

Completeness Report

I. Documentation Completeness: All Shifts

Documentation Item	7/10/2006	7/17/2006	7/24/2006	7/31/2006
Meal Intake	90.2	84.9	83.7	88.3
Bowels	65.8	61.9	63.3	72.7
Bladder	60.1	63.1	60.4	70.3
Behaviors	72.0	74.8	76.5	81.7

II. Summary for Week of 7/31

Total Residents	30
# residents missing $\geq 75\%$ nutritional intake data	0
# residents missing $\geq 75\%$ of bowel data	0
# residents missing $\geq 75\%$ of bladder data	0
# residents missing $\geq 75\%$ of behavior data	0

III. Documentation Completeness: Night Shift

Documentation Item	7/10/2006	7/17/2006	7/24/2006	7/31/2006
Bowels	39.7	41.6	45.2	62.9
Bladder	40.6	58.0	46.5	68.1
Behaviors	46.0	69.0	65.0	77.6

IV. Documentation Completeness: Day Shift

Documentation Item	7/10/2006	7/17/2006	7/24/2006	7/31/2006
Breakfast	88.8	84.1	82.0	85.2
Lunch	92.0	86.9	82.9	85.2
Bowels	87.5	76.3	73.3	75.7
Bladder	68.3	62.9	61.3	67.1
Behaviors	87.9	83.3	82.9	81.0

V. Documentation Completeness: Evening Shift

Documentation Item	7/10/2006	7/17/2006	7/24/2006	7/31/2006
Dinner	89.7	83.7	86.2	94.3
Bowels	70.1	67.8	71.4	79.5
Bladder	71.4	68.6	73.3	75.7
Behaviors	82.1	72.2	81.6	86.7

VI. Form Consistency Errors

Name	Resident ID	Section	Description
Sample Resident 1	0001119	08/01 (E) bladder	Catheter but Incontinent Urine Count not 0
Sample Resident 2	0038900	08/02 (E) bladder	Catheter but Incontinent Urine Count not 0
Sample Resident 3	0082800	08/02 (N) bladder	Catheter but Incontinent Urine Count not 0
Sample Resident 4	0001117	08/03 (E) behaviors	No Behaviors Observed and Frequent Crying both checked
Sample Resident 45	0047100	08/03 (E) behaviors	No Behaviors Observed and Abusive Language both checked

VII. Resident Summary Details: Sample

Name	Resident ID	Section	% Complete
	X	Behaviors	85.7
	X	Bladder	71.4
	X	Bowels	66.7
	X	Meals	95.2
	X	Behaviors	76.2
	X	Bladder	71.4
	X	Bowels	76.2
	X	Meals	90.5
	X	behaviors	85.7
	X	Bladder	71.4
	X	Bowels	81.0
	X	Behaviors	71.4
	X	Bladder	66.7

Nutrition Report

High Risk (Decreased Meal Intake and Weight Loss)

Resident Name	Resident ID	Decreased Intake	Avg. Meal Intake % Wk. 07/10/06	Avg. Meal Intake % Wk. 07/17/06	Avg. Meal Intake Wk. % 07/24/06	Avg. Meal Intake % Wk. 07/31/06	Wt. Change lbs.	History Resolved PU	Most Recent Ulcer Assess Date	# PUs
Sample Resident 1	0001119	7/31/2006	73	51	61	52	-2.3		-	-
Sample Resident 2	0038900	7/31/2006	0	7	33	36	-6.2		7/19/2006	1

Medium Risk (Decreased Meal Intake or Weight Loss)

Resident Name	Resident ID	Decreased Intake	Avg. Meal Intake % Wk. 07/10/06	Avg. Meal Intake % Wk. 07/17/06	Avg. Meal Intake Wk. % 07/24/06	Avg. Meal Intake % Wk. 07/31/06	Wt. Change lbs.	History Resolved PU	Most Recent Ulcer Assess Date	# PUs
Sample Resident 1	0000000	07/31/06	32	34	40	42	-		-	-
Sample Resident 2	1111111	07/31/06	76	76	-	71	-		-	-
Sample Resident 3	0001119	08/02/06	49	36	44	54	-		-	-
Sample Resident 4	0038900	08/01/06	74	78	-	64	-		-	-
Sample Resident 5	0082800	07/31/06	56	23	43	43	-		-	-
Sample Resident 6	0001117	07/31/06	41	23	28	47	-		-	-
Sample Resident 7	0047100	08/04/06	73	71	71	62	-		-	-

Weight Summary

Resident Name	Resident ID	Wt. 180 Days Prior	Wt. 90 Days Prior	Wt. For Wk. 07/10/06	Wt. For Wk. 07/17/06	Wt. For Wk. 07/24/06	Wt. For Wk. 07/31/06	Wt. Change lbs.	Date 5-10% Wt. Loss ≤ 30 Days	Date > 10% Wt. Loss < 180 Days
Sample Resident 1	0000000	-	-	139	-	139	140	1	-	-
Sample Resident 2	1111111	-	-	-	-	-	-	-	-	-
Sample Resident 3	0001119	-	-	159	159	-	-	0	-	-
Sample Resident 4	0038900	-	-	-	-	-	-	-	-	-

Behavior Report

Number of Residents with Behaviors by Shift: Unit Snapshot

Shift	Frequent Crying	Yell/ Scream	Kicking/ Hitting	Pinch/ Scratch/ Spit	Biting	Wandering	Abusive Language	Threatening Behavior	Resists Care	Repetitive Verbalization	Repetitive Movement	Sexually Inappropriate Behavior
D	2 (6%)	4 (13%)	1 (3%)	0 (0%)	0 (0%)	4 (13%)	2 (6%)	2 (6%)	2 (6%)	4 (13%)	2 (6%)	0 (0%)
E	1 (3%)	4 (13%)	1 (3%)	0 (0%)	0 (0%)	4 (13%)	2 (6%)	1 (3%)	5 (17%)	5 (17%)	1 (3%)	0 (0%)
N	3 (10%)	3 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	0 (0%)	3 (10%)	3 (10%)	2 (6%)	0 (0%)
All	5 (17%)	5 (17%)	1 (3%)	0 (0%)	0 (0%)	5 (17%)	2 (6%)	2 (6%)	6 (20%)	5 (17%)	3 (10%)	0 (0%)

Name	Resident ID	Shift	Frequent Crying	Yell/ Scream	Kicking/ Hitting	Pinch/ Scratch/ Spit	Biting	Wandering	Abusive Language	Threatening Behavior	Resists Care	Repetitive Verbalization	Repetitive Movement	Sexually Inappropriate Behavior	Total # of Behaviors
	X	D	0	0	0	0	0	0	0	0	0	1	1	0	2
		E	0	0	0	0	0	0	0	0	0	3	3	0	6
		N	0	0	0	0	0	0	0	0	0	0	0	0	0
	X	D	0	1	0	0	0	0	0	0	1	1	0	0	3
		E	1	0	0	0	0	0	0	0	3	3	0	0	7
		N	3	1	0	0	0	0	0	0	3	1	1	0	9
	X	D	0	6	0	0	0	0	5	0	0	0	0	0	11
		E	0	5	0	0	0	0	4	0	0	0	0	0	9
		N	0	7	0	0	0	0	6	0	0	0	0	0	13
	X	D	0	1	1	0	0	2	0	1	1	1	0	0	7
		E	0	1	1	0	0	4	0	2	1	2	0	0	11
		N	0	0	0	0	0	0	0	0	0	0	0	0	0

Pressure Ulcer Trigger Summary Report

Number of Residents and the Percentage of the Unit within Each Trigger by Week

Pressure Ulcer Triggers	Week 1	Week 2	Week 3	Week 4
	2006-07-10	2006-07-17	2006-07-24	2006-07-31
Wt. Loss 5-10% in ≤ 30 Days	-	-	-	-
Wt. Loss > 10% in ≤ 180 Days	-	-	-	-
2 Meals ≤ 50% in 1 Day	6 (18%)	8 (23%)	8 (23%)	8 (22%)
Weekly Meal Intake Average < 50%	4 (12%)	7 (20%)	5 (14%)	4 (11%)
Daily Urine Incontinence	10 (30%)	16 (47%)	13 (38%)	15 (41%)
> 3 Days Bowel Incontinence.	13 (39%)	18 (52%)	12 (35%)	15 (41%)
Catheterized	10 (30%)	16 (47%)	8 (23%)	12 (33%)
History of Resolved Ulcer	-	-	-	-
Current Pressure Ulcer	-	-	-	-

Pressure Ulcer Trigger Summary by Resident for Current Week

Name	Resident ID	Wt. Loss 5-10% in ≤ 30 Days	Wt. Loss > 10% in ≤ 180 Days	2 Meals ≤ 50% in 1 Day	Weekly Meal Intake Average < 50%	Daily Urine Incontinence	> 3 Days Bowel Incontinence	Catheter	History of Resolved Ulcer	Current Pressure Ulcer	# of Triggers Last Week	# of Triggers This Week
	X			X	X	X	X				3	4
	X					X	X	X			2	3
	X			X			X	X			5	3
	X					X	X	X			0	3
	X					X	X	X			2	3
	X			X			X	X			0	3
	X			X	X			X			3	3
	X					X	X				1	2
	X			X				X			1	2
	X						X	X			3	2

Priority Reports

Priority Report

Name	Resident ID	Decreased Meal + Wt. Loss	Wt. Loss \geq 5% Last 30 Days	Incontinence Increase	Different Behaviors \geq 3 ¹	Worsening Ulcer	New Ulcer	Open Area
Resident Name	0001122				3*			
Resident Name	0079601			X				X
Resident Name	0052124			X	4*			
Resident Name	0001637			X				
Resident Name	0003242			X	4			
Resident Name	0039624			X		X		
Resident Name	0065677							X
Resident Name	0002146			X		X	X	X

¹Definition

Behaviors \geq 3: If 2 or more *different* behaviors present for the report week that did not present during previous week AND total number of behaviors \geq 3, display total number of behaviors with asterisk next to number (asterisk indicates 2 or more *additional, different behaviors* from previous report week).

Examples

If < 3 different behaviors THEN leave behaviors column blank

If \geq 3 different behaviors for current week THEN display total # behaviors

If \geq 3 different behaviors for current week AND increase in total # of *different* behaviors from previous week by \geq 2 THEN display # behaviors for current week and asterisk next to number

Residents with Red Areas

Name	Resident Id	Red Area
Resident Name	0001119	X
Resident Name	0038900	X
Resident Name	0082800	X
Resident Name	0001117	X
Resident Name	0047100	X