

# Fall Documentation

## Fall Documentation in ECS

ECS provides several tools to allow users to capture fall data that can be used in a meaningful way going forward.

# Fall Risk Evaluation

Please see separate handout entitled "Fall Risk Assessments"

## Initial Fall Documentation

- The initial documentation after a fall is completed as a nursing note. This is typically located in one of two places:
  - In older nursing modules, this is located in the "Falls and Incidents" topic, which resides in the "Nurse Charting" section of your documentation.
  - In the New Nursing Module, this is located in the "Fall Note" topic, which resides in the "Nursing" section.
  - These topics are very similar, however the fall and incident topics have been separated in the newer modules to simplify the gathering of strictly fall related data.
- To complete the initial Fall Note (or Fall/Incident note) simply work from left to right to select appropriate answers for your documentation as you would with other ECS topics. There are a few things that are unique about this topic however:
  - The fall note is often automatically sent to a charge nurse or quality assurance user via internal communication upon completion.
  - When the user responds to "Did resident hit head?," an answer of "Yes" or "unwitnessed" will automatically trigger neuro checks to populate on the nursing to do list.
  - This topic also contains several words which are required in order to save the entry. This is to ensure that all relevant information is collected for use in future reporting.
  - If your facility utilizes "Fall follow-up," then this will be automatically assigned to the nursing to do list for the length of time of your choosing, typically 3 days.
- Once the entry is complete, the user may choose to simply sign and exit the note, or to utilize one of the shortcuts located at the end of the note:
  - "Chart Fall Investigation (QA)" takes the user immediately to the QA fall investigation topic
  - "Preview Fall Report" Opens a printer/fax friendly .pdf of the fall report.



#### Printing A Fall Report

- Printing fall and Incident reports, either together or separately, is a bit different than
  printing other types of reports. Each fall is it's own separate event and requires it's own
  separate report, despite the possibility of there being more than one fall on the same
  day. To accommodate this, fall/incident reports are more date/time specific than most
  other types of reports. To capture the correct information for a given fall, follow the
  steps below:
  - o If there has been only one fall on a given day:
    - The "Fall Report" will prompt the user to enter dates upon being opened. Enter the date of the fall as both the start and end date.
    - Note: If the fall was not documented on the day that it occurred, enter the date of the documentation, rather than that of the fall itself.
  - o If there has been more than one fall on a given day:
    - When prompted to enter the dates, enter the date of the fall as both the start and end dates.
    - In this case, you will also need to enter a start and end time. Choose start and end times that encompass the documentation of one fall at a time.
      - The specific times of the fall and the fall documentation will likely differ. Choose these times based on the time of the documentation, rather than the fall itself.

Select Dates	$\times$
Start Date       _/_/          End Date       _/_/          Start Time       _:          End Time       _:	Period O Today O Current Month O Last Month QK

# Fall Follow-Up

- Fall follow up can be either included in the same topic as the initial fall documentation, or as its own topic.
- This topic gives nursing a place to document what happens in the days following a fall, which relate to it. This includes:
  - o Continued effects of known injuries
  - o Any new injuries that were not initially apparent
  - o Documentation that follow-up teaching was completed
  - o Documentation of follow-up on actions
  - Responses received based on notifications made
  - o Any new actions that are initiated



# QA Fall/Incident Investigation

- This topic provides facility quality assurance users the opportunity to dig deeper into the root causes of a fall. Key components of the QA Investigation include:
  - o Injury status
  - o Fall history
  - o Customizable Unit choices
  - o A resident interview
  - Environmental and Health Status clues to assist in drilling down to the root cause.
  - o Evaluation of Equipment
  - o Medication Evaluation
  - A summary of the factors involved
  - o Findings to assist in future fall prevention
  - A set of links to clinical guidelines is included at the end of the topic for reference.

# Fall Graphs and Reports

A selection of graphs and reports detailing falls within the facility can be found by using the access button for Graphs/Reports on the QA Nurse Access Screen.

NOTE: If your facility does not have fall follow up topics and you are interested in implementing them, please reach out to clinical support.