NSQHS Standard 10 Preventing Falls
Facility audit tool

Hospital and Health Service:	Facility:	Audit Date/Period:

Facility audit tool: collects facility level data and collates the ward/unit level responses

Notes:
- *Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review*
- *Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements*
- *The measurement plan details each audit question and the action/criteria it aligns to in the standard*

Facility Questions		Response
1.0	Is there evidence that the facility (or at service level) has a policy, procedure and/or protocol that is evidence based and consistent with national guidelines on preventing falls and harm from falls?	☐ Yes ☐ No
1.1	If yes: Do they incorporate screening and assessment?	☐ Yes ☐ No
1.2	If yes to 1.0: Do they describe designated roles, responsibilities and accountabilities of the workforce for falls management?	☐ Yes ☐ No
1.3	If yes to 1.0: Do they define the audit process to be undertaken to assess against them?	☐ Yes ☐ No
1.4	If yes to 1.0: Do they describe equipment procurement and provision?	☐ Yes ☐ No
1.5	If yes to 1.0: Do they describe best practice multifactorial falls prevention plans and resources available?	☐ Yes ☐ No
1.6	If yes to 1.0: Are they tabled at a governance committee/s or group meeting/s?	☐ Yes ☐ No
1.7	If yes: Specify the committee/group.	
1.8	If yes to 1.0: Do they reference the consultation processes or collaborative group/s involved in their development?	☐ Yes ☐ No
1.9	If yes to 1.0: Do they detail the date they became effective?	☐ Yes ☐ No
1.10	If yes to 1.0: Do they detail the date of the next revision?	☐ Yes ☐ No
1.11	If yes to 1.0: Do they reference the source documents (if applicable) particularly where they are represented as best practice?	☐Yes ☐No ☐N/A
1.12	If yes to 1.0: Does the workforce know the documents exist, can access them and know and use the contents?	☐ Yes ☐ No

Facility Questions		Response
1.13	If yes to 1.0: Outline details of the documents, where kept, review date/s and the 'owner'.	
2.0	Is there evidence that the facility (or at service level) provides staff education on preventing falls and harm from falls? (in line with the policy, procedure and/or protocol)	☐ Yes ☐ No
2.1	If yes: Does it include falls risk screening and/or assessment?	☐ Yes ☐ No
2.2	If yes to 2.0: Is there evidence that attendance at the education sessions is recorded?	☐ Yes ☐ No
2.3	If yes to 2.0: Is there evidence that the education is matched to staff training needs?	☐ Yes ☐ No
2.4	If yes to 2.0: Is there evidence that staff feedback reports of the sessions are evaluated and incorporated into the next revision?	☐ Yes ☐ No
2.5	If yes to 2.0: Provide comments on the education sessions and resources that are provided and when.	
3.0	Is there evidence that the facility (or at service level) has an evaluation and quality improvement plan/s in place to reduce falls incidents?	☐ Yes ☐ No
3.1	If yes: What sources of data/information led to the development of the plan eg. PRIME, Queensland Bedside Audit, other data sources?	
3.2	If yes to 3.0: Is there evidence that the plan/s record quality improvement action/s to be implemented?	☐ Yes ☐ No
3.3	If yes to 3.2: List the actions as per plan.	
3.4	If yes to 3.0: Is there evidence that the plan/s include a risk register for the proposed quality improvement actions?	☐ Yes ☐ No
3.5	If yes to 3.4: Does the risk register include a scale to rate risks?	☐ Yes ☐ No
3.6	If yes to 3.4: Are the risks reviewed on a regular basis?	☐ Yes ☐ No
3.7	If yes to 3.0: Is there evidence that the plan/s includes mechanisms for evaluating the quality improvement actions?	☐ Yes ☐ No
3.8	If yes to 3.0: Is there evidence that the plan/s are tabled at a committee/group?	☐ Yes ☐ No
3.9	If yes to 3.8: Which committee/group?	
3.10	If yes to 3.0: Who assisted in the development of the plan/s?	
3.11	If yes to 3.0: Is there evidence the workforce know the plan/s exist?	☐ Yes ☐ No
3.12	If yes to 3.0: Outline who the 'owner' is, the clinical lead, where the plans are filed and how often they are reviewed.	

	Facility Questions		Response	
4.0	Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing falls incidents?		☐ Yes	☐ No
4.1	If yes: Outline the system eg. PRIME			
4.2	If yes to 4.0: Is this regularly monitored?		☐ Yes	☐ No
4.3	If yes to 4.2: When and by whom?			
4.4	If yes to 4.0: Are reports developed using data in the system?		☐ Yes	☐ No
4.5	If yes to 4.4: Are the reports used to identify frequency, severity and gaps?		☐ Yes	☐ No
4.6	If yes to 4.4: Are the reports tabled at a governance committee/group for review?		☐ Yes	☐ No
4.7	If yes to 4.6: Which governance committee/group?			
5.0	Is there evidence that the facility (or at service level) has undertaken Quality Improvement activities to prevent falls and minimise patient harm?		☐ Yes	☐ No
5.1	If yes: Give details of the quality improvement activities, when these were undertaken and the outcome/s.			

	Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)	Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
6.0	What is the number of wards/units that have an evaluation and quality improvement plan/s in place to reduce falls incidents? (Falls_Ward_Q1.0)			
6.1	List the sources of data/information that led to the development of the plan/s. (Falls_Ward_Q1.1)			
6.2	What is the number of wards/units where the plan/s record quality improvement action/s to be implemented? (Falls_Ward_Q1.2)			
6.3	List the actions as per plan. (Falls_Ward_Q1.3)			

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
6.4	What is the number of wards/units where the plan/s include a risk register for the proposed quality improvement actions? (Falls_Ward_Q1.4)			
6.5	What is the number of wards/units that have a risk register that includes a scale to rate risks? (Falls_Ward_Q1.5)			
6.6	What is the number of wards/units where risks are reviewed on a regular basis? (Falls_Ward_Q1.6)			
6.7	What is the number of wards/units where the plan/s includes mechanisms for evaluating the quality improvement actions? (Falls_Ward_Q1.7)			
6.8	What is the number of wards/units where the plan/s are tabled at a committee/group? (Falls_Ward_Q1.8)			
6.9	List the committees/groups? (Falls_Ward_Q1.9)			
6.10	List the persons who assisted in the development of the plan/s? (Falls_Ward_Q1.10)			
6.11	What is the number of wards/units where the workforce know the plan/s exist? (Falls_Ward_Q1.11)			
6.12	Outline who the 'owners' are, the clinical leads, where the plans are filed and how often they are reviewed.(Falls_Ward_Q1.12)			
7.0	What is the number of wards/units that have undertaken training in preventing falls and harm from falls (as per the policy, procedure or protocol)? (Falls_Ward_Q2.0)			
7.1	What is the number of wards/units where attendance at the training sessions are recorded? (Falls_Ward_Q2.1)			
7.2	What is the number of wards/units where the training is matched to staff training needs? (Falls_Ward_Q2.2)			
7.3	What is the number of wards/units where staff feedback reports of the sessions are evaluated and incorporated into the next revision? (Falls_Ward_Q2.3)			
7.4	Collate information on when training was undertaken, how many staff participated etc. (Falls_Ward_Q2.4)			

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)	Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
8.0 What is the number of wards/units that have undertaken Quality Improvement activities to prevent falls and minimise patient harm? (Falls_Ward_Q3.0)			
8.1 Collate information on details of the improvement activities. (Falls_Ward_Q3.1)			

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.