

Post Fall Huddle Form

POST FALL HUDDLE / AFTER ACTION REVIEW (AAR)

Nurse Reviewer: _____ Date: _____
 Patient Name/ID: _____

Instructions:

1. Hold AAR as soon as possible after the patient fall occurred.
2. Keep the AAR meetings brief; 15 minutes.
3. Involve the patient if possible.
4. Forward completed review to Nurse Manager, then to Patient Safety Manager

Questions	Lessons learned.
Why did this patient fall (Root Cause)? (Ask 3 times: What was different this time you were doing this activity compared to all the other times you did this activity and did not fall?) <i>For a patient who sustains an injury: what was the source/cause of injury</i>	
Was patient at correct fall/injury risk level? Were the appropriate interventions in place?	
What accounted for the difference?	
How could the same outcome be avoided the next time? <i>How could that injury have been prevented?</i>	
What is the follow up plan? <i>To prevent a repeat fall based on the same root cause and protect the patient from injury.</i>	

Patient's account (if able to share)	
Agreement with the patient for safety (Promise to use call bell; return demo how to use call bell)	

Who attended the huddle?

Type of Fall: _____

Nurse Manager Review: _____ Signature _____ Date _____

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