIFY Scale for Identifying Fall Risk Factors\* | Staff nurses  |
| 3I – Medication Fall Risk Scale and Evaluation Tools\* | Pharmacist and staff nurses  |
| 3F – Orthostatic Vital Sign Measurement | Staff nurses and nursing assistants |
| 3J – Delirium Evaluation Bundle: Digit Span, Short Portable Mental Status Questionnaire, and Confusion Assessment Method\* | Physicians, nurse practitioners, physician assistants  |
| 3K – Algorithm for Mobilizing Patients\* | Nursing assistants |
| 3L – Patient and Family Education | Educators, staff nurses |
| 3M – Sample Care Plan\* | Staff nurses with input from other disciplines (e.g., physician, pharmacist, physical and/or occupational therapists)  |
| 3N – Postfall assessment, clinical review\* | Staff nurses and physicians |
| 3O – Postfall assessment for root cause analysis | Staff nurses |
| 3P – Best Practices Checklist | Implementation Team leader  |
| 4A – Assigning Responsibilities for Using Best Practices | Implementation Team leader |
| 4B – Staff Roles | Unit manager  |
| 4C – Assessing Staff Education and Training | Implementation Team leader  |
| 4D – Implementing Best Practices Checklist | Implementation Team leader  |
| 5A – Information To Include in Incident Reports | Quality improvement/safety/risk manager, information systems staff |
| 5B – Assessing Fall Prevention Care Processes | Unit manager and unit champions |
| 5C – Measuring Progress Checklist | Implementation Team leader  |
| 6A – Sustainability Tool | Implementation Team leader  |

##### Interdisciplinary Team Tool – Part 3: Matrix of Applicable Tools, by Role

This matrix lists the disciplines that may be included on the Implementation Team and shows tools and resources they may be responsible for. The team leader or team members can use this list to access the tools and ensure that appropriate people are selected for the team.

|  | **Tools and Resources** |
| --- | --- |
| **Position/Discipline** | **1** | **2** | **3A** | **3B** | **3C** | **3D** | **3E** | **3F** | **3G** | **3H** | **3I** | **3J** | **3K** | **3L** | **3M** | **3N** | **3O** | **3P** | **4** | **5** | **6** |
| Nursing |
| Staff nurses |  |  | X | X |  |  | X | X | X | X | X |  |  | X | X | X | X |  |  |  |  |
| Nursing assistants |  |  | X | X |  |  | X | X |  |  |  |  | X |  |  |  |  |  |  |  |  |
| Nurse manager |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rehabilitation |
| Occupational therapists |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |
| Physical therapists |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |
| Prescribing Clinicians |
| Nurse practitioners |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |
| Physicians |  |  |  |  |  |  |  |  |  |  |  | X |  |  | X | X |  |  |  |  |  |
| Physician assistants |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |
| Pharmacy |
| Pharmacist |  |  |  |  |  |  |  |  |  |  | X |  |  |  | X |  |  |  |  |  |  |
| Facilities and Environment |
| Facility engineer |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Managers |
| Quality improvement manager |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |
| Risk manager |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |
| Safety manager |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |
| Other |
| Educators |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |  |  |  |  |  |  |
| Hospital employees who enter patient rooms |  |  |  |  |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unit champion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |
| Unit manager |  |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X |  |
| Implementation Team leader | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X | X |  | X |
| Individuals designated by the Implementation Team leader | X | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | X | X |  | X |

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