

## KEY CHANGES AND DIRECTIONS FOR USING NEW FALL DATA ENTRY FORM

Only the new form can be used for 2008 data. The statistical program has been rewritten and will not work with the old template. Please delete your old excel file.

### NEW AREAS

**C4** = Enter name of person completing form.

**E4** = If you have recently become project supervisor for the falls program enter Y (yes).

**Column F** = Asks if cognitive impairment was identified as a risk factor on the risk assessment form for that patient.

**Column B** = In order to identify the frequency of falls among individuals in a quarter, we are asking agencies to list each patient by number. **Use only 1, 2, 3, 4, 5...etc.** Do not use patient IDs, SSN#, birthdates or any other type of unique identifier as this could run afoul of HIPAA regulations. If a patient has a multiple falls, your data may look like this example:

Patient 1 fell three times as reported in rows 12, 15 & 16. Two other patients each fell once.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1			Patient fall data entry form								e-mail completed form to: cyndee@homecaremissouri.org (573) 634-7772			
3	▼ Name of person completing form				New program manager? Y/N		Data must be received by MAHC within 30 calendar days of the end of each quarter. Late submissions are accepted however a \$25 fee will be applied to produce an individualized agency report after the quarterly deadline.							
4	<input type="text"/>				<input type="text"/>		Blank							
5	Agency control number ▶				<input type="text"/>		Blank							
6	Quarter of year surveyed ▶				<input type="text"/>		Blank							
7	Calendar year surveyed ▶				<input type="text"/>		Blank							
8	Number of patient assessments ▶				<input type="text"/>		Blank							
9	Number of patients at risk ▶				<input type="text"/>		Blank							
10	Please enter all agency information to the left, and answer each question below for every patient. The "Blanks" message in column L will automatically disappear when the line has been entered correctly.													
11	Line #	Patient	Patient in service less than 31 days?	Was fall witnessed by agency personnel?	Was patient identified as at-risk at start of care?	Was cognitive impairment one of the risk factors?	Number of Rx meds	Number of pain meds	Therapy care at time of fall?	Nursing care at time of fall?	Did fall require emergent care? If yes▶	Was there a hip fracture?	Check here for errors▼	
12	1	1	N	N	Y	Y	4	2	Y	Y	N			
13	2	2	N	N	Y	N	2	0	N	N	N			
14	3	3	Y	N	N	N	5	1	Y	Y	N			
15	4	1	N	N	Y	Y	4	2	Y	Y	N			
16	5	1	N	N	Y	Y	4	2	Y	Y	Y	Y		
17	6												Blanks	

The patient numbers do not carry over from quarter to quarter. Next quarter, Patient 1 may be 1 again; or he may be 5, or 12, or 100.

### OTHER CONSIDERATIONS

**E5** = Your agency control number has not changed.

**Column order** - The order of existing columns has also changed to improve the flow of information and reduce errors. Emergent care/hip fracture questions are now at the end.

**Error message** – Directions say the “Blanks” error message will show up in column L. It will actually appear in column M.