FALLS - ACUTE CARE
Data Collection Form

DATE (dd/MMM/yy): _____ /_____ /_____

RIGHT WAY ☐ WRONG WAY ⊘ ⊗ ☐ ⊙
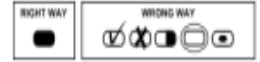
Pt #	A. Type of Fall Risk Assessment Performed on Admission (Select the Most Detailed)	B. Was Patient Designated "At Risk" for Fall and was risk status communicated?	C. Medication Review Completed	D. Patient has Documented Falls Prevention / Injury Reduction Plan	E. Completed Falls Risk Assessment Following a Significant Change in Medical Status	F. Patient is Restrained at any time in the Reporting Period	G. How Many Times did Patient Fall in Reporting Period (if 0 End Audit Here)	APPLY TO THE MOST RECENT FALL IN THE REPORTING PERIOD				
								H. Was Patient Assessed for Harm on Discovery of Fall?	I. Harm from Fall? (If "Death" End Audit Here)	J. Completed Fall Risk Assessment Following Fall?	K. Monitored for 24-48 hours after Fall?	L. Falls Prevention / Injury Reduction Plan Reviewed Revised after Fall?
1 VOID ◯	◯ SCREEN ◯ FULL ◯ NONE	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ NOT RECORDED	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ N/A	◯ Y ◯ N	◯ 0 ◯ 1 ◯ 2 ◯ >2	◯ Y ◯ N	◯ NO HARM ◯ MINOR ◯ MODERATE ◯ MAJOR ◯ DEATH	◯ Y ◯ N ◯ NOT ABLE TO PERFORM	◯ Y ◯ N ◯ NOT NOTIFIED ◯ NOT ABLE TO PERFORM	◯ Y ◯ N
2 VOID ◯	◯ SCREEN ◯ FULL ◯ NONE	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ NOT RECORDED	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ N/A	◯ Y ◯ N	◯ 0 ◯ 1 ◯ 2 ◯ >2	◯ Y ◯ N	◯ NO HARM ◯ MINOR ◯ MODERATE ◯ MAJOR ◯ DEATH	◯ Y ◯ N ◯ NOT ABLE TO PERFORM	◯ Y ◯ N ◯ NOT NOTIFIED ◯ NOT ABLE TO PERFORM	◯ Y ◯ N
3 VOID ◯	◯ SCREEN ◯ FULL ◯ NONE	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ NOT RECORDED	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ N/A	◯ Y ◯ N	◯ 0 ◯ 1 ◯ 2 ◯ >2	◯ Y ◯ N	◯ NO HARM ◯ MINOR ◯ MODERATE ◯ MAJOR ◯ DEATH	◯ Y ◯ N ◯ NOT ABLE TO PERFORM	◯ Y ◯ N ◯ NOT NOTIFIED ◯ NOT ABLE TO PERFORM	◯ Y ◯ N
4 VOID ◯	◯ SCREEN ◯ FULL ◯ NONE	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ NOT RECORDED	◯ Y ◯ N ◯ NO RISK	◯ Y ◯ N ◯ N/A	◯ Y ◯ N	◯ 0 ◯ 1 ◯ 2 ◯ >2	◯ Y ◯ N	◯ NO HARM ◯ MINOR ◯ MODERATE ◯ MAJOR ◯ DEATH	◯ Y ◯ N ◯ NOT ABLE TO PERFORM	◯ Y ◯ N ◯ NOT NOTIFIED ◯ NOT ABLE TO PERFORM	◯ Y ◯ N
NUM												
DENOM												
RESULT												

Refer to the detailed instructions for directions for completing the data collection form and calculating the results. Instructions are available in the measurement package from Safer Healthcare Now! (metrics@saferhealthcarenow.ca)