

# Falls Report (HAR Design view)

Report Data

New Edit...

- Built-in Fields
- Parameters
  - CREATE\_DATETIME
  - UPDATE\_DATETIME
  - CONSUMER\_AGENCY\_DES
  - SESSION\_UUID
- Images
- Data Sources
- Datasets
  - getCDSsWithFallsQs
  - getASAPList
  - AssessmentNarratives
  - param\_first\_day\_of\_Month

**Falls - 7Qs - 2nd Analysis ([@CREATE\_DATETIME] to [@UPDATE\_DATETIME])**

summary	[Asst_name]	Total			
Agency	Consumers	Asst Sessio	Consumers	Asst Sessio	
[CONSUMER_AGENCY_DES]	[CountDistinct(C	[CountDistinct(S	[CountDis tinct]	[CountDis tinct]	
Total	[CountDis tinct]	[CountDis tinct]	[CountDis tinct]	[CountDis tinct]	

First Day of	Yesterday	Today	First Day of	First Day of	Tomorrow	Last Day of	Last Day of	Last Day of
[First_Day_of_C	[Yesterday]	[Today]	[First_Day_of_P	[First_Day_of_N	[Tomorrow]	[Last_Day_of_R	[Last_Day_of_C	[Last_Day_of_N

AS AP	Case Manager	CLIENT ID	Create D	Asst Form	[Prompt_Single]	[INDICATOR_NA	[Resp_Multi]	SESSION UUID
[CONSUMER_AGEN	[PRIMARY_CARE_MANAGER	[First(CLIENT_ID)]	[CREATE_DA	[Asst_name]	[First(Resp_Single)]	[First(LAST_COMI	[MULTI_CHOICE_RE	

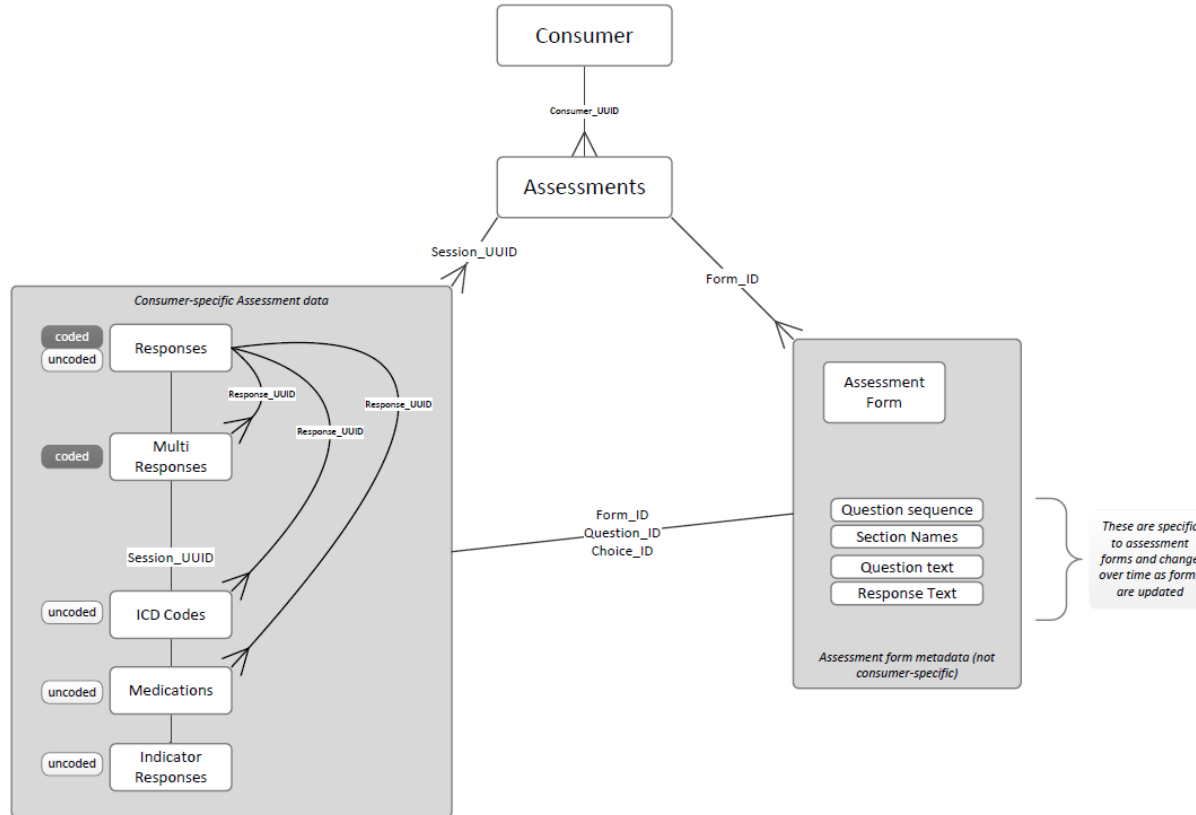
Assessment Narratives					
CONSUMER AGENCY	PRIMARY CARE MANAGER	CLIENT ID	SESSION DATE	ASSESSFORM NAME	NARRATIVE
[CONSUMER_AGENCY_DES]	[PRIMARY_CARE_MANAGER]	[CLIENT_ID]	[SESSION_DATE]	[ASSESSFORM_NAME]	[NARRATIVE]
		Total	[CountDistinct(CON	[CountDistinct(SESSION_UUID)]	assts
	Total	[CountDistinct(CON	[CountDistinct(SI		
Total					



# Falls report – exported to Excel

Falls Report															
ASAP	Case Manager	CLIENT ID	Create Date	Asst Form	Asst Completion Date	Number of Falls in Last 90d	Injured by a Fall since last asst?	Unsteady Gait?	Limits outdoor activity due to fear of Fall?	Referred for Falls interventions?	Reason for not making Falls referral	CDS3 - Falls 3Qs answered	CDS3 - Falls Risk bool	CDS3 - Falls Risk Score	
Boston Senior Home Care		1306196066	10/16/2017	CDS-3-RN - Registered Nurse - v3.0.1		None	No	Yes	Yes	No	No further recommendations	True	True	2	
		1368782044	9/15/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/21/2017	None	No	No	No	No	No further recommendations	True	False	0	
		1300476365	9/27/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/29/2017	None	No	Yes	No	No	No further recommendations	True	True	1.00	
		1389768647	9/29/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/29/2017	None	No	Yes	Yes	No	No further recommendations	True	True	2	
		1392787634	9/25/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/25/2017	None	No	Yes	Yes	No	Cons chooses NOT to be referred	True	True	2.00	
		1330199307	10/2/2017	CDS-3-RN - Registered Nurse - v3.0.1	10/02/2017	1 Fall	Yes, injured, sought medical attn	Yes	Yes	No	Interventions in place or complete	True	True	3	
		1376804959	9/21/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/28/2017	None	No	Yes	Yes	No	No further recommendations	True	True	2.00	
		1323405452	9/20/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/20/2017	2 Falls	Yes, injured, sought medical attn	Yes	Yes	Yes	Interventions in place or complete	True	True	4	
		1303943846	9/8/2017	CDS-3-CM - Case Manager - v3.0.1	08/30/2017	1 Fall	Yes, injured, sought medical attn	Yes	Yes	Yes	No further recommendations	True	True	3	
		1313528448	9/15/2017	CDS-3-CM - Case Manager - v3.0.1	09/15/2017	None	No	No	No	No	No further recommendations	True	False	0.00	
		1300672007	9/6/2017	CDS-3-CM - Case Manager - v3.0.1	09/06/2017	None	No	No	No	No	Cons chooses NOT to be referred	True	False	0	
		1312193231	9/26/2017	CDS-3-CM - Case Manager - v3.0.1	09/26/2017	1 Fall	Yes, injured, did NOT seek med attn	Yes	Yes	Yes	Interventions in place or complete	True	True	3	
		1316268729	9/7/2017	CDS-3-CM - Case Manager - v3.0.1	09/12/2017	2 Falls	No	Yes	No	Yes	No further recommendations	True	True	3	
		1316268729	9/27/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/26/2017	1 Fall	No	Yes	No	Yes	No further recommendations	True	True	2.00	
		1316268729	10/6/2017	CDS-3-RN - Registered Nurse - v3.0.1	10/06/2017	1 Fall	No	Yes	No	Yes	No further recommendations	True	True	2	
		1399394732	10/12/2017	CDS-3-CM - Case Manager - v3.0.1	10/12/2017	None	No	No	No	No	No further recommendations	True	False	0.00	
		1388488018	9/7/2017	CDS-3-CM - Case Manager - v3.0.1		None	No	No	No	No	No further recommendations	True	False	0	
		1388488018	10/13/2017	CDS-3-RN - Registered Nurse - v3.0.1	10/12/2017	None	No	No	No	No	No further recommendations	True	False	0	
		1319601249	9/18/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/18/2017	None	No	No	Yes	Yes	Yes	No further recommendations	True	True	2.00
		1327969112	9/7/2017	CDS-3-CM - Case Manager - v3.0.1	09/07/2017	1 Fall	Yes, injured, sought medical attn	Yes	Yes	Yes	Yes	No further recommendations	True	True	3
		1327969112	10/9/2017	CDS-3-RN - Registered Nurse - v3.0.1	10/09/2017	1 Fall	Yes, injured, sought medical attn	Yes	Yes	Yes	Yes	No further recommendations	True	True	3
		1323116696	9/19/2017	CDS-3-CM - Case Manager - v3.0.1	09/19/2017	None	No	No	No	No	No further recommendations	True	False	0.00	
		1373284393	9/30/2017	CDS-3-RN - Registered Nurse - v3.0.1	09/30/2017	None	No	No	Yes	Yes	Yes	Interventions in place or complete	True	True	2
		1348227077	9/5/2017	CDS-3-CM - Case Manager - v3.0.1	09/05/2017	1 Fall	No	No	No	No	No	No further recommendations	True	True	1

# Relation of Consumer to Assessment to Assessment Form



# Falls report components

<b>K.5. Falls Frequency</b>
Number of times the consumer fell in the LAST 90 DAYS (or since last assessment)
<input type="checkbox"/> 0 - None
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3 or more
Was the consumer injured as a result of the fall(s) ?
<input type="checkbox"/> 0 - No
<input type="checkbox"/> 1 - Yes, injured but did not seek medical attention
<input type="checkbox"/> 2 - Yes, injured sought medical attention
<b>K Danger of Fall</b>
a. Does the consumer feel unsteady when standing or walking?
<input type="checkbox"/> 0 - No
<input type="checkbox"/> 1 - Yes
b. Does the consumer worry about falling?
<input type="checkbox"/> 0 - No
<input type="checkbox"/> 1 - Yes
<b>K Falls Indicators</b>
Consumer is AT RISK OF FALLS
<b>K Falls Recommendations</b>
Was the consumer referred for falls interventions, notification and /or follow-up at this assessment or since the last assessment?
<input type="checkbox"/> 0 - No
<input type="checkbox"/> 1 - Yes
What falls interventions have been recommended by the ASAP at this assessment or since the last assessment? (Check all that apply.)
<input type="checkbox"/> Notification to caregiver or family
<input type="checkbox"/> Notification to medical provider
<input type="checkbox"/> Refer for Medication Review
<input type="checkbox"/> Refer for other intervention(s)
<input type="checkbox"/> Refer for PT, OT or equipment evaluation
<input type="checkbox"/> Refer to Evidence Based Program (e.g. Matter of Balance, Falls Talk or CDSME)
<input type="checkbox"/> Refer/provide falls prevention education, including recommended actions
<input type="checkbox"/> 0 - None
Identify the reason for not referring the consumer for falls interventions, notification and /or follow-up.
<input type="checkbox"/> Consumer chooses NOT to be referred
<input type="checkbox"/> Consumer will self-refer
<input type="checkbox"/> Interventions in place or completed
<input type="checkbox"/> 0 - No further recommendations

<b>R. Assessor Information</b>
R Signature
c. Date Assessor signed as complete
_____/_____/_____
<b>Indicator Validation</b>
Indicators
Have the 3 questions that indicate FALLS RISK been answered?
Consumer's Falls Risk Score (0-5)

- Seven (7) Falls questions
  - 6 single-select
  - 1 multiple-select
- One (1) additional question
  - Completion date
- Three (3) Falls indicators

# Components

CDS-3-CM

K	Falls, Health Status, & Safety	Req?	
5	Falls Frequency	14620 Number of times the consumer fell in the LAST 90 DAYS (or since last assessment) <input type="checkbox"/> 0 None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more Score: 1 Score: 2 Score: 3	Yes
		14623 Was the consumer injured as a result of the fall(s) ? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, injured but did not seek medical attention <input type="checkbox"/> 2 Yes, injured sought medical attention	Yes
	Danger of Fall	1239 a Does the consumer feel unsteady when standing or walking? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Score: 1	Yes
		1240 b Does the consumer worry about falling? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes Score: 1	Yes
		14625 Was the consumer referred for falls interventions, notification and/or follow-up at this assessment or since the last assessment? <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	Yes
Falls Recommendations	14624 What falls interventions have been recommended by the ASAP at this assessment or since the last assessment? (Check all that apply.) <input type="checkbox"/> Notification to caregiver or family <input type="checkbox"/> Notification to medical provider <input type="checkbox"/> Refer for Medication Review <input type="checkbox"/> Refer for other intervention(s) <input type="checkbox"/> Refer for PT, OT or equipment evaluation <input type="checkbox"/> Refer to Evidence Based Program (e.g. Matter of Balance, Falls Talk or CDSM) <input type="checkbox"/> Refer/provide falls prevention education, including recommended actions <input type="checkbox"/> 0 None	Yes	

Question ID

- For questions driving indicators, a score is applied to certain responses.
  - If no score is visible in this printout, then score = 0.

## K Falls Indicators

Consumer is AT RISK OF FALLS

Have the 3 questions that indicate FALLS RISK been answered?

Consumer's Falls Risk Score (0-5)

- Consumer is AT RISK OF FALLS if their risk score is  $\geq 1$ .



ASAP				Case Manager	CLIENT ID	Create D	Asst Form	[Sequence]	[HAR_MULTI_CHOICE_RESPONSES_QUESTION_ID]	[HAR_RESPONSES_QUESTION_ID]	[INDICATOR_NAME]	[Resp_Multi]	SESSION UUID
[CONSUMER_AGENCY_DES1]	[PRIMARY_CARE_MANAGER]	[First(CLIENT_ID)]	[1/31/2000]	[Asst_name]	[Prompt_Single]	[First(Resp_Single)]	[12345]	[12,345]	[5]				

Row Groups	Column Groups
[ CONSUMER_AGENCY_DES1 ]	[ Sequence ]
[ PRIMARY_CARE_MANAGER ]	[ HAR_RESPONSES_QUESTION_ID ]
[ (CONSUMER_UUID) ]	[ Prompt_Single ]
[ SESSION_UUID ]	[ INDICATOR_NAME ]
	[ HAR_MULTI_CHOICE_RESPONSES_QUESTION_ID ]
	[ (Resp_Multi) ]

- 3 side-by-side column groups
  1. HAR\_RESPONSES
    - Six (6) single-select questions
    - One (1) date question
  2. HAR\_INDICATOR\_RESULTS
    - Three (3) Falls indicators
  3. HAR\_MULTI\_CHOICE\_RESPONSES
    - One (1) multiple-select question with eleven (11) responses

# Building Column Headings for multiple-select responses

```
-- [Response Multi]
,CASE
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=6 THEN 'Ref Falls Prevention Education'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=1 THEN 'Notif to Caregiver or Family'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=3 THEN 'Ref to PT, OT, or equip eval'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=5 THEN 'Ref Medication Review'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=11 THEN 'Prov Multifactorial Risk Asst'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=2 THEN 'Notif to Primary Care Provider'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=4 THEN 'Ref to Evidence-based prog'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=8 THEN 'NONE'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=10 THEN 'Ref Vision Exam'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=9 THEN 'Ref Environmental Mods'
  WHEN HAR_MULTI_CHOICE_RESPONSES.QUESTION_ID=14624 AND HAR_MULTI_CHOICE_RESPONSES.CHOICE_ID=7 THEN 'Ref Other intervention(s)'
  ELSE 'Bork'
END AS [Resp Multi]
```

# Case statement decodes single-select responses

```
-- [Response Single]
,CASE
  WHEN HAR_RESPONSES.QUESTION_ID=14620 AND HAR_RESPONSES.RESPONSE_DATA=2 THEN '1 Fall'
  WHEN HAR_RESPONSES.QUESTION_ID=14620 AND HAR_RESPONSES.RESPONSE_DATA=4 THEN '3 or more Falls'
  WHEN HAR_RESPONSES.QUESTION_ID=14620 AND HAR_RESPONSES.RESPONSE_DATA=1 THEN 'None'
  WHEN HAR_RESPONSES.QUESTION_ID=14620 AND HAR_RESPONSES.RESPONSE_DATA=3 THEN '2 Falls'
  WHEN HAR_RESPONSES.QUESTION_ID=14623 AND HAR_RESPONSES.RESPONSE_DATA=3 THEN 'No'
  WHEN HAR_RESPONSES.QUESTION_ID=14623 AND HAR_RESPONSES.RESPONSE_DATA=1 THEN 'Yes, injured, sought medical attn'
  WHEN HAR_RESPONSES.QUESTION_ID=14623 AND HAR_RESPONSES.RESPONSE_DATA=2 THEN 'Yes, injured, did NOT seek med attn'
  WHEN HAR_RESPONSES.QUESTION_ID=1239 AND HAR_RESPONSES.RESPONSE_DATA=1 THEN 'Yes'
  WHEN HAR_RESPONSES.QUESTION_ID=1239 AND HAR_RESPONSES.RESPONSE_DATA=2 THEN 'No'
  WHEN HAR_RESPONSES.QUESTION_ID=1240 AND HAR_RESPONSES.RESPONSE_DATA=2 THEN 'No'
  WHEN HAR_RESPONSES.QUESTION_ID=1240 AND HAR_RESPONSES.RESPONSE_DATA=1 THEN 'Yes'
  WHEN HAR_RESPONSES.QUESTION_ID=14625 AND HAR_RESPONSES.RESPONSE_DATA=1 THEN 'No'
  WHEN HAR_RESPONSES.QUESTION_ID=14625 AND HAR_RESPONSES.RESPONSE_DATA=2 THEN 'Yes'

  WHEN HAR_RESPONSES.QUESTION_ID=14626 AND HAR_RESPONSES.RESPONSE_DATA=1 THEN 'Cons chooses NOT to be referred'
  WHEN HAR_RESPONSES.QUESTION_ID=14626 AND HAR_RESPONSES.RESPONSE_DATA=2 THEN 'Cons will self-refer'
  WHEN HAR_RESPONSES.QUESTION_ID=14626 AND HAR_RESPONSES.RESPONSE_DATA=3 THEN 'Interventions in place or complete'
  WHEN HAR_RESPONSES.QUESTION_ID=14626 AND HAR_RESPONSES.RESPONSE_DATA=4 THEN 'No further recommendations'

  WHEN HAR_RESPONSES.QUESTION_ID=5507 THEN HAR_RESPONSES.RESPONSE_DATA

ELSE 'Bork'

END AS [Resp Single]
```



# Case Statement builds concise single-select column headings

```
-- [Prompt Single]
,CASE HAR_RESPONSES.QUESTION_ID
  WHEN 5507 THEN 'Asst Completion Date'
  WHEN 14620 THEN 'Number of Falls in Last 90d'

  WHEN 14623 THEN 'Injured by a Fall since last asst?'
  WHEN 1239 THEN 'Unsteady Gait?'
  WHEN 1240 THEN 'Limits outdoor activity due to fear of Fall?'
  WHEN 14625 THEN 'Referred for Falls interventions?'
  WHEN 14624 THEN 'What Falls interventions were recommended?'
  WHEN 14626 THEN 'Reason for not making Falls referral'
  ELSE 'Bork'
      I
END AS [Prompt Single]
```

---

# Case statement to sequence single-select questions

```
-- [Sequence]
,CASE HAR_RESPONSES.QUESTION_ID
  WHEN 5507 THEN 0
  WHEN 14620 THEN 1
  WHEN 14623 THEN 2
  WHEN 1239 THEN 3
  WHEN 1240 THEN 4
  WHEN 14625 THEN 5
  WHEN 14624 THEN 6
  WHEN 14626 THEN 7
  ELSE 9999
END AS [Sequence]
```

- Otherwise, the column group would use the Question ID or Prompt to sequence these columns

The screenshot shows a data table with several columns. A mouse cursor is pointing at the first row of data. Below the table is a 'Column Groups' pane with a tree view structure.

[Sequence]	[HAR_RESPONSES_QUESTION_ID]	[HAR_MULTI_CHOICE_RESPONSES_QUESTION_ID]	[Prompt_Multi]	[INDICATOR_NAME]	[Resp_Multi]	SESSION
[First(Resp_Single)]	[12345]				[12,345]	

Column Groups:

- Sequence
  - [ HAR\_RESPONSES\_QUESTION\_ID
  - [ Prompt\_Single
- [ INDICATOR\_NAME
- [ HAR\_MULTI\_CHOICE\_RESPONSES\_QUESTION\_ID
- [ (Resp\_Multi)

# Use Assessment Questions & Answers for case statements

MA Harmony Advanced Reporting > Report Library > Community > All Documents >

Home

Libraries	Type	Name	Modified	Modified By
Report Library	<input type="checkbox"/>	Assessment-Questions-and-Answers	8/29/2017 10:39 AM	Jim Ospenson
Executed Report Library	<input type="checkbox"/>	Falls - 7qs - 2nd analysis	9/15/2017 2:48 PM	Jim Ospenson
	<input type="checkbox"/>	File-Attachments-by-Agency	8/29/2017 3:11 PM	Jim Ospenson
	<input type="checkbox"/>	IR_CALL_SUMMARY_REPORT_COMMUNITY	6/26/2017 10:22 AM	bcarroll1
	<input type="checkbox"/>	System information	8/29/2017 10:27 AM	Jim Ospenson

[Add document](#)

CDS-3-CM (183183)									
FORM ID	SSEQ	SS SEQ	Q-SEQ	S	SS	Section / Subsection name	Q-num	Q-label	QUESTION
183183			form			CDS-3-CM			481 ques
	1			AA		Name & Healthcare Information			
		4		AA		Name			
			1				1127	a	Last/Fam
			2				1128	b	First Nam

**Parameters**

Pick a an assessment form

CDS-3-CM - Case Manager Comprehensive Data Set v3.0.2

# Assessment Questions & Answers

(183183)		CDS-3-CM - Case Manager Comprehensive Data Set v3.0.2						
Section / Subsection name	O-num	Q-lab	QUESTION PROMPT	Resp n	Resp	O count (O-type)	Resp	row type
Falls Frequency	14620		Number of times the consumer fell in the LAST 90 DAYS (or since last assessment)	8	None of the above	2		R
						Single-select	4	ss-hdr
				1	None			R
				2	1			R
				3	2			R
				4	3 or more			R
						Single-select	3	Q
				1	Yes, injured sought medical attention			R
				2	Yes, injured but did not seek medical attention			R
				3	No			R
						Single-select	2	ss-hdr
				1	Yes			R
				2	No			R
						Single-select	2	Q
				1	Yes			R
				2	No			R
						Single-select	3	ss-hdr
				1	No			R
				2	Yes			R
						Multiple-select	8	Q
				1	Notification to caregiver or family			R
				2	Notification to medical provider			R
				3	Refer for PT, OT or equipment evaluation			R
				4	Refer to Evidence Based Program (e.g. Matter of Balance, Falls Talk or CDSME)			R
				5	Refer for Medication Review			R
				6	Refer/provide falls prevention education, including recommended actions			R
				7	Refer for other intervention(s)			R
				8	None			R
						Single-select	4	Q
				1	Consumer chooses NOT to be referred			R
				2	Consumer will self-refer			R
				3	Interventions in place or completed			R
				4	No further recommendations			R

column	description	column type
FORM ID	Assessment Form identifier	metadata
SSEQ	Section Sequence	metadata
SS SEQ	Subsection sequence	metadata
Q-SEQ	Question Sequence	metadata
S	Section label	user-facing
SS	subsection label	user-facing
Section / Subsection name	section / subsection name	user-facing
Q-num	Question ID	metadata
Q-label	Question label	user-facing
QUESTION PROMPT	prompt	user-facing
Resp num	Response number	metadata
Resp	response text	user-facing
Q count (Q-type)	number of questions in section or subsection (or) question type	Calculated (or) metadata
Resp	number of responses for question	calculated
row type	type of row (section, subsection, question, response, indicator)	calculated