

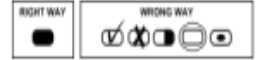


# FALLS - LONG-TERM CARE

## Data Collection Form



DATE (dd/MMM/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Pt #	A. Type of Fall Risk Assessment Performed on Admission (Select the Most Detailed)	B. Was Resident Designated "At Risk" for Fall and was risk status communicated?	C. Medication Review Completed	D. Resident has Documented Falls Prevention / Injury Reduction Plan	E. Completed Falls Risk Assessment Following a Significant Change in Medical Status	F. Resident is Restrained at any time in the Reporting Period	G. How Many Times did Resident Fall in Reporting Period (if 0 End Audit Here)	APPLY TO THE MOST RECENT FALL IN THE REPORTING PERIOD				
								H. Was Resident 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 0	<input type="radio"/> SCREEN <input type="radio"/> FULL <input type="radio"/> NONE	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT RECORDED	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> >2	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> NO HARM <input type="radio"/> MINOR <input type="radio"/> MODERATE <input type="radio"/> MAJOR <input type="radio"/> DEATH	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT NOTIFIED <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> N
2 VOID 0	<input type="radio"/> SCREEN <input type="radio"/> FULL <input type="radio"/> NONE	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT RECORDED	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> >2	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> NO HARM <input type="radio"/> MINOR <input type="radio"/> MODERATE <input type="radio"/> MAJOR <input type="radio"/> DEATH	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT NOTIFIED <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> N
3 VOID 0	<input type="radio"/> SCREEN <input type="radio"/> FULL <input type="radio"/> NONE	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT RECORDED	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> >2	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> NO HARM <input type="radio"/> MINOR <input type="radio"/> MODERATE <input type="radio"/> MAJOR <input type="radio"/> DEATH	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT NOTIFIED <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> N
4 VOID 0	<input type="radio"/> SCREEN <input type="radio"/> FULL <input type="radio"/> NONE	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT RECORDED	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NO RISK	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> >2	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> NO HARM <input type="radio"/> MINOR <input type="radio"/> MODERATE <input type="radio"/> MAJOR <input type="radio"/> DEATH	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> NOT NOTIFIED <input type="radio"/> NOT ABLE TO PERFORM	<input type="radio"/> Y <input type="radio"/> 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)

