

# REPORTING FORM FALLS / MEDICATION EVENT

\_\_\_\_\_  
(Study Site)

\_\_\_\_\_  
(Study Case #)

1. Date of Event \_\_\_\_\_
2. Date Event was discovered \_\_\_\_\_
3. Date Event Analysis process was initiated \_\_\_\_\_ Completed \_\_\_\_\_
4. Event identified by (select all that are applicable):
  - a.  Client / Family Concern
  - b.  Reported to event reporting system
  - c.  Disclosed by staff
  - d.  Other (PLEASE SPECIFY) \_\_\_\_\_
5. Patient's age \_\_\_\_\_
6. (i) Describe what Home Care Services the Client is receiving **prior to the event**  
  
\_\_\_\_\_  
(ii) Describe what Home Care Services the Client is receiving **following the event**  
  
\_\_\_\_\_
7. Briefly describe the Client's primary and secondary medical conditions
8. Does the Client live alone?  Yes or  No
9. If no, please list what type of other individuals resides with him or her (wife, adult daughter or son, etc.).
10. Reported Description of Event
11. Select the first applicable category below (in descending order) that best describes the extent of harm to the patient as assessed 24 hours post event.  
Choose an item.

## **DEFINITIONS**

1. *Death*

2. **Severe permanent harm-** *Severe life-long bodily or psychological injury or **disfigurement that interferes significantly with functional ability or quality of life***

3. **Permanent harm-** *Life-long bodily or psychological injury or increased susceptibility to disease*

4. **Temporary harm-** *Bodily or psychological injury, but likely not permanent*

5. **Additional treatment-** *Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury*

6. **Emotional distress or inconvenience-** *Mild and transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as by observation, physical examination, laboratory testing, including phlebotomy, and/or imaging studies).*

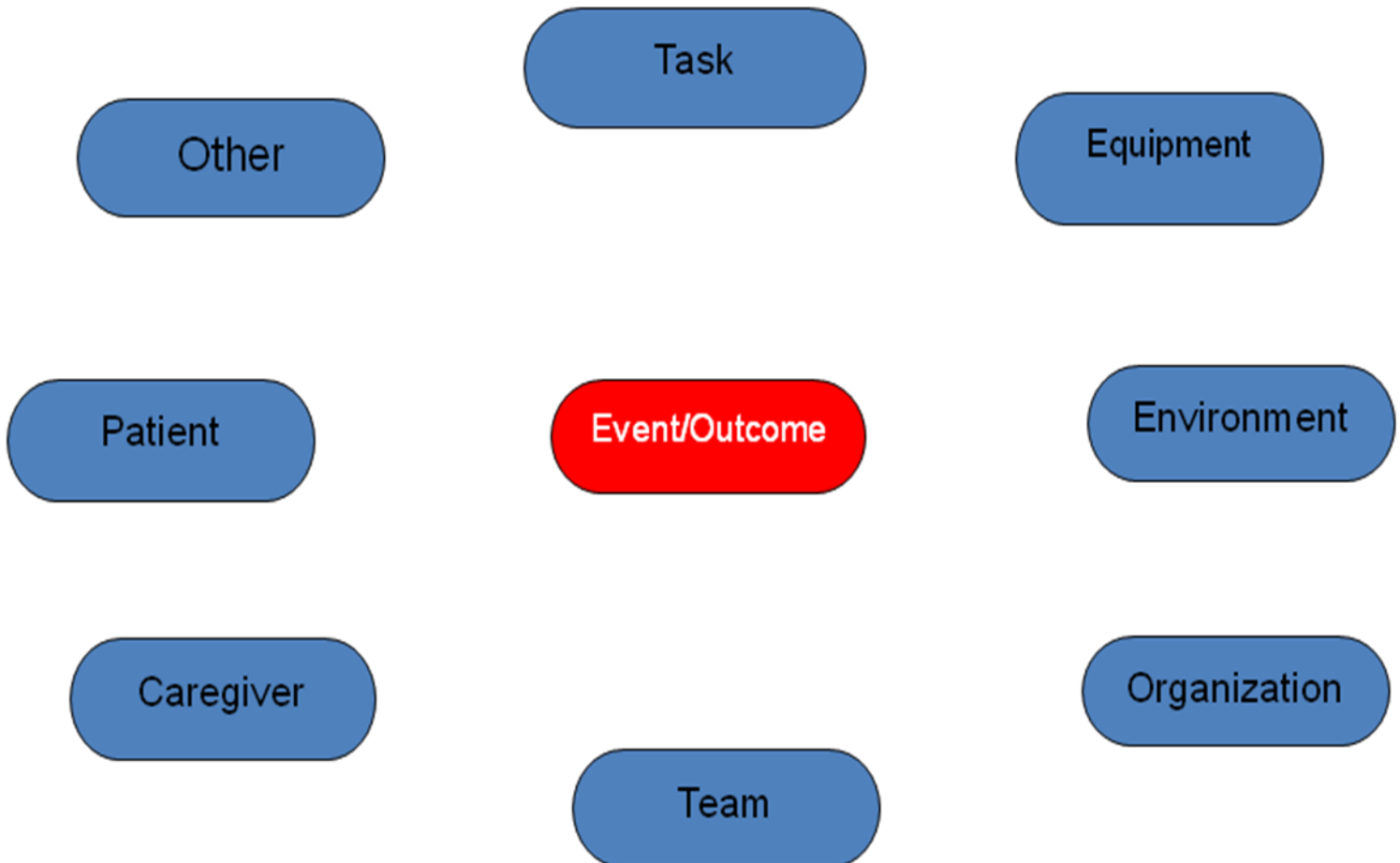
7. **No harm-** *Event reached patient, but no harm evident.*

Further Information



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## 15. Constellation Map



17. What were the factors that contributed to the occurrence of this event?

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Please indicate all that apply and provide a short description of the selected factors and how they contributed to the event

a.  Task

\_\_\_\_\_

b.  Equipment

\_\_\_\_\_

c.  Environment

\_\_\_\_\_

d.  Organization

\_\_\_\_\_

e.  Team

\_\_\_\_\_

f.  Caregiver

\_\_\_\_\_

g.  Client (Patient)

\_\_\_\_\_

h.  Other, specify

\_\_\_\_\_

18.

a. Which of the identified contributing factors do you consider to be the most important/primary contributing factor?

Please check applicable answer and if applicable include additional information below.

Task

Equipment

Environment

Organization

Team

Caregiver

Client (Patient)

Other (please specify) \_\_\_\_\_

b. Any additional information on why this factor was the most important/primary contributing factor.

\_\_\_\_\_

# REPORTING FORM FALLS / MEDICATION EVENT

## Summary Statement 1

Lessons Learned

## Summary Statement 2

Lessons Learned

## Summary Statement 3

Lessons Learned#

## Summary Statement 4

Lessons Learned##

## Summary Statement 5

Lessons Learned##

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Additional Summary Statements and Recommendations as needed....