### 4B: Staff Roles

**Background:** This table gives an example of how responsibilities may be assigned among different staff members on the Unit Team and hospital personnel whose work brings them to the unit or includes interactions with the unit.

**Reference:** Developed by Falls Toolkit Research Team.

**How to use this tool:** The unit manager can use this tool to help assign specific individuals or groups to each task in Tool 4A, “Assigning Responsibilities for Using Best Practices.”

| **Staff** | **Roles** |
| --- | --- |
| RN | * Conducts or supervises accurate assessment and documentation of assessment of fall risk factors on admission, daily, and if condition deteriorates (or according to facility policy).
* Documents care plan tied to identified risk:
* Mental status.
* Continence.
* Mobility level.
* Environmental risks (e.g., hooked up to IV).
* Performs or supervises performance of care plan procedures or treatments:
* Close observation of delirious patients.
* Toileting schedule.
* Use of assistive devices.
* Maintenance of clutter-free environment.
* Files incident report for new falls and carries out postfall assessment.
* Educates patient/family about fall risk factors.
 |
| LPN | * Conducts accurate assessment and documents assessment of fall risk factors on admission, daily, and if condition deteriorates (or according to facility policy).
* Documents care plan tied to identified risk:
* Mental status.
* Continence.
* Mobility level.
* Environmental risks (e.g., hooked up to IV).
* Performs or supervises performance of care plan procedures or treatments:
* Close observation of delirious patients.
* Toileting schedule.
* Use of assistive devices.
* Maintenance of clutter-free environment.
* Collaborates with other staff to ensure timely and accurate reporting of any falls and completion of postfall assessment.
 |
| CNA | * Reports any new fall risks to nurse.
* Keeps environment around bed clutter free.
* Offers assistance with toileting for patients with frequent toileting needs.
* Keeps assistive devices within easy reach of patient.
 |
| Treating medical provider (e.g., physician, nurse practitioner, physician assistant) | * Reviews needs for specific types of rehabilitation therapy and orders such therapy, if appropriate.
* Writes orders for activity level.
* Reviews medications for fall risk.
 |
| Physical and/or occupational therapist | * Assesses patient’s function and mobility levels according to scheduled protocol (e.g., after orthopedic procedures) or upon consultation.
* Determines need for assistive devices and exercise program according to scheduled protocol (e.g., in rehabilitation unit) or upon consultation.
* Educates patient and family on safety with transfers and ambulation.
 |
| Pharmacist | * Reviews medication lists of patients at high risk based on medication profile.
* Discusses medications that may increase fall risk with physician using standardized approach (e.g., note in chart, rounds with hospitalist).
 |
| Environmental services staff | * Responds to reports of fall hazards (e.g., spills).
* Keeps rooms and hallways free of clutter.
 |
| Dietitian | * Monitors patient’s weight and nutritional status to avoid unintentional weight loss and loss of muscle mass.
* Provides tube feed regimens that maximize mobility (e.g., choosing bolus rather than continuous tube feeding where appropriate).
 |
| Patient educator | * Works with nurse to provide appropriate educational materials and teaching to patients at risk for falls and their families.
 |
| Facilities engineer | * Participates in regularly scheduled environmental rounds to identify equipment in need of repair.
* Responds to repair requests submitted by unit staff.
 |
| Information technology support personnel | For units with electronic health records:* Develops or refines documentation systems for fall risk assessment and care planning.
* Develops or refines computerized order sets (e.g., mobility protocol).
* Implements computerized alerts for medications that present high risk for falls, where appropriate.
 |