



FALLS - ACUTE CARE

RIGHT WAY WIRDING WAY DATE (dd/MMM/yy): Ø **(X)** → □ ⊙ APPLY TO THE MOST RECENT FALL IN THE REPORTING PERIOD A. Type of B. Was C. Medi-D. Patient E. F. Patient G. How cation Fall Risk **Patient** has Completed is Many Times H. Was I. Harm from J. Completed K. Monitored L. Falls Designated Review Falls Risk Restrained did Patient ssessment Documented Fall? (If "Death" Patient Fall Risk for 24-48 Prevention Performed "At Risk" Completed Falls Assessment at any Fall in End Audit Here) Assessed Assessment hours after / Injury Prevention for Fall and Following a time in Reporting on Pt for Harm Following Fall? Reduction Admission was risk Significant Period (if 0 / Injury the on Fall? Plan Select the Reduction Change in Reporting **End Audit** status Discovery Reviewed communica Medical Period Most Plan Here) of Fall? Revised Detailed) Status ted? after Fall? O NO HARM Υ Υ Υ Υ 0 Υ 1` **SCREEN** VOID MINOR Ν Ν Ν 1 Ν Ν Ν **FULL** N/A MODERAT NOT NO NO NOT **ABLE** RISK RECORDED RISK NOT TO PERFORM MAJOR NOTIFIED NONE NOT O ABLE O DEATH O PERFORM 2 NO HARM **SCREEN** VOID Ν Ν Ν Ν Ν MINOR Ν Ν FULL NOT N/A 2 MODERAT NO NO NOT ABLE RISK RISK RECORDED NOT TO PERFORM MAJOR NOTIFIED NONE NOT DEATH ABLE O PERFORM 3 NO HARM **SCREEN** VOID Ν Ν Ν Ν 1 Ν MINOR FULL MODERAT NOT N/A NO NO NOT ABLF RISK RISK NOT **RECORDED** TO PERFORM MAJOR >2 **NOTIFIED** NONE NOT O DEATH ABLE O PERFORM 4 Υ O NO HARM 0 VOID **SCREEN** MINOR N Ν Ν Ν Ν MODERATE **FULL** NOT N/A 2 NO NOT ABLE RISK RECORDED RISK NOT TO PERFORM MAJOR >2 **NOTIFIED** NONE NOT O DEATH **ABLE** O PERFORM NUM DENOM **RESUL7**



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)