

FACILITY FALLS SUMMARY MONITOR FOR QUALITY IMPROVEMENT

Privileged and Confidential Attorney-Client Communication, Not Part of the Medical Record

Report completed by _____ Quarter _____ Facility _____

Patient identifier	Location of Incident	shift	Mental status	Restraint	Equipment in use	Injury
CFKC ID	code CS =chair side S =at scale IM=at ice machine WR=waiting room PL=parking lot BR=bathroom	code 1 2 3 hometraining	code N=normal S=sleepy C=confused M=medicated R=combative or restless	code yes or no	code C=cane WK=walker WC=wheelchair S=stretcher SB=seat-belt A=Lap-buddy alarm SR=side rails O=other, be specific	code MB=minor bruse ST=skin tear S=sutures Fx=fracture H=hospitilization SG=surgery D=death

Total falls _____
 #patients falling _____
 Total falls injury _____ (any injury other than bruise or skin tear)

List Clinical Recommendations accomplished: _____

List Physical Plant Recommendations accomplished: _____

Other Comments: _____

