

RESTRAINT ELIMINATION PROCESS EVALUATION

I PRO MONTHLY FALLS TRACKING FORM

The “Monthly Falls Tracking Form” was developed to assist facilities with tracking their falls on a monthly basis.

The computer file is in an Excel format. However, many of the components of the file are protected in an effort to both maintain the functionality of the program and prevent unintended changes by a new user.

All data is entered only on the “Falls Data Sheet” tab of the file. This file integrates general falls information along with “post fall evaluation components” in an effort to track and trend the various elements of each fall.

The process is simple. You open the file and save it to your computer in its present form as a “Master Blank” file. At the start of each month, the “Master Blank” file should be opened and utilized to enter new monthly data to be saved with a file name that is easily recognizable. A suggested naming convention of your file each month would be “ABC Facility – June 2006.” That file name will appear as a “header” on every sheet and graph of the file for easy identification.

There are six integrated sheets within the file that automatically summarize specific elements of all tracked falls and provide easy-to-read graphical representations of those summaries.

Some of the trended items include:

- ✓ Total Falls Tracked for the Month
- ✓ Falls Occurring Within 30 Days of Admit / ReAdmit (automatically identified)
- ✓ Falls Resulting in Injury
- ✓ Falls with Proper Risk Assessment
- ✓ Falls with Restraint in Use
- ✓ Falls by “Day of the Week”
- ✓ Falls by “Shift”
- ✓ Falls by “Time” (24 hours split into 10 key time frames)
- ✓ Falls by “Location”
- ✓ Falls by “Prior Activity”
- ✓ Falls by “Injury Type” as well as “Treatment Location”

There is also a summarization sheet and graph of all tracked falls by “Potential Causal Factors” as referred to in the *AMDA’s Clinical Practice Guideline: Falls and Fall Risk*. The evaluation components offer suggestions for both “fall risk” and the subsequent “post fall evaluation” process.

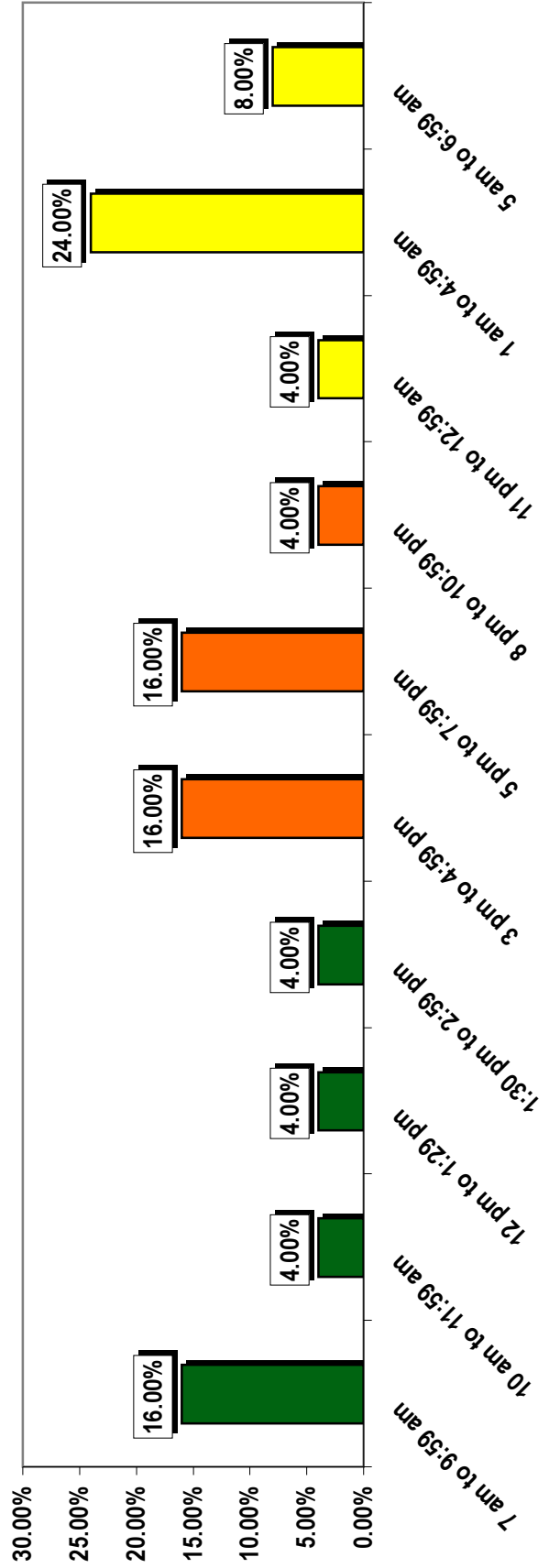
Once a user becomes comfortable with this easy-to-use tracking file, there are additional opportunities for trending with simple instruction. All of the monthly data may be sorted in any way you desire. The monthly data may be isolated by unit with all associated summaries and graphs specific to each unit. This drill-down of your data is relatively easy to accomplish.

If you have any questions or need assistance, please contact an I PRO NHQI Team Member (www.ipro.org/nhqi).

Time of Fall Summary

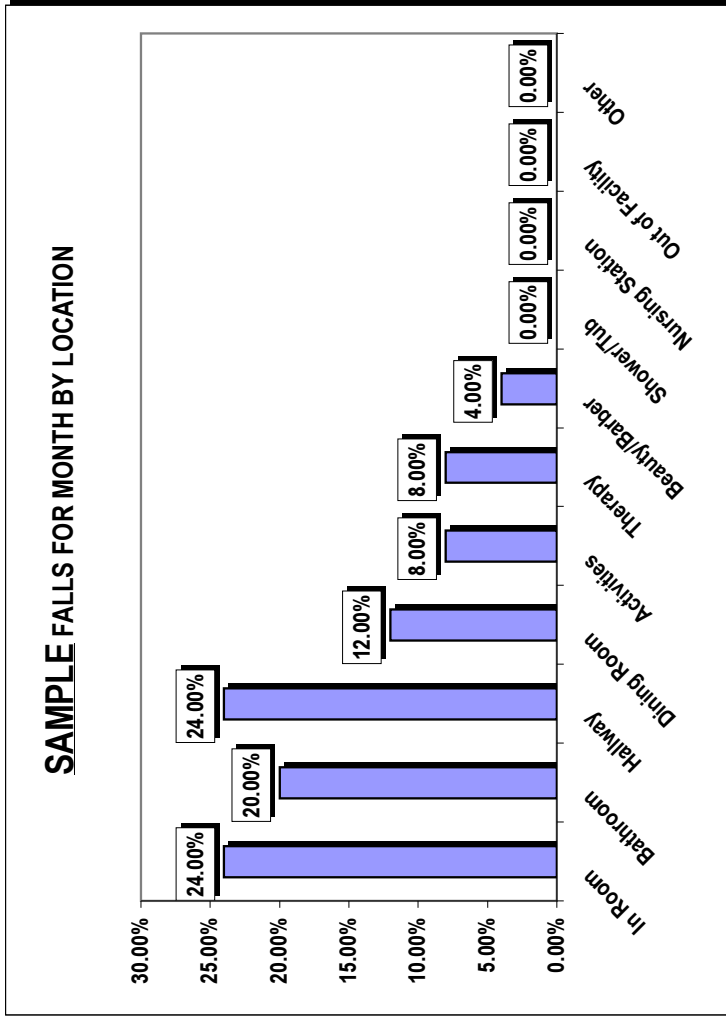
SAMPLE "Time of Fall" Statistical Summary																	
Time Span			#			% of Total			Time Span			#			% of Total		
7 am to 9:59 am			4			16.00%			3 pm to 4:59 pm			4			16.00%		
10 am to 11:59 am			1			4.00%			5 pm to 7:59 pm			4			16.00%		
12 pm to 1:29 pm			1			4.00%			8 pm to 10:59 pm			1			4.00%		
1:30 pm to 2:59 pm			1			4.00%			TOTAL-->			9			36.00%		
TOTAL-->			7			28.00%			TOTAL-->			9			36.00%		
11 pm to 12:59 am			1			4.00%			TOTAL-->			9			36.00%		
1 am to 4:59 am			6			24.00%			TOTAL-->			9			36.00%		
5 am to 6:59 am			2			8.00%			TOTAL-->			9			36.00%		

"Time of Fall" Graphical Summary



Location and Activity Summary

SAMPLE FALLS FOR MONTH BY LOCATION		
Location	# Falls by Location	% Falls by Location
In Room	6	24.00%
Bathroom	5	20.00%
Hallway	6	24.00%
Dining Room	3	12.00%
Activities	2	8.00%
Therapy	2	8.00%
Beauty/Barber	1	4.00%
Shower/Tub	0	0.00%
Nursing Station	0	0.00%
Out of Facility	0	0.00%
Other	0	0.00%
TOTAL-->	25	100.00%



SAMPLE MONTHLY FALLS BY PRIOR ACTIVITY		
Activity	# of Falls by Prior Activity	% of Falls by Prior Activity
Walking	6	24.00%
Transfer	5	20.00%
Bed	3	12.00%
Chair	11	44.00%
Other	0	0.00%
TOTAL-->	25	100.00%

