

I.M.S.A.F.E. Fall Prevention Scripting Initiative

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BACKGROUND

- Patient falls are a persistent and significant healthcare problem. Between 700,00 and 1 million hospitalized patients fall every year¹. 30-35% of patient falls result in injury, which may add days to their stay and may lead to longer and more costly recovery^{2,4}. Falls considered a nurse-sensitive indicator as it depends on a quantity and quality of nursing care rather than medical interventions.
- Falls are considered hospital-acquired condition, which negatively affect Medicare reimbursement and may accrue significant financial burden to the organization⁵.
- In response to the global incline of hospitalized patients with falls, UMC focused efforts on several falls' prevention strategies. One of them is an evidence-based adaptation of the falls scripting tool called SAFE⁷, which our team have adapted to create IMSAFE.
- IMSAFE is an acronym that is used as a standard communication tool to highlight individualized patient assessment and risks for falls during handoff report between clinicians. IMSAFE is used to optimize safety of patient care in concise and deliberate way of delivering pertinent information that is patient-focused.

PURPOSE

The purpose of the IMSAFE scripting tool is to standardize communication of patients' fall risks during bedside handoff. The goal is using IMSAFE to reduce patient falls by 1% hospital-wide at the end of 2026 as evidenced by improved staff identification of high-risk patients, enhanced team communication and collaboration to highlight patients' individualized needs.

IMSAFE Scripting Timeline

March-April 2025

Falls Committee requests Clinical Education department to help with falls scripting literature search and to form Falls Scripting taskforce to develop scripting tool

October-December 2025

Fall Prevention training hospital-wide in UMC Learning Management System assigned to all nurses and CNAs hospital-wide

April-June 2026

Falls champions rounding post-implementation to educate and receive staff feedback

April-October 2025

Falls Scripting taskforce develop and present IMSAFE scripting tool in Falls Committee and other shared leadership meetings to receive approval

March-April 2026

IMSAFE script hospital-wide implementation

June 2026-Current

Falls Scripting taskforce working with units on tools to integrate IMSAFE more efficiently (i.e. badge buddy, SBAR handoff, WOWs)

IMSAFE SCRIPT

ADULT

I. M. S. A. F. E. Script to Reduce Falls

I: Introduce Self & I.D. Patient

M: Morse Fall Risk Assessment

Low (0-24) Moderate (25-44) High (45)

S: Symptoms & Safe Environment

Dizziness Cognitive impairment History of fall
Drowsiness Vision impairment Incontinence issues
Restlessness Confusion Gait/balance issues

Ensure patient's bed/chair is in the lowest position, wheels locked, alarms on, call light within reach, and environment is free of clutter

A: Activity Level of Assistance:

Level 1: Bed rest, passive range of motion exercises.
Level 2: Turning, sitting on the edge of the bed.
Level 3: Sitting in a chair, active range of motion exercises.
Level 4: Standing, transferring to and from a chair.
Level 5: Walking with or without assistance.

Mobility Goal(s):

F: Fall Risk Interventions

Fall Protocol in Place: YES

Fall Precautions: Standard High Risk (4 P's)

Bed/Chair alarms: ON

Hourly rounding: Visual checks Use ICare4U

Toileting: Scheduled Direct Supervision

Use directive "Mr. X, it's time to try to use bathroom" or "Mrs. Y, I'm here to help you to the bathroom and stay with you to make sure you are safe from falling."

E: Effects of Medications

Antihypertensives Diuretics Anticonvulsants

Sedatives Bowel preps Hypnotics

Antidepressants Psychotropics

PEDIATRIC

I. M. S. A. F. E. Script to Reduce Falls—PED

I: Introduce Self & I.D. Patient

M: My Little Schmidt

Low (0-2) High (3)

S: Symptoms & Safe Environment

Dizziness Cognitive impairment History of fall
Drowsiness Vision impairment Incontinence issues
Restlessness Confusion Gait/balance issues

Ensure patient's bed/chair is in the lowest position, wheels locked, alarms on, call light within reach, and environment is free of clutter

A: Activity Level of Assistance:

Level 1: Bed rest, passive range of motion exercises.
Level 2: Turning, sitting on the edge of the bed.
Level 3: Sitting in a chair, active range of motion exercises.
Level 4: Standing, transferring to and from a chair.
Level 5: Walking with or without assistance.

Mobility Goal(s):

F: Fall Risk Interventions

Fall Protocol in Place: YES

Fall Precautions: Standard High Risk

Bed/Chair alarms: ON

Hourly rounding: Visual checks Use ICare4U

Toileting: Scheduled Direct Supervision

Use directive "Patient Name, it's time to try to use bathroom" or "Patient Name, I'm here to help you to the bathroom and stay with you to make sure you are safe from falling."

E: Effects of Medications & Electrolytes

Antihypertensives Diuretics Anticonvulsants

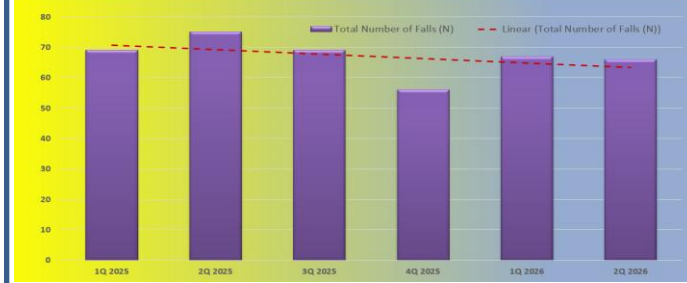
Sedatives Bowel preps Hypnotics

Antidepressants Psychotropics

RESULTS

- Preliminary data pre- and post- scripting tool implementation have not shown a sustained reduction in patient falls following IMSAFE implementation. Due to ongoing implementation and optimization of the tool, additional data is needed to evaluate trends over time.
- The Falls Scripting taskforce will continue reviewing falls data reports from the SI reports and evaluate outcomes based on patients' data and staff feedback.
- The Falls Scripting taskforce will continue round and educate to ensure clinicians understand IMSAFE script and know how to use it. The group wants to receive staff feedback using survey to make sure the staff feels heard and supported to sustain project's use and enhance the benefits.

Patient Falls Data 2025-2026



NEXT STEPS

- Unit rounding, education, and IMSAFE compliance auditing.
- IMSAFE integration into workflow through badge buddies, SBAR handoff, and WOWs.
- Getting structured staff feedback regarding usability and barriers.
- Ongoing monitoring of hospital-wide falls & fall-related injuries.
- Progress evaluation towards the goal at the end of 2026.

CONCLUSIONS

IMSAFE provides a standardized approach for communicating individualized fall risks during clinical handoff. Preliminary findings highlight the importance of continued staff engagement, education, and integration of the tool into clinical workflow. Ongoing monitoring of fall outcomes, implementation compliance, and staff feedback will guide further refinement and evaluation of the initiative through 2026.

REFERENCES

Scan QR Code to access the references

