

Unit resident list and outcomes (all residents in the audit)



PLEASE KEEP IT LOCALLY ONLY!

Habitation after 6 months
A: still in nursing home
B: transferred to another nursing home
C: discharge home
D: death
E: others

COVID-19:

Q1: Is this resident COVID-19 positive today? 1: Yes 2: No 3: I dont know	Q2: Has this resident been tested COVID-19 positive in the last: 1: 0-3 months 2: 3-6 months 3: 6-12 months 4: >1year? 5: Never 6: I dont know	Q3: Has this resident been hospitalized during his/her COVID-19 infection? 1: Yes 2: No 3: I dont know
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Center-Code

Unit-Code

Date

Date of outcome-evaluation

OUTCOME AFTER 6 MONTHS

Firstname, lastname, date of birth .. or resident sticker	Resident number	Habitation after 6 months	Date of transfer to another unit, death,...	COVID-19			Actual weight (kg)	during last 6 months			Comments
				Q1	Q2	Q3		Hospital-stays		Number of falls	
								number	in days		
				<i>only fill in if A, D, or E applies</i>							
<small>DVR:0000191</small> W 10 01 1948 A I3101 I3M/Station 20H Pat.Zl: 901-20311/06/004269	1	A		1	1	1		2	17	3	

Thank you!