

## **Elite WARDS Fall Referral Worksheet Job Aid**

This document is an overview of the fall referral worksheet in Elite. The intent of this document is to instruct EMS agencies how to use the fall referral worksheet. The completed worksheet can be used as a tool for agencies to submit a patient referral to fall prevention resources without having to complete additional paperwork. These additional fall prevention resources can come from Aging and Disability Resource Centers (ADRCs), public health departments, and community-based fall prevention coalitions. For any questions, clarifications, or updates please email the EMS data team at <u>dhsdphwards@dhs.wisconsin.gov</u>.

## Agencies entering data directly into Elite WARDS

1. In an incident, select "Worksheets" in the right-side toolbar.



2. Select the "Fall Referral" icon to open the worksheet.



3. Complete the data elements and select "**OK**." Data elements with a red exclamation point to the left are required. Other data elements are optional. Previously entered data elements will auto populate.

Fall Referral Worksheet			Crew Membe	er Date 12/23/2024	Time 08:54 0 Times
✓ OK X Cancel	Delete				Mileage
Header >	Date of Birth 01/12/1975	Gend	<b>der</b> male		
Emergency Contact Informat > Suspected Cause of Fall >	Patient's Home Address 101 S Jackson	Patie City	ent's Home City ty of Madison	0	Power Too
Location of Fall > Memory Concerns > Anticoagulant Use >	Patient's Home State WI	Patie Code 537	ent's Home ZIP e 1705		•
Assistance	Patient Telephone Number				
Release	Telephone Number				
	Emergency Contact Information				
	First Name				STEMI Fail Referr
	Last Name				All

4. To find the completed worksheet, select the "**Timeline**" icon on right side navigator.



5. To open and view the worksheet, select the "arrow".

Timeline	۲	×	' Ø
	Incident	Patient Encounter	Times
	No Associate	d Date/Time	Mileage
🕒 🖹:-	- Worksheet Fall Referral	•	
		i and a second secon	Timeline

6. To create a PDF to print or email, navigate to the EMS incident list. Find your ePCR and highlight it. Multiple selection is allowed. Select "**bulk actions**" and "**create print report**." Select "**PDF**" for type and "**worksheets**" for template. Select "**OK**."

EMS Incident List		Starts With	Search Incident or Response Number Go
View: 🗲 EMS Incident List 🔻 View All			Refresh: Never Refresh 🗸
Unit Notified Incident Stat 12/06/2024 10 to 12/20/2024 All All	us Validity NEMSIS Version    V  to      All		Go Reset Filters 🗸
+ New Bulk Actions ♥ Select All Loaded Re	cords (1)	×	Results Per Page 25 V 1-1 of 1
Locked NEMSIS Version Validity Status	Create Print Report	ident Address	
3.5 82 Completed 1	Are you sure you want to create a combined Print Report for all selected incidents? If so, choose a report type and template below and click OK.	1 W Wilson	
	Type PDF Template Worksheets	▼ ▼	Results Per Page 25 💌 1 - 1 of 1 < >
	OK		

7. If the PDF has an excess number of pages, the print feature can be used to edit the document. Open the PDF and select "print." Select the destination as an option that contains "PDF." For pages, select "custom" and enter in the appropriate page numbers. Then "save."

I blas kefered   Last Name: Test.   Date of kint: 0/17/1975   Date of kint: 0/17/1975   Center: Faults Mere: Test.   Date of kint: 0/17/1975   Date of kint: 0/17/1	First Name: Falls Referral Last	Name: Test			P	Print		2 p	
Destination       Destination <th c<="" th=""><th></th><th>Falls Referral 12/13/2024 10:58</th><th></th><th></th><th></th><th></th><th></th><th></th></th>	<th></th> <th>Falls Referral 12/13/2024 10:58</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		Falls Referral 12/13/2024 10:58						
Firet Name: Lake Name:   Design firet Name: Lake Name:   Design firet Name: Design firet Name:   Patient's Home: Patient's Home:   Patient's Home: Design firet Name:   Patient's Home: Nates   Code: Code:   Patient's Home: Nates   Code: Code:   Patient's Home:   Patient's Home: Nates   Code: Code:   Patient's Home:   Code: Nates   Code: Nates <tr< th=""><th></th><th>Header</th><th></th><th></th><th>D</th><th>estination</th><th>Save as PDF</th><th></th></tr<>		Header			D	estination	Save as PDF		
Address: 24:3     Patient's tione 2// Code:     State:     Question     Answer     Relationship to Patient        Supported cause of Fall     Question        Answer     Rolation of fall        Question        Answer        Rolation of fall       Patient Answer                    Question   Answer   Rolation of fall   Purcharding in the individual have memory   Question   Answer   Notes   Suspected cause of fall   Purcharding individual have memory   Question   Answer   Notes   Boast heindividual have memory   Question   Answer   Notes   Concentor   Mattore individual have memory   Notes   Concentor   Answer    Notes   Beast heindividual have memory   Notes   Concentor   Answer   Notes   Concentor   Answer   Notes   Beast heindividual have memory   Notes   Concentor   Notes   Stattarce in possibly neered for	First Name: Falls Referral Date of Birth: 01/12/1975 Patient's Home 101 S Jackson	Last Name: - Gender: - Patient's Home City:	Test Female City of Madison		P	ages	Custom		
Patient Tetephone Number       Question     Answer     Notes       Telephone Number     Emergency Contact Information     Answer     Notes       Guestion     Answer     Notes       First Name     Pages per sheet     1       Last Name     Spouse     Spouse       Telephone Number     Suspected Cases of Fall     First Name     Suspected Cases of Fall       Question     Answer     Notes       Suspected Cases of Fall     First Name or uss     First Name       Question     Answer     Notes       Councing of Fall     First Name or uss     First Name or uss       Question     Answer     Notes       Councing of Fall     First Name or uss     First Name or uss       Question     Answer     Notes       Councing of Fall     Notes     First Name or uss       Question     Answer     Notes       Councing of Fall     Notes     First Name or uss       Question     Answer     Notes       Councing of Fall     Notes     First Name or uss       Question     Answer     Notes       Councing of Fall     Notes     First Name or uss       State patient on anticoagulant Use     Notes       Question     Answer     Notes <tr< td=""><td>Address: Patient's Home W State:</td><td>Patient's Home ZIP Code:</td><td>53705</td><td></td><td></td><td></td><td>4-5</td><td></td></tr<>	Address: Patient's Home W State:	Patient's Home ZIP Code:	53705				4-5		
Tetephone Younder 35358/75109 Sasser Share 5200 First Name Falls Referral Spouse First Name Spouse First Name Spouse Telephone Number Relationship to Patient spouse Suspected Cause of Fall Ouestion Answer Notes Suspected Cause of Fall Furniture/throw rugs fell down Question fall Nome - bathroom Question of Answer Notes Suspected Cause of Fall Question of Answer Notes Suspected Cause of Fall Question of Sall Nome - bathroom Question of Sall Nome - bathroom Question of Sall Nome - Notes Suspected Cause of Fall Question fall Nome - bathroom Question Answer Notes Question Answer Notes Question Answer Notes Question Answer Notes Suspected Cause of Sall Nome - Saltroom Question Answer Notes Suspected Cause of Sall Notes Question Answer Notes Suspected Cause of Sall Nome - Saltroom Question Answer Notes Suspected Cause Saltroom Notes Saltroom Notes Saltroom Notes Saltroom Notes Saltroo	Question	Patient Telephone Number	Notes		P	ages per sheet	1		
First Name       Fails Referral         Last Name       Spouse         Telephore Number       spouse         Relationship to Patient       spouse         Question       Answer       Notes         Suspected Cause of Fall       Furniture/throw rugs and fell down       Itelephone         Question       Answer       Notes         Location of Fall       Notes       Itelephone         Question       Answer       Notes         St the patient ton anticoagulants?       Notes         Sustance       Question       Answer         Question       Answer       Notes         St the patient ton anticoagulants?       Notes         Mata saistance is possibly needed ford       Hepatient Tex Specific assibly needed ford	Question	Emergency Contact Information Answer	Notes						
Relationship to Patient     spouse       Suspected Cause of Fall       Question     Answer       Suspected cause of fall     Furniture/throw rugs       If other, explain     patient slipped on throw rug and fell down       Location of Fall     Location of Fall       Question     Answer       Notes     Location of fall       Does the individual have memory concerns?     Notes       Question     Answer       Notes     Notes       What assistance appoint assistance auch associndati or assisted medical fail risk assessment assistance	First Name Last Name Telephone Number	Falls Referral Spouse		+					
Question     Answer     Notes       Suspected cause of fall     Furniture/throw rug and fell down     Intervention of fall       Question     Answer     Notes       Question of fall     home - bathroom       Question     Answer     Notes       St the patient to anticoagulant Use     Answer     Notes       Question     Answer     Notes       YMbat assistance is possibly needed for     Harist assessment     Harist assessment       a fail risk assessment     a social     Hall risk assessment       a services or transportation.     a social     Hall risk assessment	Relationship to Patient	spouse Suspected Cause of Fall		1					
If other, explain patient slipped on throw rug and fell down and set of fall contained fall home - bathroom contained fall home - bathroom contained fall home - bathroom contained fall c	Question Suspected cause of fall	Answer Furniture/throw rugs	Notes	I					
Location of Fall       Location of fall     home - bathroom       Location of fall     home - bathroom       Construction     Answer       Vestion     Answer       Notes       Does the individual have memory concerns?     No       Question     Answer       Notes       Question     Answer       Notes       B the patient on anticoagulants?     Notes       Question     Answer       Notes       Question     Answer       Notes       What assistance is possibly needed for the patient PLX. Specific assistance such afferior or broad assistance such as social	If other, explain	patient slipped on throw rug and fell down							
Lacation of rait     nome - barryoom       Memory Concerns       Question     Answer       No       Dees the individual have memory concerns?     No       Anticoagulant Use       Question     Answer       Notes       Ste patient on anticoagulants?     Notes       Assistance     Notes       Question     Answer       Notes       Vhat assistance is possibly needed for the patient PEX Specific assistance such esvices or transportation.	Question	Location of Fall Answer	Notes						
Question     Answer     Notes       Question     Answer     Notes       Question     Answer     Notes       guestion     Answer     Notes       guestion     Answer     Notes       guestion     Answer     Notes       guestion     Answer     Notes       Question     Answer     Notes       guestion title assistance such as social     Statistance such as social	Location or rail	Memory Concerns		1					
Answer     Notes       Question on anticoagulants's     No       Ste be patient on anticoagulants's     No       Question     Answer       Answer     Notes       Question     Answer       Vibrat assistance is possibly needed for the patient Es: Specific assistance such assistance such as social     Notes	Does the individual have memory concerns?	No	Notes	III					
Is the patient on anticoaguiants? NO  Assistance Question Answer Notes  What assistance is possibly needed for the patient? EX: Specific assistance such area is or broad assistance such media fall risk assessment area is or broad assistance such as social services or transportation.	Question	Anticoagulant Use Answer	Notes						
What assistance is possibly needed for the patient? EX: Specific assistance such as fall risk assessment or assisted medical fall risk assessment device or broad assistance such as social services or transportation.	Question	Assistance	Notes						
	What assistance is possibly needed for the patient? EX: Specific assistance such as fall risk assessment or assisted medic device or broad assistance such as social services or transportation.	al fallriskassessment al							
Other assistance possibly needed and possible transportation arranged to visits	Other assistance possibly needed and description of situation	possible transportation arranged to visits		]					
Release		Release					Save	Cane	

## Agencies not entering data directly in Elite WARDS

1. In Elite WARDS, navigate to the "community" tab and select "library."



2. In the "find books" box, select "EMS worksheets" and "search."

Q Find Books	
To view books available for import	, select the type below and click Search
⊖ All	○ Checklists
○ EMS Dynamic Power Tools	○ EMS Forms
○ EMS Print Reports	EMS Worksheets
○ Facilities	O Inventory Forms
O Maintenance Forms	○ Repair Forms
○ Training and Activity Forms	
	Search

3. Search "**fall referral**" in the search box. Select the blue "**fall referral**" hyperlink.

Impo	rt Books		fall referral
Viewing	EMS Worksheets	✓ Sort by Title ✓ A - Z ✓	
<b>1</b> EMS Worksheet	Published by State of Wisconsin	Author Published on Downloaded Katie Prather 12/20/2024 0 times	

4. Select "import."

Book	< Details			<b>←</b> Back	🛓 Import
Book Title:	Fall Referral v 1.0.0	Author:	Katie Prather		
Publisher:	State of Wisconsin	Type:	EMS Worksheets 2.0.0		
Description:	This fall referral worksheet can be used as a tool for agencies to	submit a p	atient referral to fall prevention reso	ources.	
🖹 Fall	Referral				

🖹 Fall Referral		
ID 1	<sub>Type</sub>	Active
654 E	EMSWorksheet	Active

5. Select "**yes**" to receive alerts when the book is updated.

20010
e when this book is
No
NO

6. Select "**books imported by this agency**" in the library section to view the book.

Agency Books	
<u>Books Published by this Agency</u> View the books your agency has <i>published to</i> the Library	
Books Imported by this Agency View the books your agency has <i>imported from</i> the Library	

7. All imported books are displayed.

Agency Imports						Search Title	← Back	
Sort by	Date Imported 💙	Newest	~					1-1 of 1 < >
Imported	E Fall Referral	v 1.0.0						
12/20/2024 15:21:45	Published by State of Wisconsin		Author Katie Prather		Published on 12/20/2024	Imported by Katie Prather		✓ Up to date

8. The worksheet is ready to be added to the worksheet tab of the appropriate form.