

AHRQ's Safety Program for Nursing Homes: On-Time Preventable Hospital and Emergency Department Visits

Functional Specifications

Current as of February 2018



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On-Time Quality Improvement for Long-Term Care Functional Specifications for On-Time Falls Prevention

1. General Information

1.1. Background

On-Time Quality Improvement for Falls Prevention (On-Time Falls Prevention) is designed to incorporate risk factors and prevention strategies into clinical decision support tools to enhance fall prevention in nursing homes. On-Time Falls Prevention provides clinical decision support tools that identify residents at high risk for falls, profiles those risks, and compiles aggregate data postfall to improve postfall analyses. The reports help identify most prevalent risk factors for and common causes of falls that can be addressed to help further reduce falls risk.

1.2. Electronic Medical Record Vendor Prerequisites

The following electronic medical record (EMR) capabilities are necessary to provide the required data elements for On-Time reports:

- Resident Minimum Data Set (MDS) assessments;
- Nurse documentation of clinical assessments;
- Medication profiles by resident, medication administration records (MARs), or physician orders for resident medications; and
- Postfall assessment documentation.

1.3. Report Users

Users of the On-Time Falls Prevention reports include any nursing home staff with permission to access data stored in the resident medical record for care planning and decision making. These may include clinical staff from multiple disciplines: all nursing positions, including managers, supervisors, charge nurses, other staff nurses, MDS nurses, wound nurses, and staff educators; quality improvement staff; dietitians; rehabilitation staff; and social workers. Physicians, nurse practitioners, and physician assistants may also want to access the reports. The primary users of falls reports are facility staff responsible for documenting fall assessments and monitoring or managing resident falls.

2. AHRQ On-Time Falls Prevention

The AHRQ On-Time Falls Prevention Reports are listed in the table below.

Table 1. On-Time Falls Prevention Reports

1	Falls High-Risk Report
2	Fall Risk Factors Report by Unit or Facility
3	Contextual Fall Risk Factors Report by Unit or Facility
4	Postfall Assessment Summary Report by Resident

2.1. Report Titles

The functional specifications for all On-Time reports are available to any long-term care EMR vendors wanting to incorporate On-Time reports into their product. All reports must be labeled “On-Time” and developed as specified, to maintain the integrity of the reports for facilities participating in On-Time Falls Prevention.

To integrate the reports into day-to-day workflow, nursing home staff work with an On-Time facilitator who adheres to a structured implementation plan using detailed implementation and guidance materials for each report.

2.2. Report Headers and Footers

Table 2 provides general report header and footer information. If this information differs by report, the information will display in the section of this document where the report is described. Use the EMR vendor format to display information on unit-level or facility-level reports.

Table 2. Standard Headers and Footers

Report Header	Date Source	Valid Input and Display
Report Title	Reports	<ul style="list-style-type: none"> • Display Report title. • Display top center. • Display facility name or logo per EMR vendor format.
Nursing Unit	System	<ul style="list-style-type: none"> • For unit-level reports, display the nursing unit name that is selected by the user during report parameter setup. • Display in the top left margin or use vendor standard format.
Resident Name	System	<ul style="list-style-type: none"> • For resident-level reports, display the resident last name, first name, and room number. • Display in the top left margin or use vendor standard format.
Report Ending Date		<ul style="list-style-type: none"> • Display the report ending date that is specified by the user during report parameter setup. • Display in the top left margin or use vendor standard format.
Footer	Date Source	Valid Input and Display
Print Date	System	<ul style="list-style-type: none"> • Display month/date/year the report was generated. • Use EMR vendor format for month, date, year displays.
Text		Display: “Source: Agency for Healthcare Research and Quality; 2018” in the bottom left margin. If the vendor has standard information that displays, then display in the bottom right margin.

2.3. General Report Rules

The following rules apply to all reports.

2.3.1. Exclusions

- **Residents no longer being treated at the facility**, which include residents with discharge dates within 7 days prior to the report date.
- **Resident diagnosis codes** inactive or discontinued within 7 days prior to the report date and during calculation periods.
- **Physician orders** with discontinuation dates or expiration dates within 7 days prior to the report date and during calculation periods, including resident medication profiles.

2.3.2. Report Parameters.

End users must be able to:

- Filter reports by nursing unit or by facility;
- Specify a report end date to generate reports for specific periods; and
- Specify a date range or calendar month, depending on available report parameters.

3. Specifications for Each Falls Prevention Report

3.1. Falls High-Risk Report

3.1.1. Report Description

The Falls High-Risk Report provides a weekly snapshot of residents in a nursing home at highest risk for a fall. Only residents who meet criteria for high fall risk will display on the report. Rules to determine residents at highest risk are described below.

3.1.2. Dependencies and Clinical Assumptions

1. A resident may have multiple falls on the same date, so the system must have the ability to assign a unique fall identifier (ID) to each resident fall.
2. Each unique fall ID must be linked to a resident ID.
3. A postfall assessment is completed for each resident fall.
4. Each postfall assessment must be linked to a unique fall ID.
5. Postfall assessment elements must be associated with a unique fall ID.
6. For reports that display resident medications, the vendor can use the MDS data elements, the medication administration record (MAR), or another vendor source as the data source for resident medications.
7. Report filters shall be available to display residents by nursing unit or all residents in the facility; user defines filter as unit and specifies unit or facility.

3.1.3. Report Example: Falls High-Risk Report

A sample Falls High-Risk Report appears below. Information in these report sections contributes to high-risk rules.

*Note: In the report, ADL = activities of daily living; BMI = body mass index; Depression Score: 0-9 (mild); 10-19 (moderate); 20-27 (severe); * = score is higher than prior score.*

**On-Time Falls High-Risk Report
Blue Harbor Nursing Home**

Date: August 4, 2017

Unit: Holbrook A

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			ADL Decline and Other Clinical Information																
		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	Medication: New Medication 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 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	Osteoporosis	Diabetes	Visual Impairment	
Resident A	122	X			X		X						X				X		X									25*			X				
Resident B	114				X	X								X			X					X											X		
Resident C	103	X	X						X			X									X							21							
Resident D	142			X															X											X				X	
Resident E	112							X											X																
Resident F	133	X		X																			X							X					X
Totals	Totals	3	1	2	2	1	1	1	1			1	1	1			2		3		1	1	1		1	1	1		1	2		1	2		

Source: Agency for Healthcare Research and Quality; 2017.

August 5, 2017

3.1.4. Valid Input and Displays

3.1.4.1. High-Risk Existing Conditions Within 90 Days

Four components: HREC 1-4.

- HREC 1: Mental Instability
 - A: Unsafe Behaviors
 - B: Cognitive Impairment
- HREC 2: Gait and Balance Instability
 - A: Balance During Transitions and Walking
 - B: Active Diagnoses (affecting gait and balance)
- HREC 3: Fall History
 - A: Fall: 8-30 Days
 - B: Fall: 31-180 Days
- HREC 4: High-Risk Medication Profile
 - A: Psychoactive Medications
 - B: Other High-Risk Medications

3.1.4.2. MDS Assessment Source

When the source is an MDS assessment element (e.g., EO200A), choose the most recent MDS assessment with assessment reference date (A2300) that is ≤ 90 days of report date.

3.1.4.3. Postfall Assessment Source

When an electronic postfall assessment is available, use as primary source instead of MDS source option listed in the table below.

Table 3. High-Risk Existing Condition Definitions

	High-Risk Existing Conditions Columns and Components	Column Header	Source	Valid input	Rule/Display
1	HREC 1 (Mental Instability)				Unsafe Behaviors (HREC 1A) and Cognitive Impairment (HREC 1B) determine if HREC 1 is true. If any item in HREC 1A or 1B is true, then HREC 1 - Mental Instability is true.
2	HREC 1A (Unsafe Behaviors)	Mental: Unsafe Behaviors	MDS E0200A	MDS E0200A Physical behaviors directed toward others 1= Behavior of this type occurred 1 to 3 days. 2= Behavior of this type occurred 4 to 6 days but less than daily. 3= Behavior of this type occurred daily.	If E0200A response = 1, 2, or 3, then display X.
3			MDS E0200B	MDS E0200B Verbal behavioral symptoms 1= Behavior of this type occurred 1 to 3 days. 2= Behavior of this type occurred 4 to 6 days but less than daily. 3= Behavior of this type occurred daily.	If E0200B response = 1, 2, or 3, then display X.
4			MDS E0200C	MDS E0200C Other behavioral symptoms 1= Behavior of this type occurred 1 to 3 days. 2= Behavior of this type occurred 4 to 6 days but less than daily. 3= Behavior of this type occurred daily.	If E0200C response = 1, 2, or 3, then display X.
5			MDS E0800	MDS E0800 Rejection of care 1= Behavior of this type occurred 1 to 3 days. 2= Behavior of this type occurred 4 to 6 days but less than daily. 3= Behavior of this type occurred daily.	If E0800 response = 1, 2, or 3, then display X.
6			MDS E0900	MDS E0900 Wandering 1= Behavior of this type occurred 1 to 3 days. 2= Behavior of this type occurred 4 to 6 days but less than daily. 3= Behavior of this type occurred daily.	If E0900 response = 1, 2, or 3, then display X.
7	HREC 1B (Cognitive Impairment)	Mental: Cognitive Impairment	MDS C0500	MDS C0500 =0, 1, 2, 3, 4, 5, 6, or 7	If C0500 has a value 0-7, then display X. If C0500 does not have a value, then use the following rule in row 7b.
7b			MDS B0700, C0700, C0800, C1000	B0700 = 1, 2, or 3 C0700 = 1 C0800 = 1 C1000 = 1, 2 or 3	B0700 = 1, 2, or 3 OR C0700 = 1 OR C1000 = 1, 2, or 3, then display X.

	High-Risk Existing Conditions Columns and Components	Column Header	Source	Valid input	Rule/Display
8	HREC 2 (Gait and Balance Instability)				Balance During Transitions and Walking (HREC 2A) and Active Diagnoses (HREC 2B) determine if HREC 2 is true. If any item in HREC 2A or 2B is true, then HREC 2 - Gait and Balance Instability is true.
9	HREC 2A (Balance During Transitions and Walking)	Gait and Balance Instability	MDS G0300A	MDS G0300 Balance During Transitions and Walking G0300A Moving from seated to standing position 1 = Not steady but able to stabilize without human assistance 2 = Not steady, only able to stabilize with human assistance	If any item in HREC 2A is true, then HREC 2 A is true. If G0300A response = 1 or 2, then display X.
10			MDS G0300B	MDS G0300B Walking 1= Not steady, but able to stabilize without human assistance or 2 = Not steady, only able to stabilize with human assistance	If G0300B response = 1 or 2, then display X.
11			MDS G0300C	MDS G0300C Turning around 1= Not steady, but able to stabilize without human assistance or 2 = Not steady, only able to stabilize with human assistance	If G0300C response = 1 or 2, then display X.
12			MDS G0300D	MDS G0300D Moving on and off toilet 1 = Not steady, but able to stabilize without human assistance or 2 = Not steady, only able to stabilize with human assistance	If G0300D response = 1 or 2, then display X.
13			MDS G0300E	MDS G0300E Surface-to-surface transfer 1 = Not steady, but able to stabilize without human assistance or 2 = Not steady, only able to stabilize with human assistance	If G0300E response = 1 or 2, then display X.
14			MDS G0400B	MDS 400 Functional Limitations in Range of Motion MDS G0400B Lower extremity 1 = Impairment on one side or 2 = Impairment on both sides	If G0400B response = 1 or 2, then display X.
15			MDS G0600A, G0600B	MDS G0600 Mobility Devices G0600A = 1 Cane/Crutch G0600B = 1 Walker	If G0600A response = 1 or G0600B = 1, then display X.
16	HREC 2B (Active Diagnoses)		MDS I4500	MDS I4500 = 1	If any item in HREC 2B is true, then HREC 2B is true. If I4500 response = 1, then display X.
17			MDS I4900	MDS I4900 = 1	If I4900 response = 1, then display X.
18			MDS I5000	MDS I5000 = 1	If I5000 response = 1, then display X.
19			MDS I5200	MDS I5200 = 1	If I5200 response = 1, then display X.
20			MDS I5250	MDS I5250 = 1	If I5250 response = 1, then display X.
21			MDS I5300	MDS I5300 = 1	If I5300 response = 1, then display X.
22			MDS I5400	MDS I5400 = 1	If I5400 response = 1, then display X.

	High-Risk Existing Conditions Columns and Components	Column Header	Source	Valid input	Rule/Display
23	HREC 3 Fall History				Fall 8-30 days (HREC 3A) and Fall 31-180 days (HREC 3B) determine if HREC 3 is true. If HREC 3A or 3B is true, then HREC 3 - Fall History is true.
24	HREC 3A (Fall Within 30 Days)	Fall: 8-30 Days	Postfall Assessment or MDS item J1700A	Fall Date	If any fall dates are within 8-30 days of report date, then display X. If J1700 A = 1 and MDS A2300 \leq 7 days of report date, then display X.
25	HREC 3B (Fall 31-180 Days)	Fall: 31-180 Days	Postfall Assessment or MDS item J1700B	Fall Date	If any fall dates are within 31-180 days of report date, then display X. If J1700B = 1 and MDS A2300 \leq 7 days of report date, then display X.
26	HREC 4 (High-Risk Medication Profile)				Psychoactive Medications (HREC 4A) and Other High-Risk Medications (HREC 4B) determine if HREC 4 is true. If any item in HREC 4A or 4B is true, then HREC 4 – High-Risk Medication Profile is true.
27	HREC 4A (Psychoactive Medications)	Psychoactive Medications	MDS N0410A	MDS N0410 Medications Received MDS N0410A = 1, 2, 3, 4, 5, 6, or 7	If N0410A response >0, then display X.
28			MDS N0410B	MDS N0410B = 1, 2, 3, 4, 5, 6, or 7	If N0410B response >0, then display X.
29			MDS N0410C	MDS N0410C = 1, 2, 3, 4, 5, 6, or 7	If N0410C response >0, then display X.
30			MDS N0410D	MDS N0410D = 1, 2, 3, 4, 5, 6, or 7	If N0410D response >0, then display X.
31	HREC 4B (Other High Risk Medications)	Other High Risk Medications	MDS N0410E	MDS N0410E = 1, 2, 3, 4, 5, 6, or 7	If N0410E response >0, then display X.
32			MDS N0410G	MDS N0410G = 1, 2, 3, 4, 5, 6, or 7	If N0410G response >0, then display X.
33			MDS N0350A or N0350B	MDS N0350: Insulin N0350A = 1, 2, 3, 4, 5, 6, or 7 MDS N0350B = 1, 2, 3, 4, 5, 6, or 7	If N0350A response >0 OR N0350B response >0, then display X.

3.1.4.2. High-Risk Change in Condition Elements

High-risk change in condition (HRCC) elements are captured from multiple data sources within the facility’s electronic medical record and represent changes that occurred in a resident’s clinical condition within 7 days of report date.

Facilities will identify the data source and valid input to determine if a variable is true or false. If true, an X will display on the report under the appropriate column heading. A representative from the facility or the vendor typically maps data sources from the software to the report. Table 4 provides information for the programmer worksheet to be completed by the facility.

The facility determines the best source of data elements for this section of the report, unless indicated otherwise in the table below. The element must be true within 7 days and prior to report date to display on the report. Display an X if any condition is true for each element listed in Table 4.

Table 4. High-Risk Change in Condition Programmer Worksheet

	Column Header	Source	Valid Input	Rule/Display
1	Acute Mental Status Change	Facility specifies.	Facility specifies.	The facility will determine the best data source for each element in Change in Condition Risk Elements table below.
2	Behavior: New Unsafe	Facility specifies.	Facility specifies.	Facility specifies.
3	New Gait/Balance or Device Order	Facility specifies or physician order.	Facility specifies.	If physician order is source, the order must be in effect, or active, within 7 days and prior to report date.
4	New Fall	Postfall Assessment or facility specifies.	Fall date	If fall date within 7 days and prior to report date, then display X.
5	Medication: New Medication or Dose Change	Physician orders or medication administration record (MAR).	New medication order or change in a medication dose.	If physician order or MAR is the source, the order must be in effect, or active, within 7 days and prior to report date.
6	Orthostatic Hypotension/ Dehydration	Facility specifies.	Facility specifies.	Facility specifies
7	Vertigo/Dizziness	Facility specifies.	Facility specifies.	Facility specifies
8	Syncope/Fainting	Facility specifies.	Facility specifies.	Facility specifies
9	Hypoglycemia	Facility specifies.	Facility specifies.	Facility specifies
10	Possible Infection	Facility specifies.	Facility specifies.	Facility specifies
11	New Seizure Activity	Facility specifies.	Facility specifies.	Facility specifies
12	New Admission	Registration	Admit or reentry date.	If admit or reentry date within 7 days and prior to report date, then display X.

3.1.4.3. New Contributing Risk Factors

New contributing risk factors (NCRFs) are captured from multiple data sources within the EMR, like HRCC risk elements; these elements are not considered primary risk factors but contribute to and play a role in determining fall risk. The NCRF elements represent changes that occurred in a resident’s clinical condition within 7 days of report date. Similar to the HRCC elements, facilities will determine the source for the elements and complete a programmer worksheet (Table 5).

Table 5. New Contributing Risk Factor Programmer Worksheet

	Column Header	Source	Valid Input	Rule/Display
1	Pain: New or Uncontrolled Chronic	Facility specifies: nurse documentation or other documentation source.	Use facility input options.	Facility-specific source.
2	Urinary Incontinence: New or Increased	CNA documentation.	Use facility input options.	<p>Facility-specific source/rule.</p> <p>For urinary increase during the report week, use the same rule as used for On-Time Risk Change Report, which is described below.</p> <p>To calculate an increase in urinary incontinence by shift (yes/no):</p> <ul style="list-style-type: none"> • For the current week, count the number of shifts a resident had at least one episode of urinary incontinence documented by the CNA. • For the prior week, count the number of shifts a resident had at least one episode of urinary incontinence documented by the CNA. • If the number of shifts with urinary incontinence increased by three or more (Current – Previous\geq3), then display an X for the resident. <p>To calculate an increase in urinary incontinence by the number of times per shift:</p> <ul style="list-style-type: none"> • For the current week, sum the number of urinary incontinence episodes documented by the CNA. • For the prior week, sum the number of urinary incontinence episodes documented by the CNA. • If the number of urinary incontinence episodes increases by 12 or more (Current – Previous\geq12), then display an X for the resident.
3	Mobility: More Independent	Facility specifies.	Use facility input options.	Facility-specific source/rule. Display X for increase in mobility.
4	Room Change	Registration system	Use facility input options.	If the resident room assignment has changed within 7 days of the report, then display an X.

3.1.4.4. ADL Decline and Other Clinical Information

These sections of the report do not contribute to fall risk rules but provide additional information to clinicians. These data are captured from multiple data sources within the facility’s electronic medical record and represent changes that may have occurred in a resident’s clinical condition within 7 days of report date or clinical conditions that exist (e.g., diabetes or osteoporosis).

Similar to change in condition and new contributing risk factor sections of the reports, facilities will complete a programmer worksheet and provide data sources for this section of the report.

Table 6. Programmer Worksheet for ADL Changes and Other Clinical Information

	Column Header	Source	Valid Input	Rule/Display
1	Bed Mobility	CNA documentation	Self-performance responses. <ul style="list-style-type: none"> • Independent (IN) • Supervision (SU) • Limited Assistance (LA) • Extensive Assistance (EA) • Total Dependence (Total) • Activity Did Not Occur (NO) 	FYI. The calculations defined below are the same calculations as used for the On-Time Risk Change Report, which may already be programmed. If ADL completeness is <75% for the current and/or prior week, then display a dash for the resident. CNA documentation options/abbreviations (use vendor codes if different from the list below): <ul style="list-style-type: none"> • Independent (IN) • Supervision (SU) • Limited Assistance (LA) • Extensive Assistance (EA) • Total Dependence (Total) • Activity Did Not Occur (NO) Determine the PRIOR WEEKLY value by taking the highest (or worst) value recorded for that week: <ul style="list-style-type: none"> • Do not use Activity Did Not Occur (NO) to calculate weekly value. • If values are only NO, then a value cannot be determined and ADL Decline: Bed Mobility is BLANK. • Determine CURRENT WEEKLY value. • Repeat as above to determine value for the CURRENT WEEK. • Compare PRIOR WEEK VALUE with CURRENT WEEK VALUE to determine ADL Decline: Bed Mobility as TRUE or FALSE. • If the current week value is higher than prior week value, then ADL Decline: Bed Mobility = TRUE. • IF PRIOR WEEK or CURRENT WEEK = NO, then do not compare values and leave the cell BLANK. Note: If EMR vendor has existing rules to determine ADL decline in mobility, then use vendor rules.
2	Transfer			Repeat as above for mobility.
3	Toileting			Repeat as above for mobility.

	Column Header	Source	Valid Input	Rule/Display
4	Depression Score Increase	MDS D0300 or MDS D0600.	If D0300 = 0-27 If D0600 = 0-30	Score is based on PHQ-9 or PHQ-9OV. If D0300 is blank, then use D0600. The MDS assessment element must have an A2300 less than or equal to 7 days prior to the report date to display on report. Display score. If current score is higher than prior score, then display score and asterisk (*).
5	Monthly BMI <18.5 kg/m ²	Computed by system	Resident height and weight	Use most recent BMI in kg/m ² . Body mass index (BMI) = (Weight (kg))/(Height (m) ²)
6	Significant Weight Change			<p>≥5% weight loss in past 30 days.</p> <p>FYI- The calculation described below is the same that is used for the On-Time Weight Summary Report, which may already be programmed.</p> <p>The calculations below will identify ANY weight loss within the last 30 days.</p> <p>Static Week Calculation:</p> <ul style="list-style-type: none"> • Take weights/dates identified in Weight for Week columns (found in Weight Summary Report; one weight/date per week, with up to four per resident). • Week 1 is most recent week; week 2 is second most recent; etc. • Iteration one: Take week 4 weight and subtract from week 3 through 1 weights (week 3 – week 4, week 2 – week 4, week 1 – week 4); if value is positive, disregard; if negative, take absolute value and divide by week 4 weight. Multiply by 100. Round to the nearest one decimal place. • Iteration two: Take week 3 weight and subtract from week 2 and 1 weights (week 2 – week 3, week 1 – week 3); if value is positive, disregard; if negative, take absolute value and divide by week 3 weight. Multiply by 100. Round to the nearest one decimal place. • Iteration three: Take week 2 weight and subtract from week 1 weight (week 1 – week 2); if value is positive, disregard; if negative, take absolute value and divide by week 2 weight. Multiply by 100. Round to the nearest one decimal place. • Display an X if any iteration calculation ≥5%. <p>Example:</p> <p>Four weights are taken for a resident: 180.0 on 5/4/14; 170.0 on 5/12/14; 181.0 on 5/19/14; and 171.0 on 5/27/14 (where 5/25-5/31 is the most recent static week).</p> <ul style="list-style-type: none"> • First iteration yields –10.0, 1.0, and –9.0; take absolute value of –10.0 and –9.0 and divide each by 180.0, yielding .056x100=5.6% and .050x100=5.0%. • Second iteration yields 11.0, 1.0; disregard both values. • Third iteration yields –10.0; take absolute value and divide by 181.0, yielding .055x100=5.5%. Display an X.

	Column Header	Source	Valid Input	Rule/Display
7	Vitamin D	Physician order	Vitamin D	If physician order for Vitamin D is active during the report week (e.g., does not have a discontinue date), then display an X.
8	Osteoporosis	Resident active diagnosis or MDS	Vendor diagnosis code for Osteoporosis or MDS item I3800	If there is an active diagnosis for osteoporosis during the report week, then display an X. If the MDS item is selected on the most recent MDS, then display an X.
9	Diabetes	Resident active diagnosis or MDS	Vendor diagnosis code for Diabetes or MDS item I2900	If there is an active diagnosis for diabetes during the report week, then display an X. If the MDS item is selected on the most recent MDS assessment, then display an X.
10	Visual Impairment	MDS item B1000	MDS B1000 Vision: 1 =Impaired 2 =Moderately Impaired 3 =Highly Impaired 4 =Severely Impaired	If response = 1,2,3, or 4 on the most recent MDS assessment, then display an X.

3.1.5. Fall Risk Determination

3.1.5.1. Components of Fall Risk Rules

High fall risk is determined by a combination of the following three components; definitions for each component are described separately below. Rules are outlined next in 3.1.5.2.

1. Existing conditions that are considered high risk, referred to in this document as **high-risk existing conditions** or **HRECs**. Resident existing conditions that determine risk are sourced in MDS assessments or postfall assessments.
2. Change in 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 in 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.
3. **New contributing risk factor** elements are considered secondary risk elements, referred to in this document as **new contributing risk factors** or **NCRFs**; 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.

3.1.5.2. Three Fall Risk Rules

A resident is considered at highest risk for falls based on one of three rules. The resident must meet the criteria for Rule 1 or Rule 2 or Rule 3 to display on the Falls High-Risk Report.

- **Rule 1** (based on HRECs):
 - If Total HREC count is ≥ 3 (out of 4), then Rule 1 is true.
- **Rule 2** (based on HRCC within 7 days):
 - If Total HRCC count is ≥ 1 and Total HREC count is ≥ 1 , then Rule 2 is true.
- **Rule 3** (based on NCRFs within 7 days):
 - If Total NCRF count is ≥ 1 and Total HREC count is ≥ 1 , then Rule 3 is true.

Table 7. Fall Risk Rules

HREC1	HREC2	HREC3	HREC4	High-Risk Change in Condition Within 7 Days	New Contributing Risk Factor Within 7 Days	High-Risk Rule 1	High-Risk Rule 2	High-Risk Rule 3	Not High Risk
At least three HRECs						X			
At least one HREC PLUS				X			X		
At least one HREC PLUS					X			X	
Only one or two HRECs									X

3.1.6. Report Sort

- Total HRCC count, highest to lowest.

3.2. Summary of Fall Risk Factors Reports

3.2.1. Report Description

The report displays fall information for a specific nursing unit or facility trended for 1 month or 3 months, as displayed below in 3.2.4 and 3.2.5. The report can be used to monitor the overall prevalence and trends of resident risk factors associated with falls on a specific nursing unit or facilitywide.

3.2.2. Dependencies and Clinical Assumptions

- Use the Fall Date as the reference point when computing dates and date ranges.
- Use all sources, rules, and calculations described for the Falls High-Risk Report.
- Count all residents with at least one fall date during the report period.

3.2.3. Report Header and Footer

Report Header	Data Source	Valid Input and Display
Report Title	Reports	On-Time Quarterly Summary of Fall Risk Factors Report by Unit Display top center. Display facility name and logo per EMR vendor format.
Nursing Unit	System	Display the nursing unit name that is selected by the user during report parameter setup. Display in the top left margin.
Report Ending Date	Reports	Display the report ending date that is specified by the user during report parameter setup. Display in the top left margin.
Footer	Data Source	Valid Input and Display
Print Date	System	Display month/date/year the report was generated. Use EMR vendor format for month, date, year displays.
Text		Display: “Source: Agency for Healthcare Research and Quality; 2017” in the bottom left margin. If the vendor has standard information that displays, then display in the bottom right margin.

3.2.4 Report Example: Unit-Level Quarterly Summary of Fall Risk Factors

A sample Unit-Level Quarterly Summary of Fall Risk Factors appears below. This report can be generated for 1 month or 3 months by nursing unit.

3.2.5 Report Example: Facility-Level Quarterly Summary of Fall Risk Factors

A sample Facility-Level Quarterly Summary of Fall Risk Factors appears below. This report can be generated for 1 month or 3 months.

**On-Time Quarterly Summary of Fall Risk Factors by Unit
Blue Harbor Nursing Home**

Date: June 11, 2017

Nursing Unit: A

	High-Risk Existing Conditions							High-Risk Change in Condition Within 7 Days							New Contributing Risk Factor				Additional Information 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	Medication: New Medication 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 Increased	Mobility: More Independent	Room Change	Bed Mobility	Transfer	Toileting	Depression Score	Diabetes	Monthly BMI <22 kg/m ²	Significant Wt Change	Vitamin D	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	3	2	1	1	6	8	3	5	11	3	16					
% (of monthly total falls)	44	56	50	25	38	44	0	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	31									
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	2	3	1	1	6	4	2	4	10	1	11						
% (of monthly total falls)	45	45	55	36	45	45	0	9	0	0	45	18	36	0	18	0	18	0	9	9	27	0	27	0	18	18	27	18	27	9	9	55	36	18	36									
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	0	2	1	6	4	1	4	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	0	14	7	43	29	7	29								
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	5	6	3	4	3	18	16	6	13	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	12	15	7	10	7	44	39	15	32								

Source: Agency for Healthcare Research and Quality; 2017.

June 15, 2017

3.2.6. Valid Input, Calculations, and Displays

Perform calculations for each of three months included in the report.

	Column Header	Source	Valid Input	Rule/Display
1	High-Risk Existing Condition	For each element: Use source used for Falls High-Risk Report.	For each element: Use same valid input as Falls High-Risk Report.	For each element: Use rules and calculations for Falls High-Risk Report. For each fall with fall date prior to and within 30 days of report date, count the number of HRECs associated with each fall and display sum in appropriate cell. For each count, compute percentage of all falls and display in appropriate cell.
2	High-Risk Change in Condition Within 7 Days of Fall	For each element: Use source used for Falls High-Risk Report.	For each element: Use same valid input as Falls High-Risk Report.	For each element: Use rules and calculations for Falls High-Risk Report. For each fall with fall date prior to and within 30 days of report date, count the number of HRCCs associated with each fall and display sum in appropriate cell. For each count, compute percentage of all falls and display in appropriate cell.
3	New Contributing Risk Factor Within 7 Days of Fall	For each element: Use source used for Falls High-Risk Report.	For each element: Use same valid input as Falls High-Risk Report.	For each element: Use rules and calculations for Falls High-Risk Report. For each fall with fall date prior to and within 30 days of report date, count the number of NCRFs associated with each fall and display sum in appropriate cell. For each count, compute percentage of all falls and display in appropriate cell.
4	Additional Information Within 30 Days	For each element: Use source used for Falls High-Risk Report.	For each element: Use same valid input as Falls High-Risk Report.	For each element: Use rules and calculations for Falls High-Risk Report. For each fall with fall date prior to and within 30 days of fall date, count the number of additional elements associated with each fall and display sum in appropriate cell.
5	Injury	Postfall Assessment.		If Postfall Assessment is not completed, then cells using Postfall Assessment as data source are blank.
6	Fall With Major Injury	Postfall Assessment.	<ul style="list-style-type: none"> • Bone fracture: hip • Bone fracture: other • Joint dislocation • Closed head injuries with altered consciousness • Subdural hematoma 	For each fall with fall date prior to and within 30 days of report date, count the number of major injury elements associated with each fall and display count in appropriate cell. For each count, compute percentage of all falls and display sum in appropriate cell.
7	Fall With Minor Injury	Postfall Assessment.	<ul style="list-style-type: none"> • Skin tear • Abrasion • Laceration • Superficial bruise • Hematoma • Sprain • Other injury that causes the resident to complain of pain 	For each fall with fall date prior to and within 30 days of report date, count the number of minor injury elements associated with each fall and display count in appropriate cell. For each count, compute percentage of all falls and display sum in appropriate cell.

	Column Header	Source	Valid Input	Rule/Display
8	Totals	Compute.		For each fall with fall date prior to and within 30 days of report date, count the number of major injuries and minor injuries and display sum. One fall may have major and minor injuries. Display count as major injury, never both. One fall may have multiple minor injuries, but count as one. One fall may have multiple major injuries, but count as one.
9	Total Residents Who Fell	Compute.		For all falls during the report month, count the number of unique residents and display sum.
10	Total residents With >1 Fall	Compute.		Count the number of residents with more than one fall and display sum.
11	Total Falls	Compute.		Count all falls with fall dates prior to and within 30 days of report date and display sums for each nursing unit and for facility.

3.3. Contextual Factors Reports

3.3.1. Report Description

This report 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. Information can be generated by nursing unit or facility and details can be displayed by month or quarter.

3.3.2. Dependencies and Clinical Assumptions

Postfall Assessment is completed for each resident fall.

3.3.3. Report Header

Report Header	Data Source	Valid Input and Display
Report Title	Reports	On-Time Monthly Contextual Factors Report by Unit Display top center. Display facility name and logo per EMR vendor format.
Nursing Unit	System	Display the nursing unit name that is selected by the user during report parameter setup. Display in the top left margin.
Report Ending Date	Reports	Display the report ending date that is specified by the user during report parameter setup. Display in the top left margin.
Footer	Data Source	Valid Input and Display
Print Date	System	Display month/date/year the report was generated. Use EMR vendor format for month, date, year displays.
Text		Display: "Source: Agency for Healthcare Research and Quality; 2017" in the bottom left margin. If the vendor has standard information that displays, then display in the bottom right margin.

3.3.4. Report Example: Facility-Level Contextual Fall Risk Factors Report by Month

On-Time Monthly Contextual Factors Report
Blue Harbor Nursing Home

Date: October 31, 2017

	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.	12 p.m. - 1:29 p.m.	1:30 p.m. - 2:59 p.m.	3 p.m. - 4:59 p.m.	5 p.m. - 7:59 p.m.	8 p.m. - 10:59 p.m.	11 p.m.- 12:59 p.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	1	1	1	0	0	1	0	1	1	1	1	0	0	0	2	0	0	0	0	0	0	0	3	3	1	4											
% (of Total Falls)	0	0	50	0	0	25	25	25	50	25	0	0	25	25	25	0	0	25	0	25	25	25	0	0	0	50	0	0	0	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	2	0	0	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	38	25	13	0	0	0	25	0	0	0	0	63																		
UNIT C																																																	
# Falls	0	0	1	1	1	0	0	3	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	3	0	3										
% (of Total Falls)	0	0	33	33	33	0	0	100	0	0	0	0	100	0	0	0	0	0	0	0	0	0	0	33	33	33	0	0	0	0	0	0	0	0	0	0	0	0											
FACILITY TOTALS																																																	
# Falls	1	2	4	2	3	2	1	6	5	4	2	0	3	1	2	2	1	1	2	1	4	3	1	1	1	0	0	4	0	0	0	0	8	12	3	15													
% (of Total Falls)	7	13	27	13	20	13	7	40	33	27	13	0	20	7	13	13	7	7	13	13	27	20	7	7	7	0	27	0	0	0	53																		

Source: Agency for Healthcare Research and Quality; 2017.

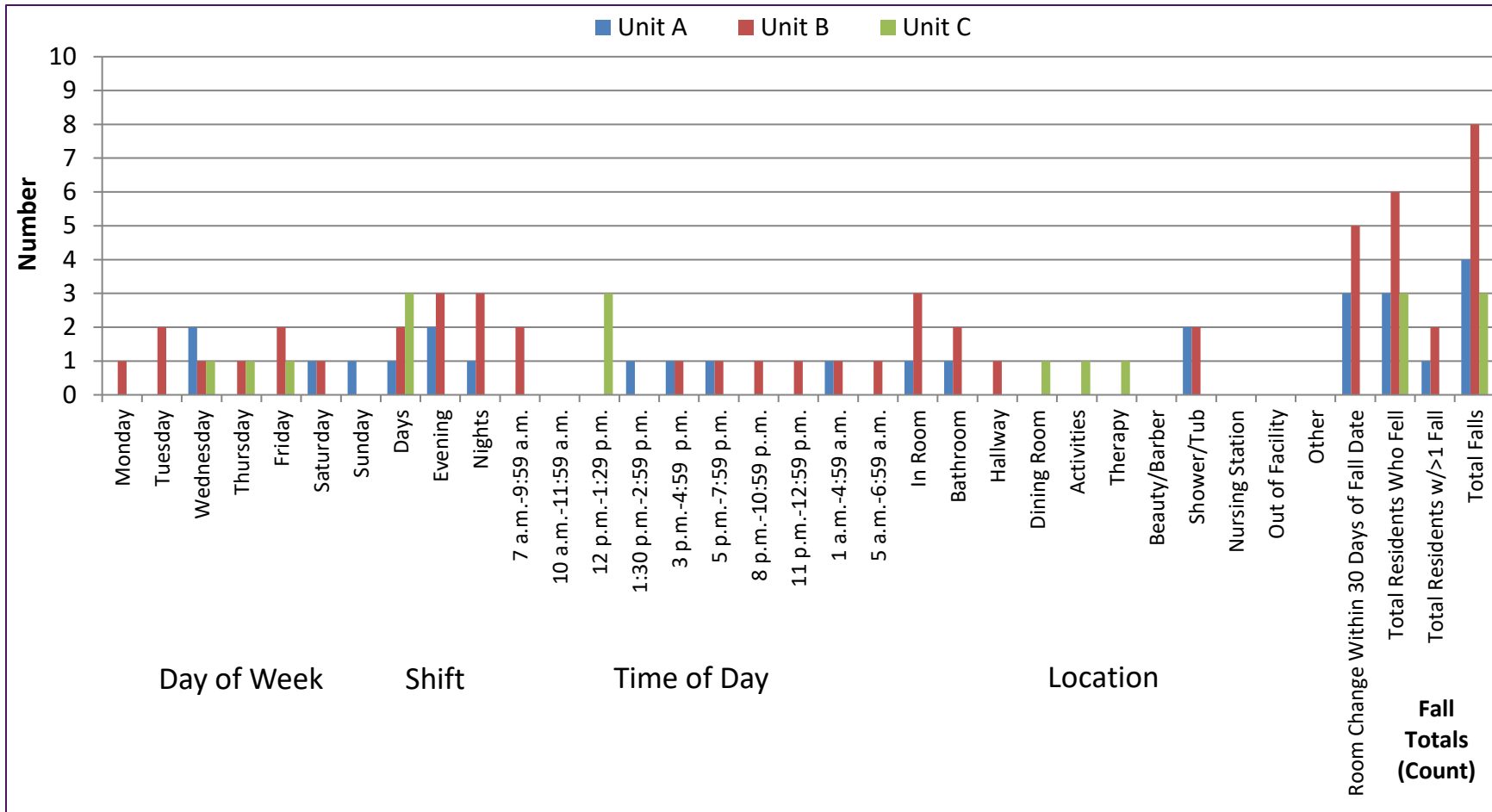
November 4, 2017

3.3.4.1. Sample Graph View

Most vendors can furnish graphs for reports. Below is a sample of the Contextual Fall Risk Factors Report. The sample graph shows monthly contextual fall risk factors for a facility. This format is easier to track.

On-Time Monthly Contextual Factors Report Blue Harbor Nursing Home

Date: October 31, 2017



3.3.5. Valid Input and Displays

For each fall with fall date prior to and within 30 days of report date, count the number of variables, as listed in the table below and display sum.

	Column Header	Source/Field	Valid Input	Rule/Display
1	Day of Week: Monday – Sunday	Postfall Assessment/ Fall Date.	Date	The system determine days of week from fall date. Display sum for each day of week counted.
2	Shift: Days, Evenings, Nights	System computes from Fall Assessment/ Fall Time.	Time	The system determines shift from fall time of day; computes for shifts used at the facility, e.g., 8- or 12-hour shifts. Display sum for each shift counted.
3	Time of Day	Postfall Assessment/ Fall Time.	7:00 a.m. - 9:59 a.m. 10:00 a.m. - 11:59 a.m. 12:00 p.m. - 1:29 p.m. 1:30 p.m. - 2:59 p.m. 3:00 p.m. - 4:59 p.m. 5:00 p.m. - 7:59 p.m. 8:00 p.m. -10:59 p.m. 11:00 p.m. - 12:59 p.m. 1:00 a.m. - 4:59 a.m. 5:00 a.m. - 6:59 a.m.	Count the number of falls for each time category and display sum for each category.
4	Location	Postfall Assessment/ Location.	<ul style="list-style-type: none"> • Resident room • Bathroom • Hallway • Dining room • Activities • Therapy • Beauty/Barber • Shower/Tub • Nursing station • Out of facility • Other, please describe 	Count the number of each fall location and display sum for each.
5	Other: Room Change Within 30 Days of Fall Date	System computes.		Check for resident room change date that falls within 30 days prior to report date. If room change within report window and less than 30 days from most recent fall date, then count as 1 and display sum.
6	Total Residents Who Fell	System computes.		For all falls, count the number of unique residents and display sum.
7	Total Residents With >1 Fall	System computes.		Count the number of residents with more than one fall and display sum.
8	Total Falls	System computes.		Display sum of total falls for the report period.

3.4 Postfall Assessment Summary Report

3.4.1 Report Description

The report displays a single resident’s fall details as recorded on the Postfall Assessment; information for the six most recent postfall assessments can display.

3.4.2 Dependencies and Clinical Assumptions

A Postfall Assessment is completed for each resident fall.

3.4.3. Report Header

Report Header	Data Source	Valid Input and Display
Report Title	Reports	On-Time Post Fall Assessment Summary by Resident Display top center. Display facility name and/or logo per EMR vendor format.
Resident Name	Postfall Assessment	Resident Last Name, First Display in the top left margin or per EMR vendor format.
Nursing Unit	System	Display the nursing unit name that is selected by the user during report parameter setup. Display in the top left margin.
Report Ending Date	Reports	Display the report ending date that is specified by the user during report parameter setup. Display in the top left margin.
Footer	Data Source	Valid Input and Display
Print Date	System	Display month/date/year the report was generated. Use EMR vendor format for month, date, year displays.
Text		Display: "Source: Agency for Healthcare Research and Quality; 2017" in the bottom left margin. If the vendor has standard information that displays, then display in the bottom right margin.

3.4.4. Report Example: Postfall Assessment Summary Report by Resident

This resident-level report displays data for up to six postfall assessments completed after each fall. The trended view will enable clinicians to see patterns and trends for residents with multiple falls. More columns can display if the vendor is able to display additional postfall assessments.

		Date of Fall					
Fall Date	Date	4/17/14	3/6/14	2/27/14	2/11/14	1/16/14	10/4/13
Fall Day	Day of week	Saturday	Thursday	Tuesday	Thursday	Thursday	Thursday
Fall Time	Time or "not known"	6:35 AM	5:35 AM	7:15 AM	6:50 AM	6:10 AM	5:15 AM
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			Staff	Family
	Name of person who found the resident	text	text			text	text

Fall Location	Fall Location: room; bathroom; hallway; dining room; activities; therapy; beauty parlor; shower/tub; nursing station; 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 one's own	X	X	X	X	X	X
	Personal device or equipment (cane, walker, crutch) – 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				X		
	Fracture: hip						
	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 Upper extremity (UE) Lower extremity (LE)	LE	LE	LE	LE	LE	UE
Injury Assessment	Range of motion: upper: full/decreased	Full	Full	Full	Full	Full	Decr
	Range of motion: 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 was the resident 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 AM	7:00 AM	8:00 AM	7:00 AM	7:00 AM	6:30 AM

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 AM	8:00 AM	8:30 AM	7:30 AM	8:00 AM	8:00 AM
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 AM	8:00 AM	8:30 AM		8:00 AM	8:00 AM
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

3.4.5. Valid Input and Displays

All information that displays on the report is captured on the postfall assessment. The postfall assessment is used to record details about resident falls. It is typically completed immediately after a resident fall. The table below displays postfall assessment elements needed to populate the Postfall Assessment Report.

The vendor has the option to display the question format or the field name or both. There is no sample form that accompanies this report as experience has shown that most EMR vendors have the required documentation elements already incorporated into their system and end users have a preferred format to display the information.

	Question	Field Name	Valid Response/Display	Rule/Display
1	Fall Information			
2	When did the resident fall?	Fall Date	Date (System determines day of week.)	Display date. Use vendor standard date format.
3	What time did the resident fall?	Fall Time	Time or "not known" (System determines shift.)	Display time. Use vendor standard time format.
4	Was the fall witnessed?	Fall Witness	Yes/No	Choose one. Display selection.
5	If witnessed, who last saw resident; what was the last activity?	Witness Type	Staff, family, visitor, volunteer, other	Choose one. Display selection.
6		Witness Name		Display text.
7	Who found resident?	Found by Type	Staff, family, visitor, volunteer, other	Choose one. Display selection.
8	Who found resident?	Found by Name		Display text.
9	Where did the resident fall?	Fall Location	Resident room	Choose one. Display selection text.
10			Bathroom	
11			Hallway	
12			Dining room	
13			Activities	
14			Therapy	
15			Beauty/Barber	
16			Shower/Tub	

	Question	Field Name	Valid Response/Display	Rule/Display
17			Nursing station	
18			Out of facility	
19			Other, please describe	
20	Position when found?		Prone	Choose one. Display selection text.
21			Supine	
22			Lying left	
23			Lying right	
24			Sitting	
25			Other	
26	What was the resident doing at the time of fall?	Activity at Time of Fall	Walking	Choose one. Display selection text.
27			Transferring	
28			Toileting	
29			In chair	
30			Bed	
31			Other, please describe	
33	Suspected potential cause of fall?	Suspected Cause of Fall	Unknown	Choose all that apply. Display X in the appropriate column.
34			Behavior – agitation/other	
35			Loss of balance (reaching, turning, sudden movement, other)	
36			Gait/balance instability	
37			Bowel/bladder: trying to get to bathroom on own	
38			Personal device or equipment (cane, walker, crutch) – improper use	
39			Equipment failure, bed, chair, floor mat alarms	
40			Environmental hazards	
41			Potential medication issue: new med/dose change/suspected reaction	
42			Resident chooses not to follow recommendations: alert and oriented	
43			Resident unable to follow recommendations: cognitively impaired	
44			Other, please describe	
45	Other comments to describe the fall	Fall Comments	Free text	Display text. Vendor determines length.
46	Did the fall result in an injury?	Fall Injury	Yes/No	Choose one. Display Y or N.
47	If yes, what type of injury?	Injury Type: Major	Fracture: hip	Choose all that apply. Display X in appropriate column.
48			Fracture: other	
49			Joint dislocation	
50			Closed head injury with altered consciousness	
51			Subdural hematoma	

	Question	Field Name	Valid Response/Display	Rule/Display
52		Injury Type: Minor	Skin tear	Choose all that apply. Display X in appropriate column.
53			Laceration	
54			Abrasion	
55			Discoloration/bruising	
56			Other	
57	What is the site of the injury?	Injury Site	Head Upper extremity Lower extremity	Choose all that apply. Display Head or UE or LE.
58	Injury assessment	ROM Upper	Full or decreased	Choose one. Display selection text.
59		ROM Lower	Full or decreased	Choose one. Display selection text.
60		Loss of Consciousness	Yes/No	Choose one. Display Y or N
61		Neurological Status	Usual or changes noted	Choose one. Display selection text.
62		Bleeding	None, minor, or significant	Choose one. Display selection text.
63	Injury assessment notes		Free text	Display text.
64	Where was the resident treated for the fall?	Treatment Location	Facility	Choose one. Display selection text.
65			ER	
66	Was the physician notified?	Physician Notified	Yes/No	Choose one. Display Y or N.
67		Physician Name	Last Name, First	Display last name, first name or preferred facility format.
68		Physician Notification Date	Date	Display date. Use facility date format.
69		Physician Notification Time	Time	Display time. Use facility time format.
70	Was the family notified?	Family Notification	Yes/No	Choose one. Display Y or N.
71		Family Relationship	Daughter or Son or Spouse or Other	Choose one. Display selection text.
72		Family Notification Date	Date	Display date. Use vendor standard date format.
73		Family Notification Time	Time	Display time. Use vendor standard time format.
74	Did the physician examine the resident?	Physician Exam	Yes/No	Choose one. Display Y or N.
75	If yes, date/time seen by physician	Physician Exam Date	Date	Display date. Use vendor standard date format.
76		PCP Exam Time	Time	Display time. Use vendor standard time format.
77	Did physical therapy see the resident?	PT Consult	Yes/No	Choose one. Display Y or N.
78	If yes, date/time seen by PT	PT Consult Date	Date	Display date. Use vendor standard date format.
79		PT Consult Time	Time	Display time. Use vendor standard time format.