Hospital: _____ Report Date: _____ Completed By: _____

CAPTURE Falls Benchmarking Form

Definition of fall: For the purposes of patient safety, a fall is a sudden, unintended, uncontrolled downward displacement of a patient's body to the ground or other object. This definition includes unassisted falls and assisted falls (i.e., when a patient begins to fall and is assisted to the ground by another person).

1. Patient Medical Record Number: _____ 2. Patient Admission date: _____

3. Admission Type at time of fall: ☐ Acute ☐ Swing ☐ Hospice ☐ Observation ☐ Outpatient ☐ Visitor

4. Patient Age (if older than 90 indicate >90): _____ 5. Patient Gender: ☐ Male ☐ Female

6. Patient's principal admitting diagnosis: _____

7. Date of Fall: _____ 7a. Time of Fall (military time): _____

8. Ambulatory Status Time of Fall: ☐ Not ambulatory ☐ With assist of 2 ☐ With assist of 1 ☐ Independent

9. Where did the fall occur?
- ☐ Inpatient care area
  - ☐ Bedside
  - ☐ Chairside
  - ☐ Bathroom
  - ☐ Hallway
- ☐ Emergency department
  - ☐ Therapy area (PT, OT, ST)
  - ☐ Radiology/imaging area, including mobile
  - ☐ Outside area (i.e., grounds of this facility)
  - ☐ Other: Please specify _____

10. Did staff assist the patient (hands on) during the fall?

☐ Yes → 10a. Was a gait belt used? ☐ Yes ☐ No ☐ Unknown

☐ No → 10b. Was the fall observed? ☐ Yes, by staff ☐ Yes, by family, visitor or another patient ☐ No

11. If unassisted and not observed, how did staff discover the fall?
- ☐ Patient found on floor
- ☐ Notified by non-clinical staff
- ☐ Reported by patient
- ☐ Alarm sounding
- ☐ Unknown
- ☐ Notified by family/friend/another patient
- ☐ Notified by ancillary care staff
- ☐ Patient calling for help
- ☐ Patient call light
- ☐ Other: Please specify _____

12. DESCRIBE THE FALL, how it occurred, where in detail it occurred, how it was discovered (a narrative may be attached):

_____

_____

_____

_____

13. What type of injury was sustained? *CHECK ONE, IF MORE THAN ONE, CHECK MOST SEVERE*
- ☐ No Injury, no signs or symptoms resulting from the fall (x-ray, CT scan or other post fall evaluation resulted in finding of no injury)
- ☐ Fracture ☐ Dislocation ☐ Intracranial injury
- ☐ Skin tear, abrasion, hematoma or significant bruising
- ☐ Laceration requiring sutures or steri-strips
- ☐ Other: Please specify _____

13a. What was the extent of harm to the patient as a result of the fall? *CHECK FIRST OPTION THAT IS APPLICABLE*
- ☐ **Death:** Patient died as a result of injuries sustained from the fall.
- ☐ **Major:** Fall resulted in surgery, casting, traction, consultation for neurological (e.g. skull fracture, subdural hematoma) or internal injury (e.g. rib fracture, liver laceration) or need for blood products.
- ☐ **Moderate:** Fall resulted in suturing, application of steri-strips/skin glue, splinting or muscle/joint strain.
- ☐ **Minor:** Fall resulted in application of dressing, ice, cleaning of wound, limb elevation, topical medication, bruise or abrasion.

Thank you for contributing to patient safety and quality of care.

Reporter: Please return this completed form to your quality improvement coordinator.

Quality Improvement Coordinator: Please scan and email via encryption to askinner@unmc.edu.