Preventing Falls and Harm from Falls Audit Tools Definitions

The following definitions and examples apply to the Preventing Falls and Harm from Falls Audit Tools:

1. Bed Rails
2. Falls Screen and Risk Assessment
3. Falls Prevention Plan (FPP)

Note: The information in this document is taken from the Queensland Bedside Audit (QBA) information sheets.

### 1. Bed Rails

The following bed types are outside the scope of this audit (i.e. are N/A):
- paediatric beds
- cots
- bassinets
- trolleys and stretchers

<table>
<thead>
<tr>
<th>Rail Type</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Bed Rail</td>
<td>No bed side rail fitted. May be a bed that does not have side rails, or a bed which has had side rails intentionally removed.</td>
<td><img src="image1.jpg" alt="Example" /> <img src="image2.jpg" alt="Example" /></td>
</tr>
<tr>
<td>Horizontal</td>
<td>Usually three horizontal rails that run the length of the side rail assembly</td>
<td><img src="image3.jpg" alt="Example" /> <img src="image4.jpg" alt="Example" /></td>
</tr>
</tbody>
</table>
## NSQHS Standard 10 Preventing Falls

### Definitions sheet

**NSQHS Standard 10 Preventing Falls**

<table>
<thead>
<tr>
<th><strong>Horizontal, Joyce 900</strong></th>
<th>A fixed shape horizontal bed rail fitted to the Joyce 900 bed. This bed side rail was subject to a <strong>corrective action</strong> in 2005 in which large, D-shaped gaps in the end of the bed rail had a spring loaded insert fitted to reduce gap size, hence reducing the likelihood of head/neck entrapment occurring. It has been observed that some Joyce 900 beds are missing the insert. Investigation showed that in some cases the insert could be easily removed by hand.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Horizonal Mid Position</strong></td>
<td>Some bed rails in Queensland Health facilities have various positions between being fully raised or down. Some can only go fully up or fully down and others have a mid/middle/intermediate position between being fully up or down. This bed rail position is often used to accommodate patient meal trays.</td>
</tr>
<tr>
<td><strong>Split - Solid</strong></td>
<td>Two sections per side, which can be operated independently. Solid in construction, usually a single piece of moulded plastic or similar.</td>
</tr>
</tbody>
</table>

**IMPORTANT – PATIENT SAFETY ALERT**

Joyce 900 Horizontal bed rail with corrective action in place

Joyce 900 Horizontal bed rail without corrective action in place
<table>
<thead>
<tr>
<th><strong>Split Open</strong></th>
<th>Two sections per side, which can be operated independently, constructed from metal bars or similar and has large openings within side rail.</th>
</tr>
</thead>
</table>
| **Vertical - Rigid** | Side rails with a series of vertical bars. Vertical bars are made from rigid metal or similar.  
Some may feature a horizontal extension above the top horizontal rail, as shown in the second picture. |
| **Vertical - Flexible** | Side rails with a single horizontal bar along the top, rigid vertical supports and soft wire rope (potentially with plastic tubular covering) vertical bars in the middle.  
Some may feature a horizontal extension above the top horizontal rail. |

The Bed Rail Information sheet was compiled by CaSS Biomedical Technology Services (BTS), Queensland Health.
2. Falls Screen and Risk Assessment

A **falls risk screen** determines which people are at greatest risk of falling. A minimum falls risk screen would be a single item question ‘Have you had a fall in the last 12 months?’. Typically the screen consists of a small number of items (up to five) based on presence or absence of a risk factor. When the threshold on a falls screening is exceeded it would prompt a more detailed falls risk assessment. A falls risk screen should be undertaken when a change in health or function status is evident or when the patient’s environment changes e.g. on admission. It should be noted that falls risk screening does not provide a framework for planning interventions, it merely tries to measure the level of risk an individual has for future falls within a particular time period or setting.

Falls risk screening is not necessary in cohorts of patients already known to be at risk of falls, e.g. in high care residential aged care facilities.

### Screening Tool / Question examples

<table>
<thead>
<tr>
<th>Question</th>
<th>‘Have you had a fall in the last 6 or 12 months?’</th>
</tr>
</thead>
</table>

**FROP-Com Screening Tool**

A **falls risk assessment** is a more detailed process than screening and is used to identify modifiable risk factors for falling, appropriate interventions and referral pathways. An assessment systematically and comprehensively identifies factors contributing to a patient’s increased risk of falling. Falls risk assessment tools vary in the number of risk factors they include, and how each risk factor is assessed.¹

Note: Interventions should systematically address the risk factors identified. You will need to look at the assessment tools and compare the risk factors identified to what strategies are recorded in the care plan and/or on the assessment tool.

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¹ ACSQHC, Preventing falls and harm from falls in older people – Best Practice Guidelines, 2009, p. 31.
Integrated screening and assessment tools have a screening and scoring component and the tool may contain more than five risk factors questions which prompt with falls prevention action for the identified risk factor.

Integrated Falls Screening and Assessment Tool

A2.3 Ontario Modified STRATIFY (Sydney Scoring)

3. Falls Prevention Plan (FPP)

A falls prevention plan documents interventions that systematically address the risk factors identified.

Note: You will need to look at the assessment tools and compare the risk factors identified to what strategies are recorded in the care plan and/or on the assessment tool.

Actions in a FPP are located on the right of the Plan. For the FPP to be complete, the date and signature are required for ALL risks or as actions documented in the nursing care plan.

Select YES if there is evidence at the bedside that all risk factor/s identified in the falls assessment have a relevant strategy or strategies identified in the care plan. Select NO if one or more risk factor/s identified on the falls assessment does not have at least one relevant strategy identified in the care plan.

Further information can be found at:

For Queensland Health staff, please go to QHEPS for further information on Preventing Falls.

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a ‘Work in Progress’, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.

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