

**Supplement A.**  
**Fall TIPS Patient Interview Guide**

<p><b><u>Section</u></b></p>	<p><b><u>Questions</u></b></p>	<p><b><u>Notes</u></b></p>
<p>Purpose</p>	<p>Try to make this a conversation. Stay on message to elicit comments about Fall TIPS components -- but remember, this is not a survey being administered verbally.</p>	
<p><b><u>1.</u></b>  <u>Background</u></p> <p>“doing the paper work”</p>	<p><b>Interviewer/s:</b> _____ <b>Date:</b> _____  <b>Place:</b> _____  <b>Type Unit:</b> _____  <b>Patient &amp;/or Family Pseudonym/s:</b> _____  Comments: _____  _____  _____</p>	
<p><b><u>2.</u></b>  <u>Introduction</u></p> <p>Getting started</p> <p>Break the ice</p>	<p>Hello. Thank you for agreeing to talk to me. My name is _____ and I am a researcher at _____ Hospital. We are conducting a study about preventing patients from falling. I am going to read a statement about this research and if it is still OK with you I will ask you some questions. Just to emphasize, we will not include your name or anything that could identify you in any reports we write. I would like to tape record this meeting so we don't lose any of the information you give us. Will it be okay with you if I tape this conversation?</p> <p>Do you have any questions before I begin?</p>	
<p><b><u>3.</u></b>  <u>“Grand Tour”</u></p> <p>Get the participant to start talking</p> <p>Learn about current hospital stay and fall status</p>	<p>I'd like you to tell me what it is like for you here in the hospital. Why are you here?</p> <p>We are concerned for patients' safety. Do staff do anything to make your stay safe?</p> <p>Is there anything you wish staff would do to make you feel safer?</p> <p>I am specifically interested in learning about falling while in the hospital.</p> <p>Have you fallen since you have been here? _____. What were the circumstances? _____ Were you injured?</p> <p>Have you had what we call a “near miss” -- an almost fall? _____.</p>	

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<p><b>4.</b>  <u>About fall prevention</u></p> <p>Learn about specific assessment components of Fall TIPS assessment</p> <p>Get patient to talk about Engagement with the nurse</p>	<p>I would like you to tell me what staff asked you about falling. Specifically, did staff ask <b>you</b> (the patient) any questions about:</p> <ul style="list-style-type: none"> <li>- having had previous falls?</li> <li>- using anything to help you get around?</li> <li>- your ability to walk?</li> <li>- if you have been confused at all?</li> </ul> <p>Did staff ask you what they could do to help to prevent you from falling?</p> <p>Did staff talk to <b>your family</b> and ask them any questions about your falling?</p> <ul style="list-style-type: none"> <li>- having had previous falls?</li> <li>- using anything to help you get around?</li> <li>- your ability to walk?</li> <li>- if you have been confused at all?</li> </ul> <p>Did staff ask your family member what they could do to help to prevent her/him from falling?</p>	
<p><b>5.</b>  <u>Actions staff may have taken to prevent patients from falling</u></p> <p>Learn about specific action components of Fall TIPS assessment</p> <p>Get patient to talk about Patient Self Management to prevent self from</p>	<p>Now I would like you to tell me what staff are doing to help prevent you from falling. Specifically, have staff:</p> <ol style="list-style-type: none"> <li>1. Given you written information about what you should do to prevent falling?</li> <li>2. Posted information in your room so that all staff &amp; visitors can see what you should do to prevent falling?</li> <li>3. Helped you with any walking aids you may use?</li> <li>4. Provided assistance needed when walking because you have an IV and/or other equipment?</li> <li>5. Given you a toileting schedule?</li> <li>6. Are staff aware of how you toilet (bedpan, commode, bathroom)?</li> </ol>	

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<p>falling (carry out Fall TIPS)</p>	<p>7. Do you have a bed alarm?</p> <p>8. Do you get help to get out of bed (1 or 2 persons)?</p> <p>So do you think you can do all the things staff discussed with you so you won't fall?</p>	
<p><u>6.</u> <u>Supplement</u> <u>al</u> <u>Questions</u></p>	<p>Just so you know, the hospital program used to identify each patient's specific risks for falling and then working with patients to address those risks is called <b>Fall TIPS</b>. Now I am going to ask you questions specifically about the components of Fall TIPS and your opinions about them.</p> <p>(Assessment) - The nurse asking you questions about:</p> <ul style="list-style-type: none"> <li>your fall history</li> <li>walking aids you used</li> <li>how stable you are in walking</li> </ul> <p>(Assessment) - The nurse observing you for:</p> <ul style="list-style-type: none"> <li>how well you walk</li> <li>possibility of being confused in your new environment</li> </ul> <p>Your fall prevention plan: Overall, how effective do you think your plan is in terms of:</p> <ul style="list-style-type: none"> <li>Communication about recent falls.</li> <li>Walking aids used.</li> <li>IV and/or equipment assistance needed when walking.</li> <li>Toileting schedule.</li> <li>How you toilet (bedpan, commode, bathroom)</li> <li>Bed alarm.</li> <li>Assistance to get out of bed (1 or 2 persons).</li> </ul>	

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	<p>How effective do you think the overall procedures of Fall TIPS were?</p> <p>How you would change Fall TIPS?</p> <p>Overall, how satisfied were you with Fall TIPS.?</p>	
<p><b><u>7.</u></b>  <b><u>Final</u></b>  <b><u>opportunity</u></b></p> <p>What else did you not ask?</p> <p>Seek out Self-efficacy (how confident the patient is at not falling)</p>	<p>What haven't I asked that you think will be helpful for us to know"?</p> <p>Do you have any other comments about what we have discussed today? or final thoughts about anything we talked about that you would like to share?</p> <p>How confident are you that you will not fall while you a patient here?</p> <p>*I'm going to ask you to rate yourself on a 10-point scale where 0 means you are not sure you can prevent yourself from falling to 10 which means you are absolutely confident that you won't fall. So, what number do you give yourself?</p> <p>_____</p>	
<p><b><u>8.</u></b>  <b><u>Closure</u></b></p>	<p>Thank you so much or your time and helping us with this project.</p> <p>Just a final reminder about confidentiality. I will not share your personal information or anything that could identify you in any reports we write.</p> <p>Ask demographic information &amp; observe room for Fall TIPS components &amp; generic safety.</p> <p>Again, thank you. Without your help we could not do this project.</p>	

