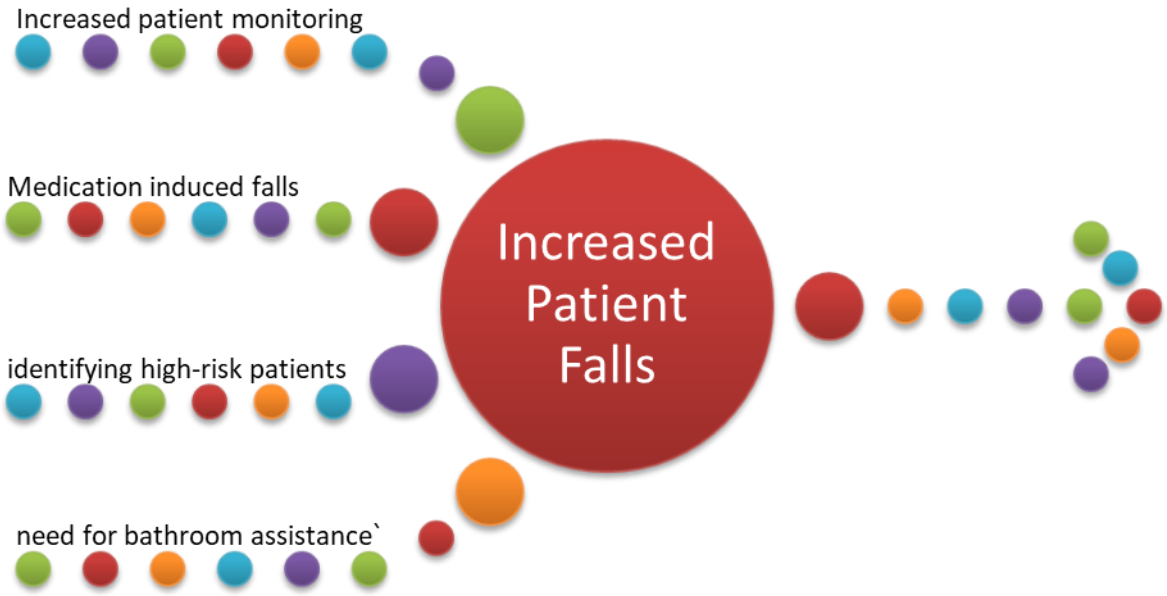
Appendix A

Cause and Effect Diagram



Appendix B

Communication Plan

Audience	Objective	Message	Medium	Frequency
Who do we need to communicate with?	**What do we need them to do?**	**How should the message be crafted?**	**What is the best method for communicating?**	**How often will the communication take place?**
Project team	Understand project guidelines.	The message must be crafted in a professional tone.	Video conferencing and email are the best communication method.	Two meetings spaced one week apart.
Cardiac Stepdown Unit (CSU) Charge Nurse	Communicate implementation process.	The message must be crafted in a professional tone.	Video conferencing, phone calls and email.	Two meetings spaced one week apart.
Project team	Communicate project progress and possible issues.	The message must be crafted in a professional tone.	Video conferencing, phone calls and email.	Three meetings spaced three weeks apart.
Team physician	Communicate patient medication regimen recommendations.	The message must be crafted in a professional tone.	Phone calls and email.	As needed based on recommendations from pharmacist.

This is the communication plan utilized by the project team. Communication methods included Zoom meetings, virtual huddles, and phone calls. Meetings discussed possible changes, progress, and problems.

Appendix C

Medication Fall Risk Score

Point Value (Risk Level)	American Hospital Formulary Service Class	Comments
3 (High)	Analgesics,* antipsychotics, anticonvulsants, benzodiazepines†	Sedation, dizziness, postural disturbances, altered gait and balance, impaired cognition
2 (Medium)	Antihypertensives, cardiac drugs, antiarrhythmics, antidepressants	Induced orthostasis, impaired cerebral perfusion, poor health status
1 (Low)	Diuretics	Increased ambulation, induced orthostasis
Score≥6		Higher risk for fall; evaluate patient

* Includes opiates.

† Although not included in the original scoring system, the falls toolkit team recommends that you include non-benzodiazepine sedative-hypnotic drugs (e.g., zolpidem) in this category.

Medication Fall Risk Evaluation Tools

Use the tools below when evaluating patients found to have high medication-related risk for falls. The comments section provides information on how to evaluate the indicators.

Indicator	Comments
Medications	Beers criteria, * dose adjustment for renal function or disease state, overuse of medications, IV access
Laboratory	Therapeutic drug levels (digoxin, phenytoin), international normalized ratio, electrolytes, hemoglobin/hematocrit
Disease states	Comorbidities, hypertension, congestive heart failure, diabetes, orthopedic surgery, prior fall, dementia, other†
Education	Patient's ability/willingness to learn, patient's mental status

* Beers criteria are available at: American Geriatrics Society updated Beers criteria for potentially inappropriate medication use in older adults.[14]

† Age 65 years or older.