Falls Discovery Tool (Minimum 5 charts/Maximum 10 charts over past 12 months)											
Note: Do NOT spend more than 20-30 minutes per chart! Indicate NA for criteria that does not apply											
Focus on Falls with Injury as priority; use falls without injury if 5 injuries are not available in past 12 months											
	Example - only fill in defects or opportunities	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Information about the fall with injury, Instructions: Enter brief characteristics for each chart.											
Nature and severity of injury	MINOR skin tear left arm										
Was the fall unassisted?	No										
Documented reason for the fall	Pt removed back brace, leaned over in chair. Balance/ impulsiveness.										
Additional remarks	Fall measures were not in place as should have been.										
Age/Gender	64 year old male										
# day(s) of fall since admit/time of day	day 2 / 1634 (4:34pm)										
Process to evaluate in chart audit/Instructions: Mark an X in the box where the response would be "no." (X = Opportunity. A process failure may have occurred.)											
Was the patient screened for falls accurately and recently?	**X** Not re-evaluated after post-op meds admin										
Individualized Care Planning Processes: Were the following risk factors addresssed with a plan or intervention? See below											
If applicable, was confusion, disorientation, impulsiveness addressed?											
Was an IV, indwelling urinary catheter or another "tether" that would limit mobility ABSENT?	**X** (SCD, IV)										
If applicable, was impaired urinary elimination plan addressed?											
If applicable, was impaired balance, gait or mobility problem addressed?											
If applicable, was risk for injury addressed - Age > 85, Bone Disease, Coagulation, surgery? (Examples: floor mats, toileting supervision)											
Factors that may have contributed to the fall and delirium:											
Patient had not received medications that could contribute to fall or delirium? Sedatives, hypnotics, benzos, anticholinergics, cardiac drugs causing hypotension (See Tab 3 and 4)	X - valium given 1 hr prior to fall										

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	Example - only fill in defects or opportunities	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Patient had uninterrupted sleep?	X - V.S. taken at 12a and 4a										
Was the patient free of any signs of confusion, forgetfulness, disorganized thinking at the time of, or prior to, the fall? Check all nursing and consult notes.											
If not, was the provider notified of the change in mental status?											
Was current mental status compared to pre-hospitalization baseline?											
Was the pre-hospital mobility baseline documented?											
Was the patient mobilized to their highest functional capacity at least 3x a day?											
Was the patient up in a chair for all three meals?											
Was the patient and/or family member educated about fall and injury risk factors, consequences of a fall, and the mobility plan and learning validated?	**X** - teach-back not documented										
Other:											