

On-Time Falls Prevention: Electronic Reports

Four types of reports are described here. Each section presents a sample report followed by purpose, description, and users and potential uses. The types of reports are:

- On-Time Falls High-Risk Report.
- Quarterly Summary of Falls Risk Factors by Unit or Facility.
- Monthly Contextual Factors Report.
- Postfall Assessment Summary Report.

On-Time Falls High-Risk Report

Table 1. Sample Falls High-Risk Report

Unit: _____

Date: ___/___/___

Resident		Within 90 Days							Within 7 Days										ADL Decline and Other Clinical Information																	
Name	Room	High-Risk Existing Conditions							High-Risk Change in Condition							New Contributing Risk Factors																				
		Mental: Unsafe Behaviors	Mental: Cognitive Impairment	Gait and Balance Instability	Fall: 8-30 Days	Fall: 31-180 Days	Psychoactive Medications	Other High-Risk Medications	Acute Mental Status Change	Behavior: New Unsafe	New Gait/Balance or Device Order	New Fall	Med: New Med or Dose Change	Orthostatic Hypotension/Dehydration	Vertigo/Dizziness	Syncope/Fainting	Hypoglycemia	Possible Infection	New Seizure Activity	New Admission	Pain: New or Uncontrolled Chronic	Urinary Incont: New or Increased	Mobility: More Independent	Room Change	Bed Mobility	Transfer	Toileting	Depression Score Increase	Monthly BMI <18.5 kg/m ²	Significant Weight Change	Vitamin D Order	Osteoporosis	Diabetes	Visual Impairment		
Resident A	122	X			X		X						X						X	X																
Resident B	114				X	X								X				X				X						25*					X			
Resident C	103	X	X						X			X									X							21								
Resident D	142			X															X											X					X	
Resident E	112																		X																	
Resident F	133	X		X																			X						X							X
Total		3	1	2	2	1	1	1		1		1	1	1				2		3		1	1	1			2		1	2		1	1		2	

ADL = Activities of Daily Living.

Report Purpose

The *Falls High-Risk Report* provides clinicians with a weekly snapshot of residents in the nursing home at highest risk of a fall. Although all nursing home residents may be at risk of a fall, the *Falls High-Risk Report* will enable teams to be proactive and consistent in identifying residents at highest risk on a weekly basis and to focus care planning efforts on preventing falls.

The report is designed to help clinicians see changes in resident status earlier and identify residents at highest risk of a fall in a more timely manner than their existing practices enable them to. To accomplish this goal, the *Falls High-Risk Report* displays the list of residents meeting criteria for highest risk of a fall; for each resident included on the report, risk criteria and total weeks at high risk are displayed.

The report can help answer the following questions:

- How many residents triggered for highest risk of a fall?
- What are the most common risk factors?
- Which acute change was seen most often? Least often?
- How many residents at highest risk of a fall are cognitively impaired? Have no cognitive impairment?
- How many residents at highest risk had a change in status during the report week?

Report Description

The *Falls High-Risk Report* displays the list of residents meeting criteria for highest risk of an injurious fall; for each resident, his or her risk criteria are noted.

High-risk criteria were identified based on:

- A review of the literature,
- Fall elements and scoring from existing instruments, and
- Input from an advisory panel of leading experts and nursing home users.

High fall risk is determined by a combination of the following three components; definitions of each component are provided separately below.

- **Existing conditions that are considered high risk**; referred to in this document as high-risk existing conditions or HREC. Resident existing conditions that determine risk are sourced in Minimum Data Set (MDS) assessments or post fall assessments.
- **Change of condition risk elements** that are considered high risk and are recorded within 7 days of the report date; referred to in this document as high-risk change of condition or HRCC elements. HRCC elements are captured from multiple data sources within the facility's electronic medical record, such as nurse assessments, and represent changes that occurred in a resident's clinical condition within 7 days of the report date.
- **New contributing risk factors elements** are considered secondary risk elements, referred to in this document as new contributing risk factors or NCRR; these elements are captured from multiple data sources within the facility's electronic medical record, such as nurse assessments, within 7 days of the report date.

Residents are identified as at highest risk of falls based on the three rules defined below. A resident must meet at least one of these rules to be displayed on the *High-Risk Falls Report*.

- Rule 1: High risk based on an existing condition within 90 days
- Rule 2: High risk based on a change of condition within the last 7 days
- Rule 3: High risk based on new contributing risk factor within the last 7 days

Rules for Determining High Risk of Falls

Rule 1: High risk based on an existing condition

Resident must have at least three of four high-risk existing conditions:

- Severe cognitive impairment or unsafe behaviors
- Gait and balance instability (including the presence of specific diagnoses such as Parkinson’s disease that affect gait and balance)
- History of fall in the last 180 days
- Use of psychoactive medications (antipsychotics, antidepressants, sedative/hypnotics, antianxiety drugs) or other medications associated with fall risk (anticonvulsants, antihypertensives, diuretics, and opioids)

Data to populate the report include specific diagnosis codes, MDS assessment responses, and medications as listed in Table 2.

Table 2. Fall High-Risk Existing Conditions

High-Risk Existing Condition	Definition
Severe cognitive impairment or unsafe behaviors	<p><i>Source: MDS assessment responses</i> Presence of at least one of the following:</p> <ul style="list-style-type: none"> • Severe cognitive impairment: Summary Score (C0500): if score is 0-7 or problem making self understood (B0700), short-term memory problem (C0700), or impaired cognitive skills for daily decision making (C1000) • Unsafe behaviors: physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) (E0200), rejection of care (E0800), or wandering (E0900)
Gait and balance instability	<p><i>Source: MDS Assessment responses</i> Presence of at least one of the following:</p> <ul style="list-style-type: none"> • Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke (I4500) • Hemiplegia or Hemiparesis (I4900) • Paraplegia (I5000) • Multiple Sclerosis (I5200) • Huntington’s Disease (I5250) • Parkinson’s Disease (I5300) • Seizure Disorder or Epilepsy (I5400) <p><i>Source: MDS assessment responses</i></p> <ul style="list-style-type: none"> • Unsteady gait (G0300: Not steady, able to stabilize with or without staff assistance • Functional limitation in range of motion (G0400): impairment on one or both sides of the body • Use of a mobility device (G0600): cane/crutch or walker

High-Risk Existing Condition	Definition
History of fall in the last 180 days	<p><i>Source: Fall Assessment</i> Presence of at least one of the following:</p> <ul style="list-style-type: none"> • Fall in last 8-30 or 31-180 days <p><i>Source: MDS assessment responses</i></p> <ul style="list-style-type: none"> • Fall history in last 30 days (J1700A) • Fall history in 31- 180 days (J1700B)
High-risk medication profile (psychoactive medication or other high-risk medications)	<p><i>Source: Medication Administration Record</i> At least one medication from either group is active within the last 7 days:</p> <p><i>Group 1: Psychoactive medications</i></p> <ul style="list-style-type: none"> • Antipsychotics • Antidepressants • Sedative/hypnotics • Antianxiety drugs <p><i>Group 2: Other high-risk medications</i></p> <ul style="list-style-type: none"> • Anticonvulsants • Antihypertensives • Diuretics • Opioids <p><i>Source: MDS assessment responses</i></p> <ul style="list-style-type: none"> • Antipsychotic (N0410A) • Antianxiety (N0410B) • Antidepressant (N0410C) • Hypnotic (N0410D) • Anticoagulant (N0410E) • Diuretic (N0410G) • Insulin (N0350A and B)

Rule 2: High risk based on change of condition within the last 7 days

Certain changes or suspected changes in the resident’s condition, which represent a potential decline in status during the last 7 days, are associated with fall risk. The presence of at least one high-risk change in condition factor indicates high risk of a fall.

Each of these high-risk factors can be linked to a high-risk existing condition: mental, cognitive impairment, unsafe behaviors, gait and balance instability, fall history, or high-risk medications. Each facility will determine the best source of data elements to define each of the listed issues, except for new admission.

- Acute mental status change
- New unsafe behaviors
- New gait/balance problem or mobility device
- New fall
- New medication or dosage change
- Orthostatic hypotension /dehydration
- Vertigo/dizziness
- Syncope/fainting
- Hypoglycemia
- Possible infection
- New seizure activity
- New admission

Rule 3: High risk based on new contributing risk factor within the last 7 days

Certain changes or suspected changes in the resident's condition, which represent a potential decline in status during the last 7 days, are considered contributing fall risk factors. The presence of at least one change in status that is a contributing fall risk factor is important but not enough to be considered as highest risk and therefore requires additional criteria to trigger high risk.

A resident is considered at high risk of falls if there is at least one new contributing risk factor in the last 7 days AND at least one of the high-risk factors based on existing conditions present (Table 2 above). The facility determines the data source for each of the factors listed except room change, which is derived from the registration system.

- New or uncontrolled pain
- New or increased urinary incontinence
- Increased independence in mobility
- Room change

Activities of Daily Living (ADL) Changes and Additional Information

This section of the report does not contribute to fall risk rules but provides additional information to clinicians using the reports. These data are captured from multiple data sources within the facility's electronic medical record as determined by the facility and may represent changes that occurred in a resident's clinical condition within 7 days of the report date.

- Decline in bed mobility, transfer, or toileting
- Symptoms of depression
- Low body mass index
- Significant weight change
- An active physician's order for vitamin D
- Osteoporosis
- Diabetes
- Visual impairment

Users and Potential Uses

The table below displays potential users of the *Falls High-Risk Report* and potential uses. The fall-related meetings listed are examples of those that may occur in a nursing home. Workflows and meetings vary across nursing homes and may vary within an organization; therefore, users are provided with optional strategies to integrate the report into daily practice.

Table 3. On-Time Falls Risk Report Users and Potential Uses

Users	Potential Uses
Multidisciplinary team.	Care plan meetings
Charge nurse/nurse manager and CNAs.	CNA Shift Change Report
Nurse managers or charge nurses.	Nurse Shift Change Report
DON or ADON, nurse manager, QI director, rehab therapist or director, restorative nurse.	Root Cause Analysis for New Falls
Charge nurse, therapist, restorative nurse, and CNAs. Other staff may attend, such as activities staff, social services, and MDS nurse .	Weekly Fall Risk Huddle
Multidisciplinary team.	Weekly Behavior Review Meeting
Pharmacist and DON or nurse manager. Medical director may also participate.	Pharmacist Monthly Medication Review
DON or ADON, nurse manager, restorative nurse and rehab director or rehab therapist, depending on focus of meeting. Other interdisciplinary team members, depending on focus of meeting (e.g., activities staff may participate regarding exercise programs).	Weekly Falls Risk or Safety Meetings

Abbreviations used in tables describing meetings: ADON = assistant director of nursing; DON = director of nursing; CNA = certified nursing assistant; NP = nurse practitioner; MDS = Minimum Data Set; QI = quality improvement.

Quarterly Summary of Falls Risk Factors by Unit or Facility

Table 4. Sample Quarterly Summary of Falls Risk Factors by Unit

On-Time Quarterly Summary of Falls Risk Factors by Unit

Nursing Unit: _____

Date: ___/___/___

	High-Risk Existing Conditions							High-Risk Change in Condition										New Contributing Risk Factor				Additional Info Within 30 Days								Injury		Totals						
	Mental: Unsafe Behaviors	Mental: Cognitive Impairment	Gait and Balance Instability	Fall: 8-30 Days	Fall: 31-180 Days	Psychoactive Medications	Other High-Risk Medications	Acute Mental Status Change	Behavior: New Unsafe	New Gait/Balance or Device Order	New Fall	Med: New Med or Dose Change	Orthostatic Hypotension/Dehydration	Vertigo/Dizziness	Syncope/Fainting	Hypoglycemia	Possible Infection	New Seizure Activity	New Admission	Pain: New or Uncontrolled chronic	Urinary Incontinence: New or Increase	Mobility: More Independent	Room Change	Bed Mobility	Transfer	Toileting	Depression Score	Monthly BMI <18.5 kg/m ²	Significant Wt Change	Vitamin D Order	Osteoporosis	Diabetes	Visual Impairment	Fall With Major Injury	Fall With Minor Injury	Total Residents Who Fell	Total Residents With >1 Fall	Total Falls
Apr-11																																						
# falls	7	9	8	4	6	7	4	1	0	0	4	2	8	2	2	0	1	0	3	1	3	2	6	0	2	3	2	3	2	1	1	6	8	3	13	11	3	16
% (of monthly total falls)	44	56	50	25	38	44	25	6	0	0	25	13	50	13	13	0	6	0	19	6	19	13	38	0	13	19	13	19	13	6	6	38	50	19	81			
May-11																																						
# falls	5	5	6	4	5	5	4	1	0	0	5	2	4	0	2	0	2	0	1	1	3	0	3	0	2	2	3	3	1	1	1	6	4	2	9	10	1	11
% (of monthly total falls)	45	45	55	36	45	45	36	9	0	0	45	18	36	0	18	0	18	0	9	9	27	0	27	0	18	18	27	27	9	9	9	55	36	18	82			
Jun-11																																						
# falls	5	7	7	2	0	6	6	1	0	0	3	0	5	2	2	0	1	0	1	1	1	2	3	0	2	4	2	0	0	2	1	6	4	1	13	9	3	14
% (of monthly total falls)	36	50	50	14	0	43	43	7	0	0	21	0	36	14	14	0	7	0	7	7	7	14	21	0	14	29	14	0	0	14	7	43	29	7	93			
Unit Quarterly TOTALS																																						
# falls	17	21	21	10	11	18	14	3	0	0	12	4	17	4	6	0	4	0	5	3	7	4	12	0	6	9	7	6	3	4	3	18	16	6	35	30	7	41
% (of quarterly total falls)	41	51	51	24	27	44	34	7	0	0	29	10	41	10	15	0	10	0	12	7	17	10	29	0	15	22	17	15	7	10	7	44	39	15	85			

Table 5. Sample Quarterly Summary of Falls Risk Factors by Facility

On-Time Facility-Level Quarterly Summary of Falls Risk Factors

Date: ___/___/___

	High-Risk Existing Conditions							High-Risk Change in Condition									New Contributing Risk Factor				Additional Info Within 30 Days							Injury		Totals								
	Mental: Unsafe Behaviors	Mental: Cognitive Impairment	Gait and Balance Instability	Fall: 8-30 Days	Fall: 31-180 Days	Psychoactive Medications	Other High-Risk Medications	Acute Mental Status Change	Behavior: New Unsafe	New Gait/Balance or Device Order	New Fall	Med: New Med or Dose Change	Orthostatic Hypotension/Dehydration	Vertigo/Dizziness	Syncope/Fainting	Hypoglycemia	Possible Infection	New Seizure Activity	New Admission	Pain: New or Uncontrolled Chronic	Urinary Incontinence: New or Increase	Mobility: More Independent	Room Change	Bed Mobility	Transfer	Toileting	Depression Score (0-27)	Monthly BMI <18.5 kg/m2	Significant Wt Change	Vitamin D Order	Osteoporosis	Diabetes	Visual Impairment	Fall With Major Injury	Fall With Minor Injury	Total Residents Who Fell	Total Residents With >1 Fall	Total Falls
Unit A																																						
# falls	17	21	21	10	11	18	14	3	0	0	15	4	17	4	6	0	4	0	5	3	7	4	12	0	3	0	7	10	1	4	3	18	16	6	35	30	7	41
% (of Q total falls)	41	51	51	24	27	44	34	7	0	0	37	10	41	10	15	0	10	0	12	7	17	10	29	0	7	0	17	24	2	10	7	39	15	15	85			
Unit B																																						
# falls	9	9	6	3	12	12	5	1	4	6	20	2	11	0	2	9	2	1	1	1	3	0	3	0	7	7	3	3	1	3	1	13	4	2	35	31	4	37
% (of Q total falls)	24	24	16	8	32	32	14	3	11	16	54	5	30	0	5	24	5	3	3	3	8	0	8	0	19	19	8	8	3	8	3	35	11	5	95			
Unit C																																						
# falls	5	7	7	2	0	6	6	1	0	0	14	0	14	2	2	9	1	0	1	1	1	2	3	0	2	4	2	0	0	11	1	6	4	1	26	22	3	27
% (of Q total falls)	19	26	26	7	0	22	22	4	0	0	52	0	52	7	7	33	4	0	4	4	4	7	11	0	7	15	7	0	0	41	4	22	15	4	96			
# falls	31	37	34	15	23	36	25	5	4	6	49	6	42	6	10	18	7	1	7	5	11	6	18	0	12	11	12	13	2	18	5	37	24	9	96	83	14	105
% (of Q total falls)	30	35	32	14	22	34	24	5	4	6	47	6	40	6	10	17	7	1	7	5	10	6	17	0	11	10	11	12	2	17	5	35	23	9	91			

Report Purpose:

The *Quarterly Summary of Fall Risk Factors Report* provides information regarding the number and percentage of falls that have occurred for residents with each risk factor included in the *Falls High-Risk Report*. Nursing leaders and multidisciplinary QI teams can use these reports to identify trends, support root cause analysis, and target areas for improvement.

Using the reports, teams will be able to:

- Identify trends and patterns by nursing unit and target followup with staff, provide educational inservices as needed, and develop new or adjust existing prevention strategies;
- Compare trends across nursing units to identify variances in trends and understand causes of variances;
- Identify resident risk factors that may have caused a fall;
- Improve timeliness of root cause analysis and audit processes; and
- Provide summarized fall data to improve prevention practices, implement timely interventions, and identify any need for programmatic changes.

Report Description

The *Quarterly Summary of Fall Risk Factors Report* is a count of risk factors associated with the falls that have occurred over the 3- month report period. The report displays fall information for a specific nursing unit or the entire facility trended for 3 months. For each month, it displays the number of falls that occurred and the risk factors associated with the falls.

Each resident who experienced a fall likely had one or more risk factors. These risk factors are recorded for each fall and display in this report. This report can be run monthly as well.

For each risk factor, a percentage is calculated to indicate how frequently each risk factor was associated with a fall. For example, in the High-Risk Existing Conditions category, 8 falls were associated with Gait and Balance Instability, which is 50 percent of the total number of falls during the month of April (16). Because each fall may have more than one risk factor associated with it, the total of the risk factor percentages for each category may exceed 100.

Report data originate from existing documentation, thus eliminating manual efforts to collect and summarize fall data at the nursing unit and facility level.

Users and Potential Uses

The primary users of this report are nursing leadership, direct care nurses, and rehab staff. The table below displays potential users of the *Quarterly Summary of Fall Risk Factors Report* and potential uses.

Table 6. Quarterly Summary of Fall Risk Factors Report Users and Potential Uses

Users	Potential Uses
QI Committee. Department heads, including administrator and medical director (or physician/NP designee).	Quality Improvement Review
Rehab department staff	Rehab Department Internal Review
DON or ADON, nurse manager, QI director, rehab therapist or director, restorative nurse.	Root Cause Analysis for New Falls
DON or ADON, nurse manager, restorative nurse, and rehab director or rehab therapist, depending on focus of meeting. Other interdisciplinary team members, depending on focus of meeting (e.g., activities staff may participate regarding exercise programs).	Weekly Fall Risk or Safety Meetings
Medical director and attending physicians with particular focus on prescription medications.	Medical Staff Meeting

Monthly Contextual Factors Report

Table 7. Sample Monthly Contextual Factors Report by Facility

Monthly Contextual Factors Report

Date: ___/___/___

	Day of Week							Shift			Time of Day								Location								Other	Fall totals								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Days	Evenings	Nights	7 a.m. - 9:59 a.m.	10 a.m. - 11:59 a.m.	12p.m. to 1:29 p.m.	1:30 p.m. to 2:59 p.m.	3p.m. - 4:59 p.m.	5p.m. - 7:59 p.m.	8p.m.-10:59 p.m.	11p.m.- 12:59p.m.	1 a.m.- 4:59 a.m.	5 a.m. - 6:59 a.m.	In room	Bathroom	Hallway	Dining Room	Activities	Therapy	Beauty/Barber	Shower/Tub	Nursing Station	Out of Facility	Other	Room Change Within 30 Days of Fall Date	Total Residents Who Fell	Total Residents With >1 Fall	Total Falls	
Unit A																																				
# falls	0	0	2	0	0	1	1	1	2	1	0	0	0	1	1	1	0	0	1	0	1	1	0	0	0	0	0	0	2	0	0	0	3	3	1	4
% (of total falls)	0	0	50	0	0	25	25	25	50	25	0	0	0	25	25	25	0	0	25	0	25	25	0	0	0	0	0	50	0	0	0	75				
Unit B																																				
# falls	1	2	1	1	2	1	0	2	3	3	2	0	0	0	1	1	1	1	1	1	3	2	1	0	0	0	0	2	0	0	0	5	6	2	8	
% (of total falls)	13	25	13	13	25	13	0	25	38	38	25	0	0	0	13	13	13	13	13	13	38	25	13	0	0	0	0	25	0	0	0	63				
Unit C																																				
# falls	0	0	1	1	1	0	0	1	2	0	0	0	3	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	3	0	3	
% (of total falls)	0	0	33	33	33	0	0	33	67	0	0	0	100	0	0	0	0	0	0	0	0	0	0	33	33	33	0	0	0	0	0	0				
FACILITY TOTALS																																				
# falls	1	2	4	2	3	2	1	4	5	5	2	0	3	1	2	2	1	1	2	0	4	3	1	1	1	1	0	4	0	0	0	8	12	3	15	
% (of total falls)	7	13	27	13	20	13	7	27	33	33	13	13	20	7	13	13	7	7	13	0	27	20	7	7	7	7	0	27	0	0	0	53				

Note: Percentages may not add to 100 due to rounding.

Purpose

The purpose of the report is to display facility patterns by contextual factor. Like the *Quarterly Summary of Fall Risk Factors Report*, this report will enhance teams' ability to:

- Identify patterns by nursing unit and target followup with staff, provide educational inservices as needed, and develop new or adjust existing prevention strategies;
- Compare patterns across nursing units to identify variances and understand causes of variances;
- Identify contextual factors that may have contributed to a fall; and
- Provide summarized fall data to improve prevention practices, implement timely interventions, and identify any need for programmatic changes.

Report Description

The *Monthly Contextual Factors Report by Facility* displays information for all residents who fell during a given month and includes the total number of falls and associated contextual factors, including day of week, shift, time of day, and fall environment location. The information included on the *Monthly Contextual Factors Report by Facility* is displayed by nursing unit and facility. This report can also be generated for a single nursing unit or to display a quarterly view (similar to the view of the *Quarterly Summary of Fall Risk Factors Report*).

The report uses information gathered as part of resident post fall assessments to display the following information for each fall with fall date prior to and within 30 days of report date:

- Day of week on which the fall occurred,
- Shift during which the fall occurred,
- Time at which the fall occurred,
- The location of the fall, and
- If the resident had a room change within 30 days of the fall.

In addition, the report displays the total number of residents who fell, the total number of residents who had more than one fall, and the total number of falls for the report period.

Users and Potential Uses

The table below displays potential users of the *Monthly Contextual Factors Report by Facility*.

Table 8. Monthly Contextual Factors Report by Facility Users and Potential Uses

Users	Potential Uses
QI Committee. Department heads, including administrator and medical director (or physician/NP designee)	Quality Improvement Review
DON or ADON, nurse manager, QI director, rehab therapist or director, restorative nurse	Root Cause Analysis for New Falls

Postfall Assessment Summary Report

Table 9. Sample Postfall Assessment Summary Report

Resident Name: _____

		Date of Fall					
Fall Date	Date	10/4/13	1/16/14	2/11/14	2/27/14	3/6/14	4/17/14
Fall Day	Day of week	Saturday	Thursday	Tuesday	Thursday	Thursday	Thursday
Fall Time	Time or "not known"	6:35 a.m.	5:35 a.m.	7:15 a.m.	6:50 a.m.	6:10 a.m.	5:15 a.m.
Shift	Shift	N	N	D	E	N	N
Fall Witnessed?	Yes/no	N	N	Y	Y	N	N
If yes, who witnessed?	Staff, family, visitor, volunteer, other	Staff	Staff	Family	Staff	Staff	Family
	Name of person who witnessed the fall	text	text	text	text	text	text
If no, who found the resident?	Staff, family, visitor, volunteer, other	Staff	Staff	Family	Staff	Staff	Family
	Name of person who found the resident	text	text	text	text	text	text
Fall Location	Fall location: room; bathroom; hallway; dining room; activities; therapy; beauty parlor; shower/tub; nursing stations; out of facility; other	Bathroom	Bathroom	Room	Room	Bathroom	Bathroom
Resident Position When Found	Position when found; supine, lying left, lying right, sitting, other	Supine	Sitting	Lying right	Supine	Sitting	Sitting
Resident Activity at Time of Fall	Activity prior to fall: walking; transferring; toileting; in bed; in chair; other	Toileting	Toileting	Walking	Walking	Toileting	Toileting
Potential Causes of Fall	Unknown						
	Behavior – agitation/other						
	Loss of balance (reaching, turning, sudden movement, other)						
	Gait/balance instability			X	X		
	Bowel/bladder: trying to get to bathroom on own	X	X	X	X	X	X
	Personal device or equipment or attached appliance (cane, walker, crutch, O ₂) – improper use			X	X		
	Equipment failure, bed, chair, floor mat alarms						
	Potential medication issue: new med/dose change/suspected reaction						
	Resident chooses not to follow recommendations: alert and oriented						
	Resident unable to follow recommendations: cognitively impaired						
	Other, please describe						
Fall Comments	Free text						
Fall Injury?	Yes/no	N	N	Y	Y	Y	N

If yes, what type of injury?							
Injury Type: Major	Fracture: hip				X		
	Fracture: other						
	Joint dislocation						
	Closed head injury with altered consciousness						
	Subdural hematoma						
Injury Type: Minor	Skin tear	X					
	Abrasion			X			
	Laceration					X	
	Superficial bruises, hematomas			X		X	
	Sprain						
	Other injury that causes pain						
Injury Site	Head	LE	LE	LE	LE	LE	UE
	Upper extremity (UE)						
	Lower extremity (LE)						
Injury Assessment	ROM upper: full/decreased	Full	Full	Full	Full	Full	Decr
	ROM lower: full/decreased	Decr	Decr	Decr	Decr	Decr	Full
	Loss of consciousness: yes or no	No	No	No	No	No	Yes
	Neuro status: usual or not usual (changes noted)	Usual	Usual	Usual	Usual	Usual	Not usual
	Bleeding: none, minor, significant	None	None	None	None	None	None
	Other						
	Free text						
Where Resident Was Treated	Facility, ER, hospital admit	Facility	Facility	ER	ER	Facility	Facility
PCP Notified?	Yes/no	Y	Y	Y	Y	Y	Y
MD Notified	Physician name	Brewer	Brewer	Cannon	Jackson	Brewer	Brewer
PCP Notification Date	Date	10/4/13	1/16/14	2/11/14	2/27/14	3/6/14	4/17/14
PCP Notification Time	Time	7:00 a.m.	7:00 a.m.	8:00 a.m.	7:00 a.m.	7:00 a.m.	6:30 a.m.
Family Notified?	Yes/no	Y	Y	Y	Y	Y	Y
Family Notified	Family name/relationship	Daughter	Daughter	Son	Son	Son	Son
Family Notification Date	Date	10/4/13	1/16/14	2/11/14	2/27/14	3/6/14	4/17/14
Family Notification Time	Time	8:00 a.m.	8:00 a.m.	8:30 a.m.	7:30 a.m.	8:00 a.m.	8:00 a.m.
PCP Exam Performed?	Yes/no	Y	Y	Y	N	Y	Y
PCP Exam Date	Date	10/6/14	1/17/14	2/12/14		3/6/14	4/17/14
PCP Exam Time	Time	8:00 a.m.	8:00 a.m.	8:30 a.m.		8:00 a.m.	8:00 a.m.
PT Notified?	Yes/no	Y	Y	Y	N	Y	Y
PT Consult	Date	10/4/13	1/16/14	2/11/14		3/6/14	4/17/14

Report Purpose

Interdisciplinary care and QI teams can use the *Postfall Assessment Summary Report* to identify trends for multiple fallers, support root cause analysis, and determine individualized care plan interventions and organizational actions and process enhancements that may be needed to prevent additional falls.

Report Description

The *Postfall Assessment Summary Report* displays a single resident's fall details as recorded on the *Postfall Assessment*. The report can display information for up to the six most recent falls for an individual resident, including all of the following information that originates in the *Postfall Assessment*:

- Fall date and time,
- Whether the fall was witnessed,
- If the fall was not witnessed, who found the resident and information regarding the last activity the resident was observed engaged in before the fall,
- Fall location,
- Position the resident was found in,
- If the fall was witnessed, the activity the resident was engaged in at the time of the fall,
- Suspected potential causes of the fall,
- Whether injury resulted from the fall and, if so, the type and severity of the injury,
- Whether treatment was required for the fall,
- Physician notification and examination,
- Family notification, and
- Physical therapy evaluation postfall.

Note: While nursing homes and EMR vendors will choose the specific postfall assessment that is used as part of their specific EMR, the data elements listed above must be included in the chosen assessment to fully populate the On-Time falls reports. Facility staff typically complete a falls assessment immediately after a resident falls.

Table 10. Postfall Assessment Summary Report Users and Potential Uses

Users	Potential Uses
Multidisciplinary team.	Care Plan Meetings
Rehab department staff.	Rehab Department Internal Review
DON or ADON, nurse manager, QI director, rehab therapist or director, restorative nurse.	Root Cause Analysis for New Falls
Charge nurse, therapist, restorative nurse, and CNAs. Other staff may attend, such as activities staff, social services, and MDS nurse.	Weekly Fall Risk Huddle
Pharmacist and director of nursing or nurse manager. Medical director may also participate.	Pharmacist Monthly Medication Review
DON or ADON, nurse manager, restorative nurse, and rehab director or rehab therapist, depending on focus of meeting. Other interdisciplinary team members, depending on focus of meeting (e.g., activities staff may participate regarding exercise programs).	Weekly Fall Risk or Safety Meetings