

**Aging Services of Minnesota
Fall Prevention and Reduction Recognition
- APPLICATION -**

Name of Organization: _____

Address: _____

Fall Champion contact person: _____

Phone number: _____ Email: _____

Criteria for Recognition

Level 1 Recognition

The organization incorporates a framework for an effective fall prevention and reduction program

Note: for recognition your organization must meet **all** of the following criteria of Level 1
Check all that apply to your fall program --

- _____ Fall champion leader is named
- _____ A team approach is promoted
- _____ A team has been identified

- _____ Education is provided for the care givers
- _____ Education is provided for client (recipient of services)
- _____ Education is provided for the family

- _____ We conduct safe environmental evaluations
- _____ We assess fall risk factors of individual (client/resident)
- _____ We encourage individual (client/resident) to keep active

- _____ Medication regimen reviews are conducted

- _____ We utilize "post-fall huddles"
- _____ We utilize the practice of "rounding"

- _____ There is an organization and interdisciplinary team facility wide commitment to prevent falls

- _____ The Fall Champion leader participates in on-going education about falls
- _____ or
A member of our falls team has attended the two day *Matter of Balance Coach Training* conducted by the Area Agency on Aging

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Name of Organization: _____

Level 2 Recognition

The organization demonstrates a level of achievement evidenced by outcome measures with interdisciplinary involvement

Check all that apply to your fall program –

- Data is collected regarding falls
- Root cause analysis method is used for interpreting data
- The Quality Assurance Committee (or organization leadership) is presented analysis of quarterly falls data
- Number of incidence of falls has been reduced in the past 12 months

Return your completed application by Friday, January 28 to Barbara Landeen at blandeen@agingservicesmn.org or fax to 651.645.0002.