

# Overview

---

AHI of Indiana, Inc.  
and  
Upright Fall Prevention System

**upright** In Support of the  
Hendrich II Fall Risk Model  
AHI of Indiana, Inc.

# The Challenge

---

Organizations face rigorous patient safety standards and quality improvement initiatives in today's healthcare environment. Hospitals will further be challenged this year to meet the Centers for Medicare and Medicaid Services (CMS) patient safety standards and the Joint Commission's regulatory guidelines.

---

# The Need for Superior Fall Prevention

**It's important for nurses to accurately assess all patients for risk.**

Patient care plans should incorporate evidenced-based practice models developed from quality research. It is not only important to accurately assess all patients for fall risk, but to provide interventions that are matched to each identified risk factor effectively and efficiently reduce the potential for harm.

# The Need for Superior Fall Prevention

---

- ❑ Evidence-based practices that incorporate education, interventional strategies and evaluation tools that assist front-line managers with fall prevention programs create a formula for success and sustainability.
- ❑ The entire organization must embrace a culture of safety.
- ❑ Fall risk awareness and patient education must be improved.

# The Need for Superior Fall Prevention

## Short-term initiatives: no longer an option

- ❑ Fall prevention programs should be effective and efficient to reduce or eliminate preventable falls.
- ❑ There must be greater emphasis on core and specific nursing interventions matched against identified risk factors to improve patient safety that helps to eliminate adverse patient outcomes.
- ❑ Nurses must build the case for fall prevention and assume a leadership role in a multi-disciplinary approach to fall reduction.

# The Need for Superior Fall Prevention

## Long-term goals: meeting the challenges ahead.

- ❑ Leaders will implement comprehensive healthcare delivery models that meet national standards, improve quality of care, and reduce the liability and cost of human suffering from an injurious patient fall.
- ❑ Nurses must be proactive to assure the best quality outcomes for their patients.
- ❑ Safety must be viewed as an integral part of the overall quality of care and patient experience.
- ❑ Healthcare will face continuing economic pressures that require new, innovative ideas about cost reduction and are aligned with quality improvement efforts at the bedside.

# The Need for Superior Fall Prevention

---

- True workflow improvement and workplace redesign must address practices that elevate risk for the organization, including inefficient labor applications that lead to ineffective care.
- Healthcare providers are now required to share performance data in the public domain which may impact the organization's long-term viability.
- Regulatory mandates and scorecards that report on core nursing measures are critical to reimbursement for care.
- Quality and performance metrics will drive everything that matters – from payer reimbursement and consumer choice to investment strategies that deliver desired results.

# Upright Fall Prevention System

## A comprehensive fall prevention system.

The Upright Fall Prevention System includes 3 key elements:

- 1 the evidence-based Hendrich II Fall Risk Model,
- 2 computer-based education, and
- 3 a comprehensive resource guide of tests, tools and forms to help you easily implement and evaluate the program in your facility.

# Three Steps to Fall Reduction

**Step 1.** Accurately assess all patients for fall risk with a superior risk assessment model that is both *effective and efficient*.

**Step 2.** Provide nurses with the knowledge and skills to match interventions with each identified risk factor to help prevent or eliminate fall events.

**Step 3.** Incorporate interventions that prevent or eliminate falls, improve the delivery of quality patient education, and support for front-line managers with the knowledge, tools and support to evaluate unit fall prevention strategies. The protection all patients in your care requires nurses to become involved in an inter-disciplinary pro-active approach to fall prevention that is supported by a culture of safety.

## Step 1. The Use of a Superior Fall Risk Assessment Model

---

**The Hendrich II Fall Risk Model is backed by 20 years of fall research.**

Industry expert Ann Hendrich, RN, MSN, F.A.A.N., has developed and validated a tool for rapid and accurate patient fall risk assessment: the Hendrich II Fall Risk Model™. This unique model is the cornerstone of the Upright Fall Prevention System which uses dynamic, interactive tools and case scenarios to teach effective assessment techniques.

# The Hendrich II Fall Risk Model™

**Our model helps your staff accurately predict fall risk – without over targeting your population.**

The Hendrich II Fall Risk Model™:

- ❑ Takes just one to two minutes to perform.
- ❑ Assesses patients using only eight risk factors:
  1. Confusion/Disorientation
  2. Depression
  3. Alter Elimination
  4. Dizziness/Vertigo
  5. Male Gender
  6. Medications – Antiepileptics
  7. Medications – Benzodiazepines
  8. Get-Up-and-Go Test
- ❑ Decreases patient risk and facility liability.
- ❑ Demonstrates adherence to regulatory and Magnet standards.

Hendrich II Fall Risk Model ©2010	
Risk Factor	Risk Points
Confusion/Disorientation/Impulsivity	4
Symptomatic Depression	2
Altered Elimination	1
Dizziness/Vertigo	1
Gender (Male)	1
Any Administered Antiepileptics (anticonvulsants): (Carbamazepine, Divalproex Sodium, Ethotoin, Ethosuximide, Felbamate, Fosphenytoin, Gabapentin, Lamotrigine, Mephenytoin, Methsuximide, Phenobarbital, Phenytoin, Primidone, Topiramate, Trimethadone, Valproic Acid)	2
Any Administered Benzodiazepines: (Alprazolam, Chloridiazepoxide, Clonazepam, Clonazepam Dipotassium, Oxazepam, Flurazepam, Halozepam, Lorazepam, Midazolam, Oxazepam, Temazepam, Triazolam)	1
Get-Up-and-Go Test: "Rising from a Chair" If unable to assess, monitor for change in activity level, assess other risk factors, document both on patient chart with date and time.	
Ability to rise in single movement-No loss of balance with steps	0
Pushes up, successful in one attempt	1
Multiple attempts but successful	3
Unable to rise without assistance during test (OR if a medical order states the same and/or complete bed rest is ordered) If unable to assess, document this on the patient chart with the date and time.	4
(A score of 5 or greater = High Risk) TOTAL SCORE	
© 2010 AHI of Indiana, Inc. All rights reserved – United States Patent #7,282,051. Reproduction of copyright and patented materials without authorization is a violation of federal law.	

## Step 2. The delivery and support of CE-approved education

---

The education is supported by a Knowledge Center that consists of:

1. A comprehensive Resource guide to help your organization implement, evaluate your fall program. We also provide tools and forms for staff development and patient education.
2. We also support or partners with professional staff to assist with the delivery of the on-line education and clinical questions related to the Upright System.

## Step 3. Evaluate your fall program

---

### **A unit-based approach to fall risk management.**

Fall prevention programs work best when they are incorporated into existing clinical practice committees with direct caregivers who own the process and have open access to fall data for their unit and organization. This contributes to an environment and culture of patient safety at the unit level.

# Upright Fall Prevention System

**The Upright Fall Prevention System offers a comprehensive approach to fall prevention to identify, prevent, and protect those at risk for falls.**

With a professional practice model that includes shared decision-making, evidence-based practices and measurement of patient outcomes, the Upright Fall Prevention System provides busy nurses a process that can effectively and efficiently help reduce the risk of falls – in real time.

*What can be more important than preventing a fall, a fracture, a head injury or loss of life?*

# Upright Fall Prevention System

---

Developed for nurses, physicians, care providers and quality and risk professionals, AHI's current educational program incorporates online resources for knowledge and skills transfer. This includes risk factor assessment, interventions aligned with fall prevention strategies, patient and family education. The program also includes tools to help the provider comply with regulatory standards and continuous quality improvement initiatives.

---

# About AHI of Indiana, Inc.

---

## COMPANY BACKGROUND

AHI of Indiana, Inc. (AHI) was established in 1988 to assist healthcare facilities with patient fall prevention programs and to support hospitals that use the Hendrich II Fall Risk Model™. The company has its primary office in St. Louis, Missouri.

Our products and services include the licensure of a comprehensive fall prevention program, the delivery of CE approved, computer-based education, resources for implementation, evaluation and patient education, as well as staff development materials for the healthcare industry. We provide support for nursing staffs and quality and risk professionals. In addition, we provide technical support for the delivery of our continuing education-approved programming for nursing professionals.

# About AHI of Indiana, Inc.

---

We provide support for nursing staffs and quality and risk professionals. In addition, we provide technical support for the delivery of our continuing education-approved programming for nursing professionals.

---

# Our Mission

AHI is dedicated to reducing the risk of individual harm and unnecessary human and social costs from injurious patient falls in acute-care hospital populations, ambulatory care centers, clinics and long-term assisted living communities, by providing educational and consultative support for the Hendrich II Fall Risk Model™.

## Our Vision

The vision of AHI of Indiana Incorporated™ is to work in partnership with healthcare entities to provide an affordable, evidenced-based, comprehensive fall prevention program to healthcare entities to reduce human suffering, and unnecessary health care costs.

# Our Goals

- 1** To provide superior education and information to the health care industry, that will enable research-based practice and the use of evidenced-based risk factors, to prevent human suffering from injurious falls.
- 2** To provide the customer with knowledge, skills, and a tool to assesses and intervene proactively to prevent or eliminate the relative risk for an injurious fall event.

# Upright Fall Prevention System

**Most falls are predictable and preventable.**

Does your organization meet today's rigorous national regulatory guidelines and quality improvement initiatives?

Call us today at 866.653.6660 for details or visit our website at [www.uprightfallprevention.com](http://www.uprightfallprevention.com).